



Flint Springs

An Independent Study of the
Administration of
Involuntary Non-Emergency
Medications
Under Act 114
(18 V.S.A. 7624 et seq.)
During FY 2015

Report to the Vermont General
Assembly

Submitted to:

Senate Committees on Judiciary
and Health and Human Services

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Joy Livingston, PhD ■ Donna Reback, MSW, LICSW
Joy.Livingston@FlintSpringsAssociates.com ■ DonnaReback@FlintSpringsAssociates.com

402 Fletcher Farm Road, Hinesburg, VT 05461
www.flintspringsassociates.com
(802) 482-5100

EXECUTIVE SUMMARY

The Vermont statute governing administration of involuntary non-emergency psychiatric medications to clients of the public mental health system committed to the care and custody of the Commissioner is 18 V.S.A. 7624 et seq – referred to in this report as Act 114. The statute requires two annual assessments of the Act’s implementation, one conducted by the Department of Mental Health (DMH) and a second conducted by an independent reviewer. The following report summarizes Flint Springs Associates’ independent assessment, providing a review of implementation during FY 15 (July 1, 2014, through June 30, 2015).

This report examines the implementation of Act 114 at designated hospitals responsible for administering involuntary psychiatric medications under Act 114 during FY15.

During FY15, 76 petitions were filed requesting orders for non-emergency involuntary medication under the provisions of Act 114 for 63 different individuals. Petitions were sought by physicians at the hospitals designated to administer the medications and sent through the Attorney General’s DMH office to the court. Of those 76 petitions, 56 (74%) were granted for 50 individuals, six (8%) were withdrawn, six (8%) were denied, and eight (11%) were dismissed.

In compliance with statutory requirements for the annual independent assessment, this report provides information on:

- Implementation of Act 114
- Outcomes associated with implementation of the statute
- Steps taken by the Department of Mental Health to achieve a mental health system free of coercion
- Recommendations for changes

Key Findings

Among the findings, this year’s assessment found that:

- Based on documentation review and interviews, staff at the designated hospitals demonstrated full implementation of the provisions of Act 114 in the administration of involuntary non-emergency psychiatric medication.
- Hospital staff want the process leading to involuntary medication to move as quickly as possible, while continuing to protect patients’ rights. They believe that individuals for whom Act 114 petitions are filed suffer on many levels when not receiving psychiatric medication in a timely manner.
- As in past years, peer representatives and legal advocates from Mental Health Law Project and Disability Rights Vermont believe that applications for involuntary, non-emergency court-ordered medication are filed quickly and in increasing numbers from past years. From their perspective, using involuntary medication so quickly makes it difficult to build therapeutic relationships with patients and instead perpetuates a distrust and avoidance of needed mental health services, both of which contribute to people repeatedly reaching a crisis state resulting in hospitalization. In turn, they believe that hospital staff should take more time to work with patients to explore and employ a wider range of approaches that respect patients’ concerns and lead to recovery.

- On average, all the patients under Act 114 orders in FY15 were discharged from psychiatric inpatient care about 3 months after the Act 114 order for medication was issued. By way of comparison, the average length of stay for patients without Act 114 medication, across the five hospitals, was 47 days (about 1.5 months).
- Responses from individuals who received medication under Act 114 and agreed to be interviewed for this annual assessment were mixed in terms of how they perceived the experience of receiving involuntary medication. The majority of individuals describe the experience of receiving medication as a coercive one. While people currently acknowledge the benefits of taking medication, most say that the way in which it was administered was wrong.
- The majority of individuals hospitalized during FY 15 noted that they were not offered a support person, were not offered the opportunity to debrief about the experience of receiving court-ordered medication, were not listened to in terms of their wishes and concerns, and in many cases they did not get information about the medication, dosage or possible side effects.
- However, several persons acknowledged that many hospital staff were kind and compassionate and that once they began taking medication they felt supported by staff.
- All individuals interviewed have maintain some level of involvement with mental health services in the community. Only one individual no longer takes psychiatric medication. The majority of individuals report that their current medication helps them function better in the community.

Recommendations

Flint Springs Associates offers the following recommendations:

Hospital Practices

FSA recommends that staff at hospitals administering Act 114 medication continue efforts to help patients understand the reasoning behind the decision to seek an order for involuntary medication and to invest time in talking with patients about the process and available options.

All hospitals should include the patient representative in treatment team meetings, with consent of the patient, in an effort to support both patients and staff toward achieving recovery in the least coercive manner.

Patient representatives should be able to access information as to where people are located in the system and whether they are receiving Act 114 medication or applications have been filed under Act 114. Specific ideas for making this possible include access to the “bed board” or inclusion on hospital listserves. This would help patient representatives reach out to more people.

In order to maintain clear records for documenting implementation of Act 114 in accordance with provisions of the statute, FSA recommends that each hospital maintain a separate file or section within the file for persons receiving medication under Act 114. This file should contain:

- Copy of court order

- Copy of Patient Information Form
- Copies of every Implementation of Court-Ordered Medication Form
- Copy of 7-day reviews
- Copies of Support Person Letter, if used
- Copies of CON or other documentation of emergency procedure, if needed
- Summary of medications based on court order
- Specific time line of court order based on language of court order

Statutory Changes

As noted in past assessment reports, the statute requires two separate assessments of Act 114 implementation, one by DMH and one by independent contractors. In practice this means that information is gathered twice, often requiring hospital staff, and more significantly patients, to participate in somewhat duplicative interviews and surveys. FSA recommends that the legislature consider requiring only one annual assessment conducted by an independent evaluation team.

The legislature should clarify the purpose of its request that the independent assessment offer interviews to persons for whom an Act 114 petition was filed but not granted. In addition, the legislature should define the time period for which it seeks this information (e.g., the FY under review only or additional years).

Annual Act 114 Assessment

FSA recommends that the following steps continue to be used in future assessments of Act 114:

- Provide a financial incentive for the participation of individuals who have received court-ordered medication.
- Request input from individuals through extensive outreach efforts to any person who received medication under Act 114 in previous years, not just the year under review, in order to learn about longer-term outcomes including individuals' engagement in treatment and their lives in the community as well as experiences receiving medication under Act 114 orders.
- Ask persons interviewed if they would like any family members to be interviewed and pursue these as permitted.
- Use the same source of data on dates of admission, commitment, petition and court orders for both the Commissioner's assessment of Act 114 implementation and the independent assessment.

INTRODUCTION

The Vermont statute governing administration of involuntary non-emergency psychiatric medications to clients of the public mental health system committed to the care and custody of the Commissioner is 18 V.S.A. 7624 et seq. The statute requires two annual assessments of the act's implementation, one conducted by the Department of Mental Health (DMH) and a second conducted by an independent reviewer. This report will refer to the statute as Act 114. Implementation of Act 114 commenced in late 2002.

This independent assessment report provides a review of implementation during FY15 (July 1, 2014, through June 30, 2015). The report also summarizes feedback from individuals who chose to be interviewed and who received medication under Act 114 between January 2003 and June 30, 2015.

As a result of the petitions filed during FY15, court orders for administration of involuntary non-emergency psychiatric medication under the provisions of Act 114 were issued for 50 individuals.

Prior to August 2011, all persons receiving involuntary non-emergency psychiatric medication were hospitalized at Vermont State Hospital (VSH) at the time of the court order and receipt of medication. On August 28 of that year, Tropical Storm Irene flooded the Waterbury State Office Complex that housed VSH. For most of FY12 through FY14, patients with acute needs who otherwise would have been referred to VSH, now designated as Level I patients, were served by the University of Vermont (UVM) Medical Center, previously Fletcher Allen Health Care, the Brattleboro Retreat and Rutland Regional Medical Center (RRMC). In FY13, the Department of Mental Health (DMH) opened the Green Mountain Psychiatric Care Center (GMPCC) to serve patients until the new psychiatric hospital was built; GMPCC became the Vermont Psychiatric Care Hospital (VPCH) and moved to its permanent location in Berlin in July 2014, the start of FY15. At that time UVM Medical Center stopped serving Level 1 patients but continued to provide medication under Act 114. During FY15, Central Vermont Medical Center (CVMC) was designated to administer medications under Act 114. The Commissioner of Mental Health has thus designated these five hospitals responsible for administering involuntary psychiatric medications under Act 114 through FY15.

This report, in compliance with statutory requirements for the annual independent assessment, provides the following information:

Section 1: The performance of hospitals in the implementation of Act 114 provisions, including interviews with staff, interviews with judges, lawyers and peers, review of documentation, and interviews with persons involuntarily medicated under provisions of Act 114.

Section 2: Outcomes associated with implementation of Act 114.

Section 3: Steps taken by the Department of Mental Health to achieve a mental health system free of coercion.

Section 4: Recommendations for changes in current practices and/or statutes.

Flint Springs Associates (FSA), a Vermont-based firm advancing human-services policy and practice through research, planning and technical assistance, conducted this assessment. Flint Springs' Senior Partners, Joy Livingston, Ph.D., and Donna Reback, MSW, LICSW, gathered the required information, analyzed the data, and developed recommendations reported here.

Section 1: Performance Implementing Provisions of Act 114

During FY15, 76 petitions were filed requesting orders for non-emergency involuntary medication under the provisions of Act 114 for 63 different individuals. Petitions were sought by physicians at the hospitals designated to administer the medications and sent through the Attorney General's DMH office to the court. Of those 76 petitions, 56 (74%) were granted for 50 individuals, six (8%) were withdrawn, six (8%) were denied, and eight (11%) were dismissed. Table 1 provides information on the number of petitions for court orders that were granted, denied or withdrawn over the last five fiscal years of Act 114 implementation. "Other" court decisions include dismissal of the case, discharge of the patient by the court, or appeals. In most years, the vast majority of petitions were granted; during FY12, more petitions were withdrawn, primarily because individuals began to take medication voluntarily, thus bringing down the proportion of granted petitions. The number of petitions and individuals affected by Act 114 rose noticeably in FY14, and continued to rise in FY15.

In FY15, the hospitals served a total of 477 individuals; the 50 individuals who received medication under Act 114 represented 10% of the hospital population.

Table 1: Court Decisions for Cases Filed during Last Five Fiscal Years

Court Decision	FY of Petition Filing Date (7/1 to 6/30)									
	2011		2012		2013		2014		2015	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Granted	30	75%	28	63%	32	76%	55	80%	56	74%
Denied	0	0%	1	2%	2	5%	2	3%	6	8%
Withdrawn	9	23%	15	33%	8	19%	11	16%	6	8%
Other	1	2%	1	2%	0	0%	1	1%	8	11%
Total	40	100%	45	100%	42	100%	69	100%	76	100%

Updates on Hospitals' Structure and Policies Related to Act 114

FSA senior partners, Joy Livingston and Donna Reback, conducted site visits at each of the designated hospitals responsible for administering involuntary non-emergency psychiatric medication under Act 114 in FY15. During those site visits, interviews were conducted with administrative staff as well as psychiatrists, nurses, social workers and psychiatric technicians. Initial interviews focused on changes in hospital facilities, staffing, and procedures relative to implementation of Act 114. Results from these initial interviews are summarized in the following descriptions.

It should be noted that in FY15 new provisions in the statute were in effect. Most importantly, those new provisions allow hearings on commitment and Act 114 petitions to be held at the same time, under limited circumstances, such as the individual has had multiple hospitalizations during which administration of the requested medication has been effective, or the person has been on an order of nonhospitalization (ONH) in the community.

Brattleboro Retreat

In response to the FY13 assessment report which recommended improvements in the Retreat's Act 114 documentation, the Retreat convened a Task Force on Act 114. The Task Force is now

the Act 114 Committee, meeting quarterly to review hospital performance and any needed changes to implement the provisions of Act 114. Members of the committee include quality assurance staff, physicians who file Act 114 applications, Unit Chiefs, Chief Nurse, social workers, Director of Patient Advocacy and Consumer Affairs, and the Director of Admissions.

As part of its efforts to implement the Six Core Strategies for reducing seclusion and restraint, an Early Response Committee was established. The committee meets monthly to review challenging situations and how to reduce the use of hands-on interventions. The committee has begun to track the number of times staff have successfully de-escalated situations. The Retreat has increased the number of staff receiving training from the units with the highest utilization of restraint. Programming has also been increased, including two daily psychotherapy groups available seven days a week to all units.

Central Vermont Medical Center

CVMC medical staff learned about Act 114 and worked to put needed policies and procedures in place so that patients at CVMC might be able to receive involuntary non-emergency psychiatric medication. Leadership reported that initially staff were reluctant to administer medications under Act 114, but after seeing the “robust response to treatment, they were on board in terms of supporting the decision that the hospital administer medication under Act 114.”

Rutland Regional Medical Center

RRMC also began to implement the Six Core Strategies for reducing the use of seclusion and restraint. Staff attended training sessions and trainings have been offered on site. In addition, staff received training on trauma-informed care. This training informs implementation of Act 114 orders, leading to a focus on fostering relationships, building social capital with patients, and emphasizing communication among staff from shift to shift. Leadership reported that staff provided more individualized responses to patients. “Once we focused on reducing seclusion and restraint, we have seen fewer staff injuries, reduction in assaults, reduction in involuntary medications, reductions across the board.”

UVM Medical Center

UVM Medical Center engaged in the implementation of Six Core Strategies, participating in training and establishing an implementation work group that meets every other week. Some staff received training in FY15 with expectations for more staff to do so in FY16.

As of July 1, 2014, after the opening of the Vermont Psychiatric Care Hospital serving high-acuity psychiatric patients, UVM Medical Center stopped serving Level 1 patients without an Act 114 order. The hospital continued to serve patients receiving non-emergency involuntary medications if they had an Act 114 order. This shift has meant that the UVM Medical Center has been able to increase its census, serving more people with less intensive needs.

Vermont Psychiatric Care Hospital

The new facility in Berlin opened to patients at the start of FY15. The new facility is larger, allowing up to 25 individuals to be served at once.

VPCH leadership noted that the ability to apply for commitment and involuntary non-emergency medication at the same time has made a difference in serving persons who are potentially aggressive and have been released with an ONH.

Staff Feedback on Implementing Act 114 Protocol

The following section summarizes findings from interview questions focused on implementation of Act 114 provisions.

Act 114 Implementation Training

Staff members receive both formal and informal training on the provisions of Act 114. Training has been provided to nursing staff at four of the hospitals as part of their orientation and annual mandatory training; CVMC provided nurses with written guidelines for implementing Act 114 orders and the physicians received informal training from DMH along with written materials. At RRMC, Act 114 provisions are reviewed annually and included in annual competency testing of staff. Documentation forms also served as a training tool in all of the hospitals; the forms' questions outline required protocols. RRMC includes regular review of documentation to identify training and support needs among staff. Staff also report learning about Act 114 on the job through knowledgeable physicians and other staff.

Decision to File Application for a Court order

Decisions to pursue an order for involuntary medication are ultimately the responsibility of the treating physician. Staff at the designated hospitals reported that the decision grows out of daily multi-disciplinary treatment team meetings based on an assessment of a person's needs, history, treatment options, and responses to treatment efforts. All work to give an individual the opportunity to take medication voluntarily before a decision is made to seek an order for involuntary medication. If the patient is well known to the treatment team from previous admissions, the decision to file an Act 114 petition may be taken more quickly. A decision first has to be made to seek involuntary treatment through a commitment order. The statutory change taking effect in FY15 allowed the Act 114 petition to be heard at the same time as commitment petition, in some cases. In other cases, the team takes more time in the hope that an individual will start to take medication voluntarily.

Patients' Rights

Physicians are primarily responsible for informing patients that an Act 114 petition has been filed and an order granted. Staff at all hospitals report that the physician informs the patient about the order and medication that will be administered; however, members of the treatment team regularly talk with patients about medications both prior to and after the order. The treatment team also informs patients of their rights – including encouragement to contact Legal Aid, sometimes assisting with making the phone call.

Representatives from Disability Rights Vermont (DRVT), Vermont Psychiatric Survivors (VPS), and Vermont Legal Aid visit hospitals at least once a week. Written information about rights, along with contact information for DRVT, VPS, and Legal Aid are provided to patients. UVM Medical Center staff reported that “Every effort is made to engage patients in the process.” RRMC staff report that they work to engage families and guardians to make sure they understand the medication and reason for the order as well as the entire legal process. VPCH makes “every effort to include and inform patients” of their rights and the thinking leading to the Act 114 application.

DRVT visits with patients at CVMC, but not as frequently as with the other hospitals; CVMC does not have a VPS patient representative.

Sense of Control

In response to a question about increasing patients' sense of control when receiving medications involuntarily under an Act 114 order, staff at all hospitals talked about providing as much choice as possible within limited parameters. This includes choice on the time of day and the location (e.g., a patient's own room or elsewhere) to take medications. Sometimes patients may choose the specific medication or work with their physician on specific doses. Medications are always offered orally first, and staff offer as much education on medications as possible. Patients are also reminded that they have a right to a support person, who can be a staff person. If a patient prefers to receive medications from a particular nurse, every effort is made to have that staff member present. VPCH and RRMCM also emphasized the importance of staff skills and training in creating a safe environment. VPCH staff recognized the trauma experienced by patients receiving medication under Act 114. "We are very sensitive to not wanting to make things any worse...A lot of thought is given to the first medication, how it will be approached and handled... we debrief with staff and patient daily after administration." Retreat staff noted, "We all validate how unhappy they are about the situation and the loss of control."

Alternatives to Medication

Hospital staff were asked about strategies they used as alternatives to medication prior to filing and receiving an Act 114 order. All hospitals provided opportunities for activities, therapies, and continued conversations about the value of medications.

UVM Medical Center offers garden access and activity therapy in groups or individualized activities. RRMCM also offers activities and outdoor access, along with individual and group therapy. VPCH staff reported that they have treated patients without medication, using other treatment modalities; if those modalities do not work, then they seek an Act 114 order. VPCH also has outdoor spaces, sensory modalities, a library, and exercise room. The Retreat has an outdoor space and uses sensory modalities to "help prevent difficult situations." At admission to the Retreat, patients can identify strategies that help them in distress to assist staff to identify helpful approaches. CVMC uses music to provide a patient comfort while waiting for the Act 114 order.

Benefits of Act 114

The primary benefit cited by most hospital staff was patient recovery. Comments about patient recovery included:

- *Being able to provide effective treatment*
- *Good response by patients once the meds are administered*
- *People get to regain life after medications*
- *Person gets to be the person they want to be, establish connections with family*
- *Person can mend relationships, gain control, possible for them to find a place to live, to go back to work*

Staff also noted that Act 114 revisions enable the process to move more quickly for some people, particularly those who enter the hospital with an ONH.

UVM Medical Center staff noted: "There has been a lot of advocacy for patients, the laws are designed to protect an extremely vulnerable population – it goes without saying that we'll treat

patients the best we can, but there is always a chance someone can be on staff that is not good. Laws and advocates provide quality checks...While sometimes it feels like an annoyance filling out paperwork, it is there as a positive thing.”

Challenges Posed by Act 114

The staff from all hospitals designated in FY15 echoed the same sentiment staff expressed last year and in every year in which Act 114 has been administered: the primary challenge Act 114 poses is the time it takes to treat individuals suffering from mental illness. For example:

Sometimes it goes way too long, patients can be really declining and in harm's way- seems cruel to me.

The time it takes to get medications - can take a month or more.

The time it takes to bring someone back. Bar for hearing on Commitment and Act 114 at the same time is so high, we very rarely can use it.

If we have the right to keep someone here, we should have the right to treat them immediately.

Staff across hospitals noted a number of concerns about delays in administration of medication:

- Impact on other patients and staff
 - *One person who may need medications creates a frightening environment for everyone on the unit*
 - *Milieu is an organic situation - stress affects the entire milieu*
 - *Behavior affects the milieu, safety of staff and other patients*
- Trauma to patient and others, including other patients and staff
 - *Rarely do people get better while waiting to get medication. They wear themselves out physically, mentally, and this is traumatizing to themselves and staff.*
 - *Waiting is risky for other patients and staff - resulting emergency procedures are risky to all and traumatizing to patients*
 - *Patient's physical health can really decline because unable to make good decisions...after medications have to build all physical strength back up*

Staff noted a number of factors contributing to the delay in receiving court orders. These factors included:

- Time to file the petition once the decision has been made to do so is impacted by: time for the State's Attorney (SA) to receive and review the petition; time for the SA to get the petition back to the physician for review, and then actually filing the petition. Movement of the petition back and forth takes time.
- In most cases, a commitment hearing must be held before a hearing on Act 114 medication. Staff report that there can be delays in getting to a commitment hearing if the patient refuses to cooperate with the defense attorney - this requires the defense attorney to file a petition to withdraw, which the judge usually denies, but this injects a substantial delay in the process.

- Time required for defense attorneys to review cases. Possible continuances and requests for independent psychiatric evaluations from the defense attorneys that will take additional time.
- Court scheduling can impact timing, particularly when the court hears Act 114 petitions on one day of the week – if that day is a holiday or the judge is not available, the hearing date will be moved up at least a week.
- Judges rotate so that over time different judges hear the petitions. Judges have different interpretations of the law, may not trust the physician’s perspective and ask for additional testimony; and take varied amounts of time to render decisions (and there is no limit on time to render a decision).

Several physicians were concerned that the process puts medical decisions in the hands of judges. Comments included:

I don't know if I'm the doctor or the judge is the doctor – the law wants to take all discretion away from doctor or treatment team.

I've had a judge say that they expect us to give the patient a few weeks before they would review a medication application (this happened a few times)

Unique that judges dictate medication doses, what meds can be prescribed for side effects –I question how someone with judicial degree can make those determinations. I wish that physicians were freed up to practice – we don't like to do involuntary treatment but it's needed at times – the law should free us up to do treatment.

Staff noted that the law allows administration of medication under Act 114 through Emergency Departments or other medical facilities so that individuals could remain in the community, however “we don’t yet have outpatient administration of meds, even though it is in the law – we often see people come back into the hospital since they stop taking meds.”

Staff Recommendations

The primary recommendation offered by hospital staff was to streamline the legal process so that it takes much less time to obtain an Act 114 order. There were a number of suggestions for reducing the time delay from admission to administration of medication, including

- Combining commitment and Act 114 hearings for all patients, not just a select few.
- Implement Act 114 order as soon as possible if the individual is admitted to the hospital with an ONH.
- Establish regular court dates with a consistent judge who is familiar with psychiatric patient acute-care settings and barriers to caring for individuals who have psychiatric illness and refuse medications.
- Recommend time frames for commitment and Act 114 hearings; for example, require a hearing within 72 hours of hospital admission.

- Establish statutory limits on the amount of time a judge has to render decisions on Act 114 petitions.
- Streamline the Act 114 application process, much like the commitment form letter, so that the application can be completed more quickly by the physicians. Allow the detailed information to be part of the physician's testimony.

Other recommendations included:

- Following the RRMC and VPCH models, hold Court hearings in the hospital so that patients might more easily attend.
- Allow Act 114 medication orders to follow a person after hospitalization so that medications can be administered in the community.
- Allow medications to be administered in correctional facilities.
- Consider factors beyond risk to self or others in Act 114 decisions. Include medical implications of not taking medications for conditions such as high blood pressure or diabetes. Also consider quality of life, "the amount of suffering, limited aspirations of their lives...ability to manage going to school, having a job, maintaining relationships."
- "In place of judicial power to prescribe medication, DMH could set up a panel of psychiatrists to review medications ordered, dose adjustments." Such an approach would provide "oversight by someone with medical expertise."

Interviews with Legal Services and the Patient Representative

This year, following up from interviews conducted during the prior three studies, we interviewed lawyers from the Mental Health Law Project (MHLP), lawyers from Disability Rights Vermont (DRVT) and patient representatives from Vermont Psychiatric Survivors (VPS) in order to learn from their perspectives:

- What is going well in relation to implementation of Act 114?
- What challenges exist in relation to implementation of Act 114?
- What could be done to improve the implementation of Act 114?

What is going well?

Legal advocates note that one or two changes in the statute that were implemented in 2014 were designed to make things better for patients. In particular the court cannot order long-acting injections without clear, convincing evidence particular to an individual client that this is the best alternative. The courts have taken that mandate seriously and it appears, without having tracked the numbers for the past year, that the State has stopped routinely requesting long-acting injections. If in fact statistics bear this out, it would indicate that doctors are aware that applications must clearly demonstrate a need.

The law also requires the court to review probable cause for every application for involuntary treatment filed. Again, it appears that this has resulted in a small number of cases being thrown out. What the longer-term broader impact may be is unclear.

Finally, from the defense perspective, it is clear that judges who hear applications from around the state for involuntary, court-ordered, non-emergency medications understand the law.

What challenges exist in relation to implementation of Act 114?

MHLP believes that the number of applications filed for Act 114 medication continues to increase.

Their office is experiencing an all-time record number of cases coming to court seeking involuntary medication under the law, indicating from their perspective an increased reliance on injecting powerful drugs into people versus an increase in efforts to meet the State's policy goals of working toward a mental health system that does not require use of involuntary medication.

Representatives from DRVT pointed out several concerns related to the state's use of involuntary medication (both at the emergency and non-emergency levels) as a long-term treatment approach for individuals with mental illness. The lack of adequate alternative and community-based treatment resources available to work with people experiencing earlier stages of illness contributes to how hospitals and their emergency departments (ED) deal with people whose illness has left them in crisis. Because emergency departments, which often receive persons in mental health crises, are not set up to be supportive, therapeutic environments, emergency involuntary medication is most likely the primary form of intervention utilized. While there is clearly a place for managing crises, the nature of the therapeutic relationship is negatively affected over the long term when force is used. Thus in those instances where persons have received forced emergency medication, remain hospitalized, and then continue to be involuntarily medicated as a long-term treatment under Act 114 orders, the ability to form a trusting, therapeutic relationship between the client and the mental health system is degraded.

In turn this can lead to an ongoing distrust and avoidance of mental health services, which the client comes to view as coercive.

From DRVT's perspective, the long-term hospitalization of highly acute individuals whose condition has reached a crisis resulting in their commitment leaves patients in a "holding pattern" where there is no improvement and no options are offered by the system other than unsuccessful medication regimens. Without adequate capacity to treat people due to inadequate space and insufficient staff to do what is needed to help people recover, hospitals resort to "bombarding [patients] with drugs that are essentially sedatives."

Patient representatives from VPS noted that their ability to provide advocacy and support has shifted significantly since the closure of the Vermont State Hospital and may be negatively impacting patients receiving Act 114 medication. When the patient representative position was originally created and housed at VSH, the patient representatives were "embedded" in the hospital. Specifically, they were on the hospital list-serve, received information on patient admissions and legal status, and were regularly invited into treatment team meetings about and with patients. Since the closing of VSH and expansion of psychiatric services to five hospitals, their access to information about patients (i.e., which facility they are in, legal status, discharge and placement plans) and their inclusion by hospital staff in treatment team discussions no longer happens. As a result, their ability to provide support to both patients and staff towards achieving recovery in the least coercive manner and to present patients with needed information about medication and access to legal rights is significantly reduced because:

- They no longer are granted access to official information portals at each hospital and therefore do not know who is receiving Act 114 medication
- They are not seen by medical/mental health hospital staff as valid members of the therapeutic support system and therefore are not invited to participate in treatment team meetings unless their participation is requested by a patient.

Interviews conducted over the year with persons who have received Act 114 medication consistently demonstrate that a majority of those individuals believe they were not apprised of their rights to file a grievance. In line with that, DRVT representatives have found that staff in two separate hospital facilities are not offering patients information on their legal rights, right to privacy when receiving medication or information about available alternative treatments and medications.

Patient representatives' involvement, therefore, comes primarily through requests from patients who first must know about their services and schedules.

Additionally, because three patient representatives are assigned to cover five hospitals and a number of residential homes, they are more spread out, a situation which in turn reduces their on-site presence and visibility for both patients and staff at each of the hospitals.

What could be done to improve the implementation of Act 114?

Legal advocates made a number of recommendations which in essence would either reduce the need for seeking court-ordered medication under Act 114 or improve how it is implemented, both from the perspective of patients and hospital staff.

First, DRVT suggests that DMH seek to reallocate some of the resources that currently go into emergency departments to other settings better equipped to handle mental health crises from a

therapeutic and less coercive perspective. In that vein interventions should be focused on first- or early onset of symptoms and rely on a minimum use of medication. Early intervention of this nature may lead to an overall reduction in reliance on medication over the course of a person's life and, importantly, may reduce the level of distrust in traditional mental health services that may discourage the development of positive therapeutic relationships between individuals and service providers.

For those individuals who have been in the system for long periods, more resources should be dedicated to developing and funding well-designed community-based settings that create healing environments as opposed to settings that serve people through the lens of diagnostic categories and interventions focused on controlling symptoms.

Finally, DRVT suggests that the Department of Mental Health conduct a study of the outcomes of forced medication on its recipients.

VPS patient representatives submitted several recommendations focused on increasing their ability to support both patients receiving Act 114 medication and staff in their efforts to work more effectively with patients towards recovery.

First, patient representatives should be able to access information related to where people are in the system. Specific ideas for making this possible include having access to the "bed board" or being included on hospital list-serves. "That would enhance our job and would help us reach out to more people. Now we just go to designated places and do our best."

Hospital staff should be more proactive in involving the patient representatives on the treatment teams at each facility. This recommendation has been made in previous reports but our conversations with both hospital staff and the representatives indicate that as yet no changes have been implemented in response to this recommendation. Given that patient representatives were initially treatment team participants at VSH, it would be useful to understand the rationale for the change in current practice around their lack of inclusion.

Patient representatives would like to see the hospitals use more patient-centered, creative responses to working with patients as an alternative to what they see as the practice of filing for Act 114 medication soon after a patient's commitment. Feedback from people they have worked with has found that the practice of filing for medication as a first response damages the relationships between the patient and the doctor, the staff and the hospital.

Finally, housing is needed for people ready for discharge. One representative believes that up to 25% of people at VPCH need a place to live in the community. Several types of community placements are needed depending on the specific circumstance presented by individuals. These include:

- A detox setting for people who "go cold turkey" off [their psychiatric] medications
- Nursing care for some patients, yet many nursing homes are hesitant to work with this population
- Supportive community housing

Review of Documentation

The Act 114 statute requires the Department of Mental Health to “develop and adopt by rule a strict protocol to insure the health, safety, dignity and respect of patients subjected to administration of involuntary medications.” VSH had in place a protocol and set of forms intended to guide its personnel in adhering to the protocol, including written, specific, step-by-step instructions that detailed what forms must be completed, by whom and when, and to whom copies were to be distributed. As other hospitals took on responsibility for administering medication under Act 114, they utilized the forms VSH had developed. Forms included:

1. Patient Information: Implementation of Non-Emergency Involuntary Medication – completed once (triplicate: patient’s copy, patient’s record, medical records) – includes information on the medication, potential side effects and whether patient wishes to have support person present.
2. Implementation of Court-Ordered Involuntary Medication – completed each time involuntary medication is administered in non-emergency situations (duplicate: patient’s record, medical records) – includes whether support person was requested and present, type and dosage of medication, and preferences for administration of injectable medications.
3. 30-Day Review of Non-Emergency Involuntary Medications by Treating Physician – completed at 30-, 60- and 90-day intervals (duplicate: patient copy, medical records) – includes information on dose and administration of current medication, effects and benefits, side effects, and whether continued implementation of the court order is needed. On January 1, 2015, changes to Act 114 went into effect requiring a 7-day review rather than 30-day review – hospitals changed their forms to accommodate this change.
4. Certificate of Need (CON) packet – completed anytime Emergency Involuntary Procedures (EIP), i.e., seclusion or restraint, are used. This form provides detailed guidelines for assessing and reporting the need for use of emergency involuntary procedures.
5. Support Person Letter – completed if a patient requests that a support person be present at administration of medication.

VSH protocol included a requirement that each patient on court-ordered medication have a separate file folder maintained in Quality Management including:

1. Copy of court order
2. Copy of Patient Information Form
3. Copies of every Implementation of Court-Ordered Medication Form
4. Copy of 30/60/90-day reviews
5. Copies of Support Person Letter, if used
6. Copies of CON, if needed
7. Summary of medications based on court order
8. Specific time line of court order based on language of court order

To assess the implementation of the Act 114 protocol, FSA reviewed each hospital’s documentation for patients with Act 114 orders for whom the petition had been filed during FY15. UVM and RRMC use electronic records; staff at these facilities provided hard copies of Patient Information Forms, Implementation of Court-Ordered Medication Forms, and 30- and/or 7-Day Review Forms, along with any CON documentation. VPCH maintains a separate file with all Act 114 documentation for every patient under Act 114 orders; medical records staff pulled needed documents from these files for review. Staff at the Retreat provided separate Act 114

files for each patient, along with useful summary sheets built from tracking data. CVMC provided needed documentation for the one patient who had an Act 114 order filed during FY15.

FSA reviewed forms completed by hospital staff for 49 of the total 50 persons with Act 114 applications filed in FY 15 (July 1, 2014 - June 30, 2015). This included patients from Brattleboro Retreat (n=15), Rutland Regional Medical Center (n=14), Vermont Psychiatric Care Hospital (n=13), UVM (n=6), and Central Vermont Medical Center (n=1).

Patient Information Form

Patient Information forms were present for 44 of the 49 files (90%) reviewed; four Patient Information Forms at the Retreat and one at VPCH had not been completed. Forty of the Patient Information Forms that were reviewed were completed fully. Nine forms (4 at VPCH, 2 at RRMCC, 2 at the Retreat, and 1 at UVM Medical Center) left blank the item that asks whether the patient wants a support person present when the medication is administered. Among the 40 forms that included responses to this item, one at UVM Medical Center indicated that the patient wanted a support person present. The remaining 39 forms indicated that the patient either did not want a support person or refused to discuss the issue.

The Patient Information Form also includes space for the patient to sign the form. Again, in most cases patients did not sign the form and the document noted that the patient either refused to sign or was not able to discuss signing the form. One VPCH patient signed the form.

The Patient Information Forms should be completed prior to the first administration of court-ordered non-emergency involuntary medication. This is indicated by the Patient Information form completion date at least one day prior to the date of the first Implementation of Court Ordered Medication form. All the Patient Information Forms had been completed either a day or two prior to first administration of medication (n=23) or on the same day as first administration (n=21).

Form for Implementation of Court-Ordered Medication

FSA examined the forms documenting the first three administrations of involuntary medication following the court order, and then the same forms documenting administration of medications at 30 days and 60 days following the court order. Of the 241 Implementation Forms reviewed, 222 (92%) were complete. All missing information concerned whether or not the patient wanted a support person (the Retreat 6/71; UVMCC 3/29; CVMC 3/9; VPCH 2/65). At the Retreat there was one patient file that did not include any of the Implementation Forms.

One patient at UVM Medical Center asked for a support person to be present when medication was given orally. The support person was present on the first, second and third administrations, but not available on following administrations, which continued for three months.

Patients chose to receive medication orally beginning with the initial administration in most cases (n=35, 73%); all VPCH patients received medications orally. Five patients (10%) received the first administration of medication by injection and subsequent administrations orally; eight individuals (17%) received most medications through injection.

Review of Non-Emergency Involuntary Medications by Treating Physicians

Required review forms (30, 60 and 90 days through December 2014 and 7 days after January 1, 2015) were present for all of the Retreat, RRMC, UVM Medical Center, and CVMC files. Two VPHC files were missing a 30-day review form and two were missing 7-day review forms. For the most part forms that were present in files, for each hospital, were complete. Physicians at the Retreat used case notes rather than a 7-day review form in 12 cases; the Retreat reported that it has introduced a 7-Day Review Form for FY16. Retreat case notes often did not include information about medication side effects, which is required in the Review Forms.

Certificate of Need (CON) Form

CON forms were needed three times for Retreat patients, once for UVM patients, and once for RRMC patients. These CON forms all accompanied administration of medications by injection. All needed CON forms were present and complete for Retreat and RRMC patients. UVM uses medical orders rather than CONs, and these orders were present as required.

Perspective of Persons Receiving Involuntary Medication

Attracting Participants

The 2015 annual assessment invited feedback from persons to whom medication had been administered under an Act 114 court order anytime between 2003 and June 30, 2015. In our conversation with the Adult Program Standing Committee following submission of our 2007 assessment, members suggested that the study should offer *anyone* who has received Act 114 court-ordered medication the opportunity to reflect on the experience. The suggestion was driven by an interest in knowing if and how individuals' perceptions of their experiences receiving involuntary medication while hospitalized might change over time with changes in their living situation to a community setting. Thus beginning with the 2008 Annual Assessment, anyone who had been under an Act 114 court order (through June 30th of each year) was invited to participate in an interview. Additionally, in the 2014 legislative session, legislators asked that beginning in the FY 2015 assessment interviews be offered to individuals on whom a petition was filed during the assessment period but NOT granted by the court. Therefore invitation letters were sent by MHLF both to:

- Individuals for whom an Act 114 application was filed and granted
- Individuals for whom any Act 114 application filed between 2003 and June 30, 2015 had not been granted.

The following steps were used to engage individuals in this study:

- A brochure, intended to inform people and create interest in participating, was written for distribution.
- The Vermont Legal Aid Mental Health Law Project (MHLF) mailed a packet of information to all persons who were involuntarily medicated under an Act 114 court order between January 1, 2003, and June 30, 2015, and for whom they had postal addresses.
- This packet included a letter and the brochure referred to above, which described the study, how one could get more information about the study, and compensation for participation.
- A toll-free phone number was provided to make it as easy as possible for people interested to learn about and schedule an interview.
- A peer advocate, well known and highly regarded in the peer community, was engaged by the consultant team to talk with individuals interested in learning more about the study, answer their questions, and refer interested parties to the consultant conducting interviews.
- Compensation of fifty dollars (\$50.00) was offered and paid to those individuals who had received involuntary medication under Act 114 and chose to be interviewed.

Focus of Interviews

The assessment pursued two lines of questioning: one for persons hospitalized and receiving Act 114 medication orders at some point between July 1, 2014, and June 30, 2015, and another for those discharged from VSH, the Retreat, RRMCM, GMPCC or UVM at any time prior to July 1, 2014.

The interviews with persons who had been hospitalized and had received Act 114 medication orders during this annual assessment study period sought to understand how the event of receiving court-ordered, non-emergency medication was experienced, to what extent the protocols identified in the statute were followed, and what recommendations they might have for improving the experience of receiving Act 114 medication. Detailed information was sought from them regarding the extent to which provisions of Act 114 had been implemented including:

- Conditions and events leading up to the involuntary medication
- How well individuals were informed regarding how and why they would be receiving involuntary medication
- Whether and how individuals were apprised of their rights to have a support person present and to file a grievance
- Conditions and events related to the actual experience of receiving involuntary medication
- Each individual's view of what was most and least helpful
- Current engagement in treatment and self-care

Persons discharged at any time prior to July 1, 2014 were asked the following:

- How the event of receiving court-ordered medication was experienced on reflection
- What impact receiving court-ordered medication has had on their current life
- What course of treatment they are currently engaged in and how they are caring for themselves
- What recommendations they have for improving the administration of court-ordered, non-emergency, involuntary medication at UVM, Rutland Regional Medical Center, the Brattleboro Retreat, Central Vermont Medical Center and the Vermont Psychiatric Care Hospital.

Number of Persons Interviewed

Between 2003, when Act 114 court orders were first granted, and June 30th, 2015 (the end of the FY 15 study period), MHLP records indicate that a total of 221 individuals received Act 114 court-ordered medication. Additionally, applications were filed but not granted for 61 individuals.

MHLP had correct addresses for and sent out letters to 231 individuals. Of those, 170 were persons whose application for Act 114 medication was granted by the court and the remaining 61 were persons on whom applications filed were not granted. Thirty-five letters sent to persons who received Act 114 medication were returned and nineteen letters sent to individuals who had a medication application filed but not accepted were returned. As a result, 177 letters sent by MHLP were received by:

- 135 individuals whose Act 114 medication applications were accepted

- 42 individuals whose applications were not accepted by the court

The recruitment efforts yielded phone calls from twenty-two individuals interested in learning more about the project. Of those, one person passed away before an interview could be conducted, one individual decided she did not want to participate, a third was unable to respond to questions and two others provided incorrect information making it impossible for them to be contacted and interviewed. Ultimately, seventeen of the 177 individuals who received letters were interviewed and provided feedback, which is summarized below.

Of those seventeen persons interviewed:

- Six had been hospitalized and received Act 114-ordered medication between July 1, 2014, and June 30, 2015
- One had been hospitalized during FY 15 but the application for Act 114 medication was not granted
- Ten had been living in the community for more than a year beyond the study period, having received court ordered non-emergency involuntary medication prior to FY 15

Table 2: Interview Participants as Proportion of All Persons under Act 114 Orders

Year of Court Order	Persons Who Received 114 Court Orders		
	Number With Orders Issued in Designated Study Period	Number Interviewed Who Received Order in Study Period	Response Rate of Interviews within Same Study Period as Order
2003	14	1	1%
2004	27	6	22%
2005	13	4	31%
2006	22	4	18%
2007	18	2	1%
2008(1/1/08-11/30/09)	12	4	33%
2009 (7/1/08 -6/30/09)	19	3	16%
2010 (7/1/09 -6/30/10)	26	4	15%
2011 (7/1/10 - 6/30/11)	28	4	14%
2012 (7/1/11 - 6/30/12)	28	6	21%
2013 (7/1/12 - 6/30/13)	32	4	13%
2014 (7/1/13 - 6/30/14)	55	6	11%
2015 (7/1/14 - 6/30/15)	50	6	12%

Of the six persons interviewed who received Act 114 medication orders during FY15, two had been hospitalized at the Brattleboro Retreat, three at the Rutland Regional Medical Center, and one at UVM. Finally, the one person whose application was not granted was hospitalized at UVM during FY 15 but has since been discharged. At the time the interviews were conducted, three of the six individuals who received Act 114 medication were still hospitalized while the other three were living in community settings.

Responses from the seven people hospitalized¹ during FY15

The reason for refusing to take medication

Four persons noted side effects as the reason they refused medication. Each of the four individuals said the medication knocked them out, made them sluggish, tired, sleepy or feeling drugged. An additional effect mentioned by two people was a dry mouth. One of the four said he could not move his muscles and said the feeling was “like painful without a sharp pain.”

Two persons said they had not felt they needed medication. In one case the individual reflected that “when I’m doing well on my medication it makes me feel I don’t need them” and then he stops taking the medication. He was admitted to the hospital after going off his prescribed medications for that reason.

Finally, the person on whom the application was denied said that she did not know why an application was filed as she was not refusing medication.

Information about the court hearing, the court order, the Act 114 protocols, and the right to file a grievance

Act 114 protocols stipulate that individuals be given information about the upcoming court hearing and the subsequent court order. The seven persons interviewed reported they were aware of the upcoming court hearing and the decision on the application. Four said they learned about the hearing on the application and the ruling by the court from their lawyers. As stated above, the court denied one of these applications. Three of these individuals attended the hearing; two were at RRMC and one was at UVM Medical Center. The other three individuals learned about the hearing and decision to grant the application for medication from a doctor at the hospital.

While Act 114 requires that individuals be given information about the prescribed medication being ordered, including its name, the frequency with which it would be administered and the dosage, interview responses indicated that not everyone believes they were informed. Of the six persons who received Act 114 medication orders, one person said he was given information on the medication, dosage, and frequency of its administration. Three people said they were given some information about the medication ranging from the name of the medication to an indication that there would be an increase in dosage. Two individuals reported being given no information about the prescription.

Regarding information received about potential side effects, only one individual reported being given information by doctors about potential side effects. The remaining five individuals said they did not know and were not told anything about side effects.

Finally, people were asked what they knew about the Act 114 protocols for administering court-ordered involuntary medication and whether they were aware of their right to file a grievance. In only one case did someone report having been told by the doctor of the protocols and of his right to file a grievance. [The doctor] “used the word ‘complaint process’ and said there were

¹ Because one person interviewed had an application that was denied, the only questions asked addressed reasons for refusing medication and information given about the court hearing on the medication application. Beyond this, no other Act 114 protocols had to be followed during this individual’s hospitalization. The full interview was conducted with the remaining six individuals.

forms to fill out” or suggested talking with the lawyer. The remaining five individuals had the following responses to this question:

“I was not told officially but I understand the process.”

“I had no idea.”

“I had no knowledge - no one told me.”

“I was not made aware.”

“No one told me about either [the protocol or right to file a grievance].”

The individual who said he had received information about the prescribed medication side effects and right to file a grievance received the medication order at UVMHC.

Treatment by staff during and after administration of involuntary medication

The interview asks people to comment on:

- How they felt they were treated in general by staff around, during and after the administration of court-ordered medication
- Concern that staff showed for a patient’s interest in being afforded privacy when medication was being administered
- Whether they were asked if they wanted a support person present when receiving medication, as stipulated in the protocols
- Whether they were offered emotional support
- Whether staff offered to help debrief them after administration of court-ordered medication

Responses regarding how people were treated by staff in relation to the administration of the court-ordered medication revealed mixed reactions. Three of the six individuals interviewed reported that the setting and level of privacy in which they received the medication did not matter to them. Another individual whose medication was administered by injection was asked and chose to receive the medication in a seclusion room. No one indicated that the setting in which they received medication was problematic. In regards to whether people were asked their preferences in terms of who administered the medication - whether they preferred a male or female, or if they identified a particular person to give the medication - two individuals said they were asked, another said that a female always administered the medication and that was fine, and three individuals were not asked but reported this was not important to them.

Patients receiving Act 114 medication should be asked by staff if they would like a support person present when receiving medication, and should receive offers from staff to debrief the experience of receiving involuntary medication and to receive emotional support. Four persons reported they were not asked if they would like a support person present. One person said “it never came up.” Another said that “I was not asked....I would have liked someone to see what they were doing to me.” A third who was not asked reported that he would not have wanted a support person if asked. One of the two individuals who were asked said that “when I asked [for a support person] they [hospital staff] were annoyed with me” and did not respond to her request.

When asked if staff offered to debrief with or provide emotional support to them regarding receiving the medication, five of the six individuals reported neither offer had been made. The sixth individual believes staff offered to talk with him about the experience but “I didn’t want to.”

The interviewers asked respondents how, in overall terms, they felt staff at the hospitals demonstrated concern and respect for their dignity, safety and health. Of the six individuals, one person, hospitalized at RRMCM, felt that overall staff treated him well and with respect. Three individuals felt the opposite. Of those, one said "everything was great when they first told me [I would be getting medication], except...they were very cold. It's scary - they are real serious and stern." Another said that staff used a "very sharp voice...they just said 'you have to take it'." Two persons had no opinion regarding the question.

Regarding the extent of force used to get people to take medication:

The interviewers asked people overall how much force they felt was used to get them to take medication. Two individuals reported that some degree of force was used. One individual was restrained and described the following: "I was told I needed [to get the medication by injection]. I felt my privileges would be removed if I refused." This person said that as soon as the medication was administered the restraints were removed, but then reported that when restraints were initially used they would stay on for "at least six hours...[and] I would be left" alone during that time period. What is unclear about the previous statement is whether this person was put in seclusion in response to receiving emergency psychiatric medication at an earlier date or non-emergency medication ordered through Act 114.

Another individual took the medication without resistance but described feeling deceived by messages from staff. "I wasn't restrained but I was told I would be released any day if I took the medication....but in fact I was hospitalized for 8 to 10 months."

Four of the respondents said that basically little force was used because they knew that they had to take the medication. One person said, "There wasn't any force used because I went along with everything they said." Another said, "Once the order was granted I knew I had to take it."

When asked to describe whether any of their wishes were respected or if they were given any opportunity to exercise some control over what was happening to them, three people said they had no control. One individual said, "I felt like I had no control...I don't recall being given any option when receiving medication." Another said "sometimes yes, sometimes no" regarding whether people asked anything about preferences as to where and when the medication was administered and by whom.

Two other individuals reported a bit differently. One person was asked his wishes about the method of administration - oral or injection. He said, "I chose the shot over oral and the location" for receiving it. Another responded to the question of having some control over what was happening by saying that "the doctors and nurses gave me some explanation when I had questions."

What was most helpful and unhelpful about the experience?

The interviewer asked people what was most unhelpful and most helpful about the experience of receiving court-ordered medication. In thinking about what was most difficult about receiving court ordered medication people referenced their treatment by staff, "bad" side effects of the medication, physical illness induced by the medication, tedium and boredom of being hospitalized and the overall feeling of having no choice in the matter.

Each of the six persons reported that there was nothing helpful about the experience of receiving involuntary medication. One individual noted that the “doctors were too cold and diabolical and the psych techs were just there to make sure nothing gets out of hand.”

Another person noted that in addition to the “bad effects of medication,” the stay in the hospital was “long, boring, disturbing, tedious...and torturous. Every second [in the hospital] seemed like an hour”.

A third person believed that a diagnosis of diabetes was caused by the medication prescribed at the hospital.

Another individual said “I don’t feel I need medication...Nobody should be forced. A patient has the right to say no.”

Despite the consensus among those interviewed that the experience was unhelpful, two persons had positive comments about staff. One individual said “I found that the nursing staff is more helpful than the doctors, more caring”. And another person reported that while “nothing was helpful or positive” for him, “a good handful of staff were pretty professional”.

Both positive and negative comments reported above came from persons hospitalized in different facilities. The responses do not indicate any relation between where a person was hospitalized when receiving the medication and the content of their answers.

The interviewer asked people whether, looking back, they felt the state had made the right decision in giving them involuntary, court-ordered, non-emergency medication. Again, responses were mixed. One person said that in the end “the state did the right thing because after 15 years of mental illness I realize I have to stay on medication. When I stay on meds I do fine, when off I do terrible.”

Three persons disagreed with the state’s decision to seek and obtain an involuntary medication order. Another individual currently is working to get off the medication and is making efforts to move “down on the medication.” However, this person continues to take medication in an effort to avoid going back to the hospital.

Another person said, “No, the state didn’t do the right thing.” Looking back, this person feels he should have gone to the initial hearing, believing that “the judge would have seen I was competent without the medication.”

A third individual said that while he understands he was acting out, “I am flabbergasted that this system can pull people out of their lives.” He feels that his caseworker at the community mental health agency was both unsupportive and misinterpreted his actions. While hospitalized, “I missed my right to vote” and, as a result of his hospitalization, personal things were stolen when his apartment was broken into.

One individual described mixed feelings in response to this question. On the one hand, this person acknowledged that the staff at the hospital “are very nice people ... They are just trying to help me.” On the other hand, he said, the final authority of hospitals to medicate against one’s will and take away one’s choice makes it difficult to feel that the right decision was made.

Responses from people who had been discharged prior to July 1, 2014, and living in the community during this study period:

Ten people living in the community during this study period completed interviews. Each of these individuals last received a court order for involuntary non-emergency medication prior to July 1, 2014. Act 114 court orders for nine of the individuals in this group were granted between 2012 and 2014. Three persons received court-ordered medication at the Brattleboro Retreat, three at RRMCM, two were at UVM Medical Center, and one at Green Mountain Psychiatric Care Center in Morrisville. The tenth individual interviewed last received Act 114 medication at the Vermont State Hospital but could not recall the exact year in which that took place.

People living in the community were asked to reflect on the following:

- How the event of receiving court-ordered involuntary, non-emergency medication was experienced
- The impact of receiving medication on their current life
- Their current involvement in self-care and treatment activities

How was the event of receiving court-ordered medication experienced?

Responses to this question were mixed. Five persons described the experience as definitely negative while four people described both positive and negative aspects to their stays and one individual said simply that he had been “well treated.”

Completely negative experience: Three of the five persons talked about the force that was used to administer the medication. One individual said the treatment was brutal and described being restrained by seven psych tech workers who pulled down her pants to inject her without the presence of a doctor. This person lodged a complaint regarding the treatment. During her stay in the hospital, she said, her privacy was violated and she felt that her requests to see her lawyer were ignored by staff. Another person reported that treatment by staff was “coercive and terrifying” and resulted in her coming out from the hospital “with bruises.”

Four of the five who viewed the event as negative referenced side effects as contributing to that impression. One individual believes she was “overdosed” and was given the wrong medication while hospitalized. Another talked generally about how “bad” the medication makes her feel. A third person attributed long-term effects resulting from the medication including a weight gain of thirty pounds, tardive dyskinesia and a heart condition.

Three individuals noted that during their hospitalization their physical health and conditions went ignored and untreated. One person believes that the medications ordered would have eventually led to kidney failure and that only the intervention of a doctor who was not a psychiatrist saved her. Another person said that she was experiencing heart problems, which resulted later in a “slight heart attack.” She felt that her heart condition could have been prevented had her complaints not been ignored by hospital staff.

Mixed experience: Three individuals noted that while they objected to being medicated involuntarily for reasons including their belief they did not need the medication and the unpleasant side effects associated with the medication, they each said they were treated well by staff. One person said that staff at the Retreat were “very respectful” and that she “felt very safe.” Another person hospitalized at UVM said that although she also experienced bad side effects she was treated well by staff. A fourth person reported that while the overall experience was fine, her physical condition was ignored.

What impact has receiving court-ordered medication had on your current life?

People were asked to describe how their current lives had been affected by receiving medication under the provisions of Act 114. Five of the ten individuals interviewed were clear that receiving court-ordered medication has had a positive impact on their current lives. All are taking medication and describe different degrees of satisfaction with their circumstances, which they attribute to the medication. One person who has been out of the hospital for almost three years said, "I haven't been so stable and happy for many years, that medication helped me a lot. I can do anything and I don't hear voices." A second respondent reported no longer having panic attacks while a third individual reported becoming healthier as a result of taking medication.

Another individual said, "I am grateful I received court-ordered medication. I realize I can't function without medication." Additionally she believes she would have lost her longtime home had she not taken the medication that enabled her to return to the community.

One person regained custody of her child and is now employed. While that is a positive outcome for this person, she also feels she has developed a degree of caution about dealing with the medical and court systems.

Two people, however, reported that the experience has left them traumatized. One individual has nightmares related to the hospitalization, which she attributes to physical and psychological abuse she says she experienced. Additionally she has become fearful of entering a hospital for any reason. Another person believes she has post-traumatic stress disorder (PTSD) as a result of the involuntary medication.

Two people answered that their hospitalizations led to personal losses upon their return to the community. One individual lost possession of her home, was burdened with financial penalties and back taxes related to the loss of that home, and finally had to sell family mementos and antiques to pay debts incurred, all of which she attributed to her hospitalization. Another individual was unable to regain his former job upon being discharged to the community.

What course of treatment they are currently engaged in and how they are caring for themselves:

People were asked to discuss how they are taking care of themselves. Specifically they were questioned about what activities and events they participate in that they view as beneficial and what, if any, course of treatment they are following.

Nine of the ten persons interviewed continue to take medication. The one individual who no longer takes medication is doing so under the supervision of her psychiatrist and in accordance with an agreed-upon treatment plan. All ten maintain some ongoing relationship with the community mental health system and/or private mental health providers. Eight persons have a case manager through their area community mental health agency. Several individuals live in individual or group housing residences supported by their local mental health agencies. Nine individuals report they continue to work with a psychiatrist primarily around their medication. Six individuals report having positive relationships with their psychiatrists, believe their provider does a good job and feel they are treated well. One person said, "I can tell [my psychiatrist] whenever things begin to get bad." Comments from others include praise for the doctor's great insight. In all cases, people say they like their doctor.

Six persons reported having case managers with whom they worked. Only one individual expressed a negative feeling about her case manager. In this instance the person felt that her religious values were not being acknowledged by the case manager and that "when I talked

about God they looked at me like I was getting sick again.” Others for the most part described ways in which case managers assisted them with transportation, shopping, filling out needed paperwork and managing appointments.

In terms of participating in enjoyable and self-caring activities, responses from individuals varied widely. Some persons engaged in minimal social activity. Two persons said their range of social activities was limited to going to community day programs sponsored by their local mental health agency.

Responses from the eight other persons interviewed demonstrated engagement not only in a wide range of social activities but also in attention to their own physical health. Six people described their participation in some form of exercise including regular walks, swimming, joining a soccer league, and paying attention to diet and nutrition. One individual has quit smoking since her discharge and says “I feel tremendous!”

Engagement with family members and involvement in relationships with significant others were mentioned by five individuals. One person lives in an apartment in her mother’s home and sees her siblings regularly. Another is now caring for an ill spouse. One person described her relationship with a significant other who is highly supportive of her efforts to maintain mental, emotional and physical wellness.

Four people have taken up new activities including writing, meditation, music, photography, and crochet.

Table 3 summarizes these responses:

Table 3: Reported Treatment Participation and Self-Care Activities

Key Responses	Number of Responses
Involved in some way with mental health professional services (has caseworker, sees MD, participates in individual and/or group therapy)	10
Currently taking psychiatric medication	9
Engaged in social activities in the community	8
Exercising regularly (swimming, taking walks, etc.)	6
Living in Community Mental Health residential support setting (apartment, group home)	6
Well connected with family members and/or in significant relationship	5
Living in independent housing	4
Engaging in new hobbies or learning new skills	4
Working full- or part-time and enjoying it	2
Engaged in faith community	2
No longer on medication as part of treatment plan	1

When thinking about their ongoing involvement with medication and mental health services, five people put a high value on these factors. In particular this response came from individuals who believe they need medication to function optimally and who appreciate the support they receive from their case workers and doctors toward that end.

Recommendations for improving how court-ordered involuntary medication should be administered at the hospitals and planned new facilities in Vermont

This section describes responses from sixteen people interviewed this year, six of whom were hospitalized during FY15 and received Act 114-ordered medication and ten of whom were living in the community and received Act 114 medication in earlier study periods. People were asked for their recommendations on what the current designated facilities (Brattleboro Retreat, CVMC, RRM, UVM, and VPCH) could do to improve the experience for people receiving Act 114 involuntary court-ordered medications in non-emergency situations.

Consistent with findings in previous years, recommendations focused on the quality of communications between staff and patients, the importance of staff interpersonal skills in dealing with patients, and provision of information to patients about the medication. Recommendations also encouraged that alternative approaches to medication be utilized as a way to reduce the coercive experience of receiving involuntary medication, to help staff gain a different framework for understanding the patient's experience and hopefully to reduce the length of time people were hospitalized. The following section presents many of the thoughts put forward by respondents:

- In order to reduce or, ideally, eliminate the force and coercion recipients of Act 114 medication report they experience, staff should engage with patients in more gentle, patient and personable ways and utilize a wider range of treatments beyond medication.

“There are rare times when someone is so broken from reality that involuntary medication is necessary. [However, often the patient] can be dealt with through time-out [or use of] Open Dialogue.”

“I believe that everybody is having their own human experience...to physically restrain people, to physically alter their chemistry is not the only way....Meet with people in their own environments and recognize their individual experiences” as an alternative to viewing them through the lens of mental illness.”

“People administering medication should be more sympathetic...they should understand they are putting something in your body that you don't want there.”

“Be gentle; be kind when you're telling them [they have to take medication].”

“Don't over-medicate [as a way] to keep people quiet. That can be dramatic.....Over-medication to maintain order in a hospital is a tragedy.”

“The time to the medication order shouldn't be shorter, it should be longer [in order to] offer alternatives and educate the patient [about options].”

“Use peer support specialists. The specialist [who worked with me] had lived experience and took a more compassionate approach to me. Peer specialists are both more educated about the pharmaceutical industry's influence on psychiatrists and have more open-minded views on mental health than the rigid ones of the traditional mental health system and providers.”

- Staff should give patients information about the medication, potential benefits, side effects and address fears and concerns that patients may have.

“Give [patients] information on what you’d be getting and how it would be administered. On my last [hospital] stay the nurses were great. They showed me the medication, explained the procedure [for administering it].....Meet with patients to address their fears about side effects they are experiencing.”

“Hold doctors and mental health workers to the law. I should have been told twenty-four hours before being medicated and I wasn’t.”

“People should have choices. Involuntary medication was the worst part - not having the choice.”

“They should talk about side effects.”

- Activities and resources should be available to better structure the time and reduce the boredom experienced by people hospitalized.

“Address the sensory deprivation [experienced while hospitalized]. Give us headphones and music. Provide physical stimulation. All we get is food, medication and sleep. People are going stir-crazy. Give us things that use up our energy.”

“If people get well, the hospital shouldn’t keep them. People should move on once they are well - they should be placed faster.

Key Findings Emerging from Interviews

It is important to offer the following information about the interviews. First, the people who volunteered to participate in the interviews were self-selected. Therefore, one cannot view the findings as representative of all people who received Act 114 court-ordered involuntary medication between January 1, 2003, and June 30, 2015. Second, in some cases, people chose not to comment, were unable to remember, or were confused and unable to clarify their responses to some of the circumstances surrounding the court order and administration of medication.

In recruiting people who received court-ordered medication over the span of time between 2003 and June 30, 2015, the study aimed to:

- Generate an increased amount of feedback from individuals who received involuntary medication under Act 114
- Gain new information from people now in the community and no longer under an Act 114 court order about:
 - How receiving involuntary medication has impacted their current circumstances
 - Choices they have made regarding whether and how they are currently engaged in any form of (voluntary) treatment

In this year’s assessment, three persons were hospitalized at the time interviews were conducted. The overall percentage of people whose medication applications were granted and who participated in interviews (n=16) represented 12% of those who received packets sent out by MHLPP (n=135). This represents a slight increase over last year’s response rate of 10.5%.

This year, as in years 2009 through 2014, two different sets of questions were posed to study participants, based on whether they were hospitalized at some point during the study period or had been discharged prior to July 1, 2014, and were living in the community.

Responses from the six individuals who were hospitalized and received involuntary medication through an Act 114 order at some point between July 1, 2014, and June 30, 2015, showed mixed responses in terms of:

- Reports of how the Act 114 protocols were followed. The majority of individuals reported they were not offered a support person, emotional support or the opportunity to debrief after receiving court-ordered medication. Most were unaware of the Act 114 protocols or their right to file a grievance. Additionally the majority said they were given limited or no information about the medication prescribed and its potential side effects.
- Sense that they had some control. Two individuals exercised choices over how, where and when the medication would be administered. Otherwise, those interviewed said they had agreed to take the medication because they felt they had no options if they wanted to be discharged.
- Feelings about how they were treated, supported and respected during that experience. Half of the persons interviewed reported they were not well-treated by staff, one person said the opposite and two individuals had no comment.

Regarding the value and benefit that receiving court-ordered medication has had on their current situations, one individual felt the state did the right thing, two disagreed with the decision to be medicated, and two others understood the reasoning for seeking the medication order but were not in agreement that it was the right route to follow.

Of the sixteen individuals interviewed who received Act 114 orders, fifteen continue to take medication regardless of whether they believe they need it. All report ongoing involvement at various levels with community or private mental health services. Living situations for these people vary from private residences to housing supported by community mental health services. Multiple respondents were engaged in paid part-time employment at the time of the interviews. These findings are similar to those reported in last year's assessment.

As in past years, participants were asked if they would like any family member to be interviewed. All participants refused the offer, so no family interviews were conducted.

People noted the critical role that communication and interpersonal skills of hospital staff can and should play in:

- Treating patients with more compassion and sensitivity
- Helping patients understand why medication is being recommended
- Providing patients with the information needed to exercise more choice in their treatment

For the second year in a row people suggested the importance of hospital staff utilizing a wider range of treatment options and resources beyond medication as meaningful interventions with patients.

Section 2: Outcomes from Implementation of Act 114

As part of earlier assessments, stakeholder input was used to identify a set of outcomes that would be expected with successful implementation of Act 114. These outcomes include:

- Hospital staff awareness of Act 114 provisions
- Decreased length of time between hospital admission and filing petition for involuntary medication
- Decreased length of stay at hospital for persons receiving involuntary medication
- Reduced readmission rates and increased length of community stay for persons receiving involuntary medication
- Satisfaction with non-emergency involuntary medication process among patients, family members, and hospital staff

In addition, persons currently living in the community were asked to describe the impact that receiving non-emergency involuntary medication had on their current lives and their engagement in treatment.

For FY15, achievement of outcomes was as follows:

- Staff awareness of Act 114: Staff at all five hospitals administering medications under Act 114 in FY15 were aware of the provisions as shown by documentation of adherence to Act 114 provisions.
- Time between admission and petition: In FY15, 30% of Act 114 petitions were filed within 30 days of the date of hospital admission; 30% were filed 30-60 days after admission (see Table 4). This finding was consistent with the past two years.

Table 4: Time (in days) Between Admission to VSH and Filing Act 114 Petition

Time from Admission to Petition	FY of petition filing (7/1 to 6/30)							
	FY2012		FY2013		FY2014		FY2015	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
<30 days	11	26%	11	26%	18	26%	23	30%
30-60 days	20	48%	15	36%	22	32%	23	30%
61 - 180 days	11	26%	16	38%	18	26%	21	28%
181 - 365 days	0	0%	0	0%	9	13%	4	5%
>365 days	0	0%	0	0%	2	3%	5	7%
Total	42	100%	42	100%	69	100%	76	100%

In FY15, it took on average 65 days from admission to filing the Act 114 petition (see Table 5). Overall, it took about 81 days from admission to the Act 114 order. This represents a noticeable reduction from last year, and return to time periods closer to previous years. It took on average 16 days (two weeks) from the date the petition was filed to the date an order was issued. This was consistent with last year.

Table 5: Mean Time Delays between Steps in Act 114 Process
(Excluding cases in which petition filed more than 1 year after admission)

FY of Petition (7/1 to 6/30)	Time (in days) from:					
	Admission to Filing Petition		Petition to Order		Admission to Order	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
2007	84.64	92.67	29.43	15.20	114.07	90.83
2008	35.80	26.69	25.13	8.06	67.25	31.62
2009	79.24	80.86	8.86	81.48	88.10	120.80
2010	40.12	19.94	16.39	12.25	55.57	21.54
2011	68.37	77.43	15.29	9.68	83.66	77.27
2012	50.21	35.07	14.38	6.82	65.67	35.03
2013	57.55	40.91	13.44	9.64	66.71	39.71
2014	93.17	107.36	16.16	8.11	109.33	109.41
2015	64.93	55.89	15.87	9.65	81.13	61.01

In past assessments, and again this year, hospital staff reported that time delays in the Act 114 process were due to legal procedures. The first of these is separation of the commitment and Act 114 hearings. In FY15, half of the Act 114 petitions were filed within eight days of the commitment. As shown in Table 6, 22% of Act 114 petitions had been filed prior to the commitment orders; 41% were filed within seven days of the commitment date; and, 29% were filed 30 days or more after the commitment. On average it took 30 days from the commitment date to the date on which Act 114 petitions were filed. Once a petition was filed, the time for an order to be issued decreased over the years until FY13; in FY14 the time increased to 16 days and remained at that level in FY15 (see Table 5).

Table 6: Time between Date of Commitment and Act 114 Petition Filing Date

Petition filed:	FY12		FY13		FY14		FY15	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Before commitment	5	13%	13	31%	16	24%	15	22%
Same day as commitment	4	11%	2	5%	10	15%	6	9%
Within 7 days of commitment	13	34%	15	36%	19	28%	13	19%
8 - 30 days following commitment	13	34%	9	21%	12	18%	15	22%
30+ days after commitment	3	8%	3	7%	11	16%	20	29%
Total	38	100%	42	100%	68	100%	69	100%

- Length of stay: Of the 50 individuals with Act 114 orders in FY15, 45 (90%) were discharged from psychiatric inpatient care, on average, 150 days (approximately 5 months) after admission, and 97 days (about 3 months) after the Act 114 order was issued. The average order-to-discharge figure does not include data from two patients who remained in the hospital for more than one year. By way of comparison, the average length of stay for patients without Act 114 medication, across the five hospitals, was 47 days (about 1.5 months).

Table 7: Length of Stay for Patients under Act 114 Orders Who Were Discharged from Hospital

FY Petition Filing (7/1 to 6/30)	Average Length of Stay (in days) from:			
	Admission to Discharge		Order to Discharge	
	Mean	Std. Dev.	Mean	Std. Dev.
2007 (n=25)	267.04	152.12	146.00	70.69
2008 (n=12)	160.08	64.58	93.33	36.36
2009 (n=22)	211.36	141.19	97.73	94.81
2010 (n=24)	153.46	79.33	86.71	38.15
2011 (data unavailable)	--	--	--	--
2012 (n=23)	128.09	67.41	63.52	40.48
2013 (n=21)	123.38	41.34	71.00	38.89
2014 (n=35)	154.67	125.92	85.77	62.99
2015 (n=45)	149.60	87.87	97.07	69.56

- Readmission Rates: Of the 45 patients with Act 114 orders in FY15 who had been discharged, four individuals had been readmitted by the time of this review.
- Satisfaction with Process: As in past years, hospital staff members would like the process to move more quickly. From the perspective of the six persons interviewed who received Act 114 medication during FY 15, the majority expressed concerns and dissatisfaction based on the quality of interactions with staff, the lack of information given and the lack of control they had over the process. Five of the six individuals reported that no support person had been offered and no opportunity to debrief around the experience of receiving involuntary non-emergency medication had been offered. Three of the six persons disagreed with the state's decision to seek an Act 114 order to medicate them, one felt that in the end the state did the right thing, and another had mixed feelings. Again whether people felt that overt coercion had been used in administering the medication or that they believed they had no choice and control around the decision played a significant role in reported levels of satisfaction with the process.

Section 3: Steps to Achieve a Non-Coercive Mental Health System

The Department of Mental Health (DMH) leadership team, including the Commissioner, met with Flint Springs Associates (FSA) to review steps DMH took during FY15 toward achieving a non-coercive mental health system. These include:

1. Offering treatment options from acute inpatient care to a range of community-based services:
 - The new state-of-the-art psychiatric hospital opened in July 2014 (FY15). The hospital has a maximum of 25 beds divided into three units with flexibility in the arrangement of space. Each unit has eating and sitting areas; all have access to comfort rooms, low stimulation areas, outdoor space, an exercise room, an activity room, and conference rooms. The hospital was designed to create a congenial and calming environment. In addition, staff training emphasizes a recovery model.
 - Two new residential programs opened in FY15: Soteria House, a five-bed residential program that offers a supportive environment for individuals going through an early experience of psychosis with limited use of psychoactive medications, opened during FY15. My Pad provides supported and permanent apartment living with a 24/7 staff on site to support individuals who could not otherwise live in the community.
 - In a joint report with BGS, DMH proposed a permanent secure residential program for individuals currently in hospitals to move to a less-intensive level of care. The program would be able to manage emergency procedures without having to transfer individuals to hospitals, increasing capacity to move people out of intensive care facilities.
2. In partnership with the Vermont Cooperative for Practice Improvement and Innovation (VCPI), DMH provided training on the Six Core Strategies for reduction of emergency interventions such as seclusion and restraint to staff of the Retreat, RRMCMC, VPCH, and UVM Medical Center. Training also addressed trauma-informed care and recovery, with significant involvement of persons with lived experience and the peer network.
3. DMH continued to train emergency department staff at community hospitals in de-escalation techniques.
4. DMH restructured the care management team so that one care manager's sole function is to work with the hospitals and designated agencies with a focus on getting people out of hospitals, rather than into hospitals. The team works with people on ONH to provide improved monitoring, modifications to ONH to avoid revocation and rehospitalization, and early interventions—all toward reducing overall hospitalizations.
5. DMH continued to support training for police officers to identify a situation as a mental health crisis and bring in the designated agency (DA) in the area. The DA can respond on-site, thus reducing arrests and involvement of criminal justice. During FY15, the Department of Public Safety (DPS) became a financial contributor to this effort.
6. Two pilot sites for implementing a suicide prevention model that relies less on medication were selected. The model includes training in Collaborative Approach to Managing Suicide (CAMS).

7. DMH funded two pilot sites to implement Open Dialogue, a service-delivery model with proven effectiveness in lowering the rates of hospitalization and medication use for persons with schizophrenia. The pilot program included clinical training, implementation of the model, and evaluation of outcomes.
8. DMH instituted a telepsychiatry program to bring psychiatry to small hospitals. This allows hospitals without a psychiatrist on staff to obtain the two certifications needed for involuntary hospitalization without requiring the patient to be transported to another hospital.
9. DMH continues the initiative, begun in FY11, to ensure that no restraints remains a priority in the transportation of individuals with mental health needs. This includes adoption of methods that assure physical safety at the same time as sensitivity to trauma. During FY15, DMH purchased soft restraints for use by the Vermont State Police. Data collection allowed DMH to identify law enforcement agencies using hard restraints at high levels and to provide training for them. As a result of the initiative, 70% of adults and children were transported without restraints in FY15, and there were fewer injuries to transporting staff as well as the individuals being transported.
10. DMH established a review committee for Emergency Involuntary Procedures (EIP) in FY14, and the committee continued its work into FY15. The committee is charged with reviewing EIP data and making recommendations on additional needed data. National experts on reduction of seclusion and restraint provide consultation to the committee. The EIP Review Committee also shares information on reducing seclusion and restraint with Vermont's designated hospitals.
11. DMH hired a nurse quality manager to review Certificates of Need (CON) on a weekly basis. If concerns arise, technical assistance can be provided to the hospitals on how to improve practices.
12. DMH established a work group in FY14 to explore ways to reduce the use and length of time for ONHs. The group completed its work in FY15, and in FY16 will produce an ONH manual.
- 13.

Section 4: Recommendations

The review for FY15 indicates that hospital staff understand the provisions of Act 114. Documentation was generally in good order and demonstrated that staff have implemented the statute as required.

Hospital Practices

FSA recommends that staff at hospitals administering Act 114 medication continue efforts to help patients understand the reasoning behind the decision to seek an order for involuntary medication and to invest time in talking with patients about the process and available options.

All hospitals should include the patient representative in treatment team meetings, with consent of the patient, in an effort to support both patients and staff toward achieving recovery in the least coercive manner.

Patient representatives should be able to access information as to where people are located in the system and whether they are receiving Act 114 medication or applications have been filed under Act 114. Specific ideas for making this possible include access to the “bed board” or inclusion on hospital listserves. This would help patient representatives reach out to more people.

In order to maintain clear records for documenting implementation of Act 114 in accordance with provisions of the statute, FSA recommends that each hospital maintain a separate file or section within the file for persons receiving medication under Act 114. This file should contain:

- Copy of court order
- Copy of Patient Information Form
- Copies of every Implementation of Court-Ordered Medication Form
- Copy of 7-day reviews
- Copies of Support Person Letter, if used
- Copies of CON or other documentation of emergency procedure, if needed
- Summary of medications based on court order
- Specific time line of court order based on language of court order

Statutory Changes

As noted in past assessment reports, the statute requires two separate assessments of Act 114 implementation, one by DMH and one by independent contractors. In practice this means that information is gathered twice, often requiring hospital staff, and more significantly patients, to participate in somewhat duplicative interviews and surveys. FSA recommends that the legislature consider requiring only one annual assessment conducted by an independent evaluation team.

The legislature should clarify the purpose of its request that the independent assessment offer interviews to persons for whom an Act 114 petition was filed but not granted. In addition, the legislature should define the time period for which it seeks this information (e.g., the FY under review only or additional years).

Annual Act 114 Assessment

FSA recommends that the following steps continue to be used in future assessments of Act 114:

- Provide a financial incentive for the participation of individuals who have received court-ordered medication.
- Request input from individuals through extensive outreach efforts to any person who received medication under Act 114 in previous years, not just the year under review, in order to learn about longer-term outcomes including individuals' engagement in treatment and their lives in the community as well as experiences receiving medication under Act 114 orders.
- Ask persons interviewed if they would like any family members to be interviewed and pursue these as permitted.
- Use the same source of data on dates of admission, commitment, petition and court orders for both the Commissioner's assessment of Act 114 implementation and the independent assessment.

Conclusion

UVM Medical Center, the Brattleboro Retreat, Vermont Psychiatric Care Hospital, Rutland Regional Medical Center, and Central Vermont Medical Center used documentation and generally completed it fully enough to indicate that all provisions of Act 114 were implemented in FY15. On average, it took about two months from the time a patient was admitted to the time a petition for medications under Act 114 was filed, and then another two weeks for a hearing and judicial decision on the petition.

Hospital staff responsible for administering medication under Act 114 throughout the state advocate for a process that moves as quickly as possible, as they believe that patients suffer on many levels when not receiving treatment. Staff in the hospitals designated in FY15 shared the view that use of involuntary medication is a last resort and they prefer to engage patients in voluntary treatment. Nevertheless, they believe that procedures that decrease time delays while preserving due process to protect patient rights are needed. Defense lawyers and peer advocates present a different perspective, however. They cite the continued increase in Act 114 petitions over the past several years as evidence that involuntary medication is not being used as a last resort. Instead they feel that Act 114 applications are increasingly sought quickly and with little effort made by medical staff to find common ground where patients will voluntarily engage in treatment.

The majority of persons interviewed for this year's study, whether hospitalized during or prior to FY15, continue to view the experience of receiving court-ordered involuntary medication as a coercive set of events in which they have little or no control over medication decisions. Of the sixteen individuals interviewed who received Act 114 orders, fifteen continue to take medication regardless of whether they believe they need it. All reported ongoing involvement at various levels with community or private mental health services. People interviewed hold mixed opinions about whether the decision to medicate them was a right decision, but the majority of those interviewed report that the manner in which the administration took place—that is, how the medication was administered—was wrong.

People who were hospitalized during FY15 were mixed in their perceptions of how hospital staff treated them. Three of the six persons interviewed reported they were not well-treated by staff, one person said the opposite and two individuals had no comment. The majority of individuals reported they were not offered a support person, emotional support or the opportunity to debrief after receiving court-ordered medication. Most were unaware of the Act 114 protocols or their right to file a grievance. Additionally, the majority said they were given limited or no information about the medication prescribed and its potential side effects.

When asked for recommendations about how to improve the administration of medication, the sixteen individuals addressed the following in their responses: staff communication and interpersonal skills in engaging with patients; utilization of a wider range of treatments beyond medication; provision of information about the medication, potential benefits and side effects; and access to a wider range of stimulating and enjoyable activities during hospital stays.

DMH reports continued efforts to create a mental health system that provides an array of service options, primarily in community-based settings. As in past years, stakeholders agree that community options and a collaborative culture are needed to create a non-coercive mental-health system.