An Independent Study of the Administration of Involuntary Non-Emergency Medications Under Act 114 (18 V.S.A. 7624 et seq.) During FY 2014

Report to the Vermont General Assembly

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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 14 (July 1, 2013, through June 30, 2014).

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, patients with acute needs who otherwise would have been referred to VSH, now designated as Level I patients, were served by Fletcher Allen Health Care (FAHC), 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 a permanent new psychiatric hospital was built. The Commissioner of Mental Health designated these four hospitals responsible for administering involuntary psychiatric medications under Act 114 through FY14.[1]

During FY 2014, 69 petitions were filed requesting court orders for non-emergency involuntary medication for 51 different individuals under the provisions of Act 114. Petitions were sought by physicians at the four hospitals designated in FY14 and sent through the Attorney General's DMH office to the court. Of those 69 petitions, 55 (80%) were granted, 11 (16%) were withdrawn, 2 (3%) were denied, and 1(1%) was dismissed.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 four hospitals demonstrated full implementation of the provisions of Act 114 in the administration of involuntary non-emergency psychiatric medication.

[1]For the record, it should be noted that FAHC has since changed its name to University of Vermont Medical Center (UVM Medical Center) and that GMPCC became the Vermont Psychiatric Care Hospital (VPCH) in April 2014 and moved to Berlin in July 2014. In addition, a fifth hospital, Central Vermont Medical Center (CVMC) was designated to begin administering medications under Act 114 beginning in FY 2015.

- 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 Aid lawyers believe that applications for involuntary, non-emergency court-ordered medication are filed too quickly and used more frequently than in past years. 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 their recovery.

- On average, all the patients under Act 114 orders in FY14 were discharged from psychiatric inpatient care about 3 months after the Act 114 order for medication was issued, an increase of one month from FY12 and FY13.

- 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 they currently acknowledge the benefits of the medication, most say that the way in which it was administered was wrong.

- The majority of individuals hospitalized during FY 14 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 continued involvement with mental health services in the community and have continued taking 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:

<u>Hospital Practices</u>

- Continuation of efforts by staff at hospitals administering Act 114 medication 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 their options.

- Cross-hospital training and information-sharing around innovative practices. As part of those efforts doctors should participate with other unit staff in orientation training provided by peer advocates.

- All hospitals should include the patient in treatment team meetings in an effort to identify and help the patient achieve long-term treatment goals.

- 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.

Statutory Changes

- The Act 114 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/or surveys. FSA recommends that the legislature consider requiring only one annual assessment conducted by an independent evaluation team.

Annual Act 114 Assessment

- The following steps should 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 who have received court-ordered medication 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.

    - If two assessments continue to be requested, data for both the Commissioner's assessment of Act 114 implementation and the independent assessment on dates of admission, commitment, petition and court orders should come from the same source.

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 FY14 (July 1, 2013, through June 30, 2014). 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, 2014.

As a result of the petitions filed during FY14, court orders for administration of involuntary non-emergency psychiatric medication under the provisions of Act 114 were issued for 51 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, patients with acute needs who otherwise would have been referred to VSH, now designated as Level I patients, were served by Fletcher Allen Health Care (FAHC), 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 a permanent new psychiatric hospital was built. The Commissioner of Mental Health designated these four hospitals responsible for administering involuntary psychiatric medications under Act 114 through FY14.[2]

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.

[2]For the record, it should be noted that FAHC has since changed its name to University of Vermont Medical Center (UVM Medical Center) and that GMPCC became the Vermont Psychiatric Care Hospital (VPCH) in April 2014 and moved to Berlin in July 2014. In addition, a fifth hospital, Central Vermont Medical Center (CVMC) was designated to begin administering medications under Act 114 beginning in FY 2015.

Section 1: Performance Implementing Provisions of Act 114

During FY14, 69 petitions were filed requesting orders for non-emergency involuntary medication under the provisions of Act 114 for 51 different individuals. Petitions were sought by physicians at the four hospitals then designated to administer the medications, and sent through the Attorney General's DMH office to the court. Of those 69 petitions, 55 (80%) were granted, 11 (16%) were withdrawn, 2 (3%) were denied, and 1 (1%) was dismissed. Table 1 provides information on the number of petitions for court orders that have been granted, denied or withdrawn over the previous four 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. In FY13 and FY14, the proportion of individuals voluntarily taking medications and thus resulting in withdrawn petitions decreased and the proportion of granted petitions increased. The number of petitions and individuals affected by Act 114 rose noticeably in FY14.

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

Court Decision	FY of Petition Filing Date (7/1 to 6/30)									
	2010		2011		2012		2013		2014	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Granted	26	87%	30	75%	28	63%	32	76%	55	80%
Denied	1	3%	0	0%	1	2%	2	5%	2	3%
Withdrawn	3	10%	9	23%	15	33%	8	19%	11	16%
Other	0	0%	1	2%	1	2%	0	0%	1	1%
Total	30	100%	40	100%	45	100%	42	100%	69	100%

Updates on Hospital's 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 FY14. 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.

Brattleboro Retreat

In response to the FY13 assessment report which recommended improvements in the Retreat's Act 114 documentation, the Retreat convened a Task. Several improvements were implemented through the work of the task force including maintaining a separate file for each patient's Act 114 documents and a spreadsheet to track needed documents. Regular audits of the Act 114 file and spreadsheet leads to staff reminders to complete needed documentation. Information about Act 114 was made available to all staff through a shared folder on the computer system.

The Retreat worked on increasing patient involvement with the treatment team, primarily by involving the patient representative through meetings with the patient and treatment team members.

Rutland Regional Medical Center

RRMC added 10 new full-time equivalent (FTE) psychiatric technician (psych tech) positions, in addition to assigning psych tech supervisors. The supervisors hold 10 to 12 group supervision meetings each month; psych techs attend an average of two meetings monthly. Supervisory psych techs were trained in trauma-informed care; they work with the psych techs to identify early signs of anxiety and aggression in patients and to develop response strategies to avoid hands-on intervention. The psych tech supervisors arrange staffing assignments to address patient needs and are responsible for maintaining the milieu. This structure has reduced the number of emergency procedures.

In addition, all RRMC staff are trained in verbal de-escalation and participate in monthly mock "out-of-control" role plays. During these role plays, leadership staff role play patients and staff respond. All staff attend the eight-hour initial training and then annual three-hour recertification. RRMC staff and leadership report that this training has "made a difference."

Fletcher Allen Health Care/UVM Medical Center

Similar to RRMC, FAHC/UVM Medical Center staff have been trained in management of aggressive behaviors and verbal de-escalation. Monthly formal debriefings are held to review a specific situation and how it could have been improved.

During FY14, court hearings were held at the hospital, enabling most patients to attend their hearings.

In FY15, after the opening of the Vermont Psychiatric Care Hospital serving high-acuity psychiatric patients, FAHC/UVM Medical Center anticipates it will no longer admit Level I patients without an Act 114 order. The hospital will serve patients who are receiving non-emergency involuntary medications once they have an Act 114 order.

Green Mountain Psychiatric Care Center/Vermont Psychiatric Care Hospital

The GMPCC opened in January 2013 to provide Level I inpatient psychiatric treatment until the new facility in Berlin opened to patients at the start of FY15. This assessment will focus only on patients served before July 1, 2014.

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

Formal training on Act 114 was provided to staff at three designated hospitals (RRMC, FAHC and the Retreat) in September 2011, shortly after they began to serve patients who had been, or would have been, at VSH. This training was conducted by Kristin Chandler, Assistant Attorney General at the Department of Mental Health, along with three psychiatrists from VSH. Since that time, formal and informal training has been provided by each hospital.

Training has been provided to newly hired nursing staff at the four hospitals designated in FY14 as part of their orientation and annual mandatory training. At RRMC Act 114 provisions are reviewed annually and included in annual competency testing of staff. As part of annual mandatory training for FAHC/UVM Medical Center nurses, there is a quiz on administration of medication under Act 114. Staff responsible for implementing Act 114 provisions at the Retreat receive annual training from in-house counsel. Staff from all four hospitals 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 all four hospitals reported that the decision grows out of daily treatment team meetings based on an assessment of a person's needs and treatment options. All make efforts to give an individual an 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. In some cases, an Act 114 petition is prepared for filing immediately after a commitment order is issued. 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. As Retreat staff summarized, "Everyone is engaged in this conversation with patients as well as with each other."

Representatives from Vermont Disability Rights, Vermont Psychiatric Survivors, and Vermont Legal Aid visit hospitals at least once a week. As FAHC/UVM Medical Center staff noted, "We encourage patients to talk with legal representatives." RRMC staff report that they work to engage families and guardians to make sure they understand the medication and reason for the order. GMPCC/VPCH engage people "from the clinics who worked with them in the past, family, any others with a relationship" who might help convince patients to take medications voluntarily.

In response to a question about increasing patients' sense of control when receiving medications involuntarily under an Act 114 order, staff at the four 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; beverages with which to take medication (e.g., root beer). 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, which 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.

GMPCC/VPCH staff said they work to engage patients and explore "any opportunity as long as it is reasonable; we're flexible enough to try it," for example, keeping a supply of candy for the patient who would only take medication with candy. The Retreat seeks to "allow a lot of choice within the non-choice" situation and to provide choices about other aspects of the day by asking patients, "What else do you want to do today?" RRMC staff take "any opportunity we can to give patients a choice when they can make a decision," such as the number of pills they want to take (ask the pharmacy to use two rather than five pills to provide the prescribed dosage of medication).

Staff at the four hospitals were also asked about strategies they used as alternatives to medication, prior to filing and receiving an Act 114 order. All hospitals provided opportunities for activities. FAHC has an activity therapy department that facilities five group activities daily; patients can also meet individually with activity therapists so that activities address patients' needs and strengths.

RRMC and the Retreat have sensory-modulation resources and outdoor spaces. RRMC's comfort room has music, rocking chairs, and a window with a view. In future, FAHC/UVM Medical Center hopes to add outdoor space and a comfort room. GMPCC/VPCH staff referred to the new Berlin facility that includes all of these resources that were limited in the Morrisville site.

Benefits of Act 114

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

> *"Allows people to return to their baseline selves faster"*
>
> *"Giving very ill people the care to help them get better, otherwise we would have people very ill for a long time."*
>
> *"For a small subset of people that we serve that are so sick, Act 114 helps their treatment turn a corner; medication is not the only answer, there are layers of the treatment plan, but medications are a tool that helps the trajectory of treatment."*
>
> *"Reduces suffering"*

Staff also noted that Act 114 provides "regulation, oversight, and accountability" which "protects patients from abuse." Moreover, the structure "gives the patient a lot of power in their mental health care, being able to advocate for themselves and talk about why they don't want to receive the medication." The process "respects clients' rights and that's good. You have your day in court."

Challenges Posed by Act 114

The staff from all four hospitals designated in FY14 echoed the same sentiment they 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:

> "For that small subset who are so acutely ill, and whose behavior is quite challenging, the time that it takes for a decision to be made is too long."
>
> "It is difficult to watch decompensation, suffering while you know that medication would help and you can't do anything about it."

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

- Impact on other patients and staff
  - *"Other patients have increased risk while a patient in need of medication is waiting."*
  - *"Waiting makes it difficult to help them, to get them to shower (some patients won't shower for two months), this becomes hard on other patients."*
  - *"Puts patient at risk of hurting self or other people."*

- Trauma to patient and others, including other patients and staff
  - *"When a patient takes medication and then realizes what they've done it's hard; they remember what they did and feel regret."*
  - *"Wait extends the illness, and the illness weighs on family members, jobs/careers, and friends. It puts them at greater risk to lose [their] support network and makes it dramatically worse to return to their lives and community."*

- Impact on family members
  - "Family is greatly impacted by the waiting – it is torture for the family."

Additional challenges that were identified included the time it takes to keep abreast of the legal "ins and outs of orders and appeals and time lines." Medical staff noted that they had to spend time in court and completing legal paperwork rather than providing clinical services. There were also several comments about the Act 114 "becoming a legal rather than medical decision-making process."

Staff also noted the challenge to establish trust and relationships with patients while "forcing them to take medications."

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. In addition to comments that combining commitment and Act 114 hearings may speed the process, other suggestions included increased court resources so that there might be more court time for hearings. There were also suggestions to move more quickly to ensure medication for persons with a history of success with medication, for example:

> *"If someone is in and out [of the hospital] we should be able to do an expedited hearing."*

> *"Advance directive from patient to communicate to judge that if they are re-admitted, the medications and treatments they need to help recovery."*

Staff at the Retreat noted that letters and notices from the court to patients were often very confusing to patients. "Patients think they are being arrested, they are terrified about going to court and think they'll go to jail." The staff succeeded in having copies of the letters or notices sent to the Retreat so now staff can clarify these documents. Staff suggested that all legal documents name the patient's attorney, as this is a name patients generally know.

There were several suggestions for administering non-emergency involuntary medications in the community, or even correctional facilities. As one staff member said, "In order to have people with more acuity in the community, staff in the community will need training."

Moreover, one staff member said that there was a need for more resources in the community, including housing. "We have people stay in the hospital for months because they have no place in the community where someone will take a chance. They need services to live a productive life, housing, work, support. "

Interviews with Legal Services and the Patient Representative

This year, following up from interviews conducted during the prior two studies, we interviewed representatives from the Mental Health Law Project, Disability Rights Vermont and Vermont Psychiatric Survivors 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 the scheduling of cases in the four courts to which Act 114 applications are submitted is going well. Once applications are filed the courts are trying to get decisions out promptly after hearings have taken place. Because the applications for involuntary medication go to only a handful of courts the judges handling these cases are well-trained and knowledgeable about the law.

From the perspective of patient rights, lawyers representing patients believe that a benefit of the Act 114 statute is that it affords patients due process, which is not the case in other states where doctors have sole responsibility for deciding to order involuntary medication. As one lawyer interviewed said, having a lawyer for the client and a judge ruling on the application and its merits is "absolutely good".

What challenges exist in relation to implementation of Act 114?
The lawyers representing patients in Act 114 cases are concerned that the legislation that will go into effect in FY 15 allowing the state to concurrently file and hear petitions for Act 114 medication with commitment petitions will lead to a whittling away of due process currently afforded to patients.

During FY14 the number of Act 114 petitions filed and granted nearly doubled from previous years, causing concern that "the state and hospitals continue to file new involuntary medication applications at a staggering rate." MHLP notes that 45 applications were filed in calendar year 2012; - 64 applications were submitted in 2013; and, at the time of this interview (which took place in early November 2014), 72 applications had already been filed in the 2014 calendar year.

Legal advocates are concerned that while Vermont's policy, stated in law, is to work towards a system free of coercion the increase in applications indicates that the Department of Mental Health seems to have rejected the idea of limiting force and instead is using force as its first resort.

Beyond the increase in Act 114 petitions being filed, lawyers hear from their clients who are in the community that they are fearful of getting help because of their fear of being force-medicated. Clients believe "the medication will kill them, make them obese, give them seizures. There's no trust in the mental health community that doctors know what they are doing."

The mental health system as a whole is perceived by the lawyers interviewed as "still very strained". Bed space and options for offering alternative therapies that persons may benefit from are limited. Wait lists continue and legal advocates see the increase in applications for involuntary medication as a way to treat patients and get them out quickly in order to open bed space - versus taking the time to develop a therapeutic relationship with patients.

A patient representative from Vermont Psychiatric Survivors commented on the revolving door and stagnation that is the experience for many people he sees - people who have been through the system a number of times - on and off medications. From his perspective, "Act 114 doesn't seem to make a dent in their chronicity…and it may actually increase the problems."

In last year's report a recommendation was made by the patient representative that patients be included directly in their treatment planning. Between then and this year's interview he feels that patient inclusion "has taken a backslide [sic]". At the Brattleboro Retreat particularly, patients meet with their doctors but are not necessarily engaged in treatment planning with the entire treatment team. At Fletcher Allen/UVM Medical Center, he says it seems that the process of getting a medication order takes a long time and that there is too much reliance on getting the order and not necessarily on helping the person. He comments, similarly to views expressed by legal advocates, that an over-reliance on medication may keep staff from trying to work with patients in other ways, such as cognitive therapy - "the conversations are only about getting on medication."

Finally he noted that because a person has received involuntary medication in the past is not a sure indicator that they should get it again. "We seem to be creating a class of individuals based on their treatment history" versus on their current needs.

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

There is agreement amongst advocates that people are being involuntarily medicated in non-emergency situations because of a lack of resources in the mental health system - resources that would provide a wider range of treatment options and approaches that can be crafted to individual needs and situations. Examples include art therapy, physical therapy and peer supports. An investment in a wider set of options would counter what legal advocates see as movement of the system away from the legislative intent to eliminate coercion.

One other notion offered is that nobody is tracking the outcomes of persons who have been involuntarily medicated under Act 114 and that this would be a worthwhile activity by which to judge current performance and policies - and shape future ones.

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. Quality Management at VSH was responsible for ensuring that the forms were complete and updated. Act 114 packets, which included instructions, the required forms and a checklist to guide staff on the documentation, had been 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.
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.

The 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

These forms and protocols were reviewed during DMH's training on Act 114 provided to each hospital in 2011. Initially, three hospitals adopted the VSH forms but did not establish separate file folders or sections within the files for Act 114 documents. Rather, these documents were included in patients' electronic or hard-copy files along with all the other medical information. GMPCC/VPCH adopted the same forms as VSH and maintains separate Act 114 file folders for persons with such orders. In FY14, the Brattleboro Retreat began to keep separate Act 114 file folders.

To assess the implementation of the Act 114 protocol, FSA reviewed documentation for patients under Act 114 orders during FY14 at each of the hospitals that were designated that year. FAHC/UVM Medical Center and RRMC use electronic records; staff at these facilities provided hard copies of Patient Information Forms, Implementation of Court-Ordered Medication Forms, and 30/60/90 Day Review Forms, along with any CON documentation. GMPCC/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 new tracking data.

FSA reviewed forms completed by hospital staff for 46 of the total 51 persons with Act 114 orders filed in FY 14 (July 1, 2013 - June 30, 2014). This included patients from Brattleboro Retreat (n=21), Fletcher Allen Health Care/UVM Medical Center (n=10), Rutland Regional Medical Center (n=11), and GMPCC/VPCH (n=3). Records for the remaining five persons with orders filed in the FY14 time period were not provided by hospitals probably due to confusion about time periods under review (for example, the Act 114 petition was filed in FY13 or FY14). FSA continues to seek strategies to provide a better match of information provided by DMH and by the hospitals separately for a more complete review of all patients' documentation. For FY14, we were able to review documentation for 90% of the individuals with Act 114 orders in FY14.

Patient Information Form

Patient Information forms were present for 44 of the 46 files reviewed; two Patient Information Forms at the Retreat had not been completed. All of the Patient Information Forms that were reviewed were completed fully. This form asks whether the patient wants a support person present when the medication is administered; in most cases the form indicated that the patient either did not want a support person or refused to discuss the issue. Three patients (one each at FAHC/UVM Medical Center, the Retreat, and RRMC) asked for a support person.

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. Three Retreat patients and one FAHC/UVM Medical Center 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. Half (n=23, 52%) of the Patient Information Forms were completed at least one day prior to the first administration of medication (FAHC/UVM Medical Center n=3 (50%); GMPCC/VPCH n=2 (67%); Retreat n= 10, 50%); and, RRMC n=6, (60%)). Another 39% (n=17) of the forms were completed the same day as first administration of medication (FAHC/UVM Medical Center n=3 (30%); GMPCC/VPCH n=1 (33%); Retreat n=9, 47%); and RRMC n=4 (40%). There were two Patient Information Forms from FAHC/UVM Medical Center (20%) and one from the Retreat (5%) that were completed a day or two <u>after</u> the first administration of medication. This means that in most cases, the patient received information about the medication and was asked about a support person prior to the first administration of medication.

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 214 Implementation Forms reviewed, 200 (94%) were complete. Five forms from the Retreat were missing information on whether or not the patient wanted a support person, and nine were missing the gender of the person administering intravenous medication.

In most cases, the first implementation form was completed on the same day or within one or two days following completion of the information form, and at least one day after the court order – complying with the provision that there be a 24-hour period between the court order and the first administration of medication. At the Retreat, there was one case in which the first Implementation Form was completed on the day of the court order.

Two patients at FAHC asked for a support person to be present, but, in both cases, the support person was not available. One patient asked for a support person at RRMC for first administration of medication; that person was available and present. One patient at the Retreat asked for a support person on the first administration of medication; that person was not available.

In response to 35 (76%) of the orders, patients chose to receive medication orally beginning with the initial administration; in four cases (9%) the first administration of medication was given by injection and subsequent administration was oral; four individuals (9%) received the first two or three doses by injection and orally thereafter; and three individuals (6%) received all medications through injection.

30-Day Review of Non-Emergency Involuntary Medications by Treating Physicians

Required review forms (30, 60 and 90 days) were present and complete for all of the FAHC/UVM Medical Center and GMPCC/VPCH files. Two (18%) of RRMC files and 10 (50%) of the Retreat files were missing the required 30-day review forms. All forms that were present in files, for each hospital, were complete.

Certificate of Need (CON) Form

CON forms were needed three times for FAHC/UVM Medical Center patients; seven times for Retreat patients, and four times 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. FAHC/UVM Medical Center uses medical orders rather than CONs, and these orders were present as required.

Perspective of Persons Receiving Involuntary Medication

Attracting Participants

The 2014 annual assessment invited feedback from persons to whom medication had been administered under an Act 114 court order anytime between 2003 and June 30, 2014. 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 whether individuals' perceptions of their experiences receiving involuntary medication might change over time with their living situation, that is, at any of the hospitals responsible for administering Act 114-ordered medication or in 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. Although this request officially will go into effect for the FY 2015 assessment, officials at DMH suggested that we confer with the Mental Health Law Project to see if it would like us to begin the query of this population for this year's report. MHLP's response was positive and, as a result, invitation letters were sent to individuals for whom an Act 114 application was filed but not granted during FY 2014.

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 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, 2014, 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.

- 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.

The results of these efforts yielded responses from sixteen individuals interested in giving feedback.

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, 2013, and June 30, 2014, and another for those discharged from VSH, the Retreat, RRMC, GMPCC or FAHC at any time prior to July 1, 2013.

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, because they are now currently residing in the community, what course of treatment and self-care they are following. 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, 2013 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

Finally, all persons interviewed were asked for their recommendation for improving the administration of court-ordered medication at FAHC/UVM Medical Center, RRMC, the Retreat, and the GMPCC/VPCH.

Number of Persons Interviewed

Between 2003, when Act 114 court orders were first granted, and June 30th, 2014 (the end of this study period), MHLP records indicate that 221 individuals received Act 114 court-ordered medication. Additionally, applications were filed but not granted for 13 individuals.

MHLP had correct addresses for and sent out letters to 151individuals (11 of whom were persons whose applications were not granted). Twenty-seven letters were returned because the recipient was no longer at the known address - 18 were to persons whose applications had been granted and 9 were to persons on whom an application had been filed but not granted. Therefore a total of 124 individuals received letters from MHLP inviting them to participate in an interview. Of those, 115 were persons whose application for Act 114 medication was granted by the court.

Of the 124 persons who received a packet, 16 individuals contacted the researchers, indicating an interest in being interviewed. Each of the 16 had received Act 114 court-ordered medication. Two of these individuals, when contacted, were unable to answer the questions and complete the interview, and a third person did not keep the interview appointment. Numerous attempts were made to set up a new appointment with this last individual but these were unsuccessful. Therefore interviews were conducted and completed with thirteen individuals. These thirteen individuals represent 11.3% of persons contacted by MHLP who received Act 114 medication between 2003 and June 30, 2014.

Of those thirteen persons interviewed:

- Six had been hospitalized and received Act 114-ordered medication between July 1, 2013 and June 30, 2014
- Seven had been living in the community for more than a year, having received court ordered non-emergency involuntary medication prior to FY 14

In this year's responses nine of the thirteen interviews (representing 70%) were conducted with persons providing feedback for the first time. In recent years a higher percentage of interviews were conducted with persons spoken to at least one other time.

Table 2: Most Recent Medication Order by Number of Times Interviewed

Date of Most Recent Act 114 Medication Order	First time interviewed	Interviewed two or more times	Total
During FY 2014	5	1	6
Prior to FY 2014	4	3	7
Total	9	4	13

Table 3: 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%

Of the six persons interviewed who received Act 114 medication orders during FY14, three were hospitalized at the Brattleboro Retreat, one at the Rutland Regional Medical Center, one at FAHC/UVM Medical Center, and one at GMPCC/VPCH.

Responses from the six people hospitalized during FY14

<u>The reason for refusing to take medication</u>

Five persons noted side effects as the reason they refused medication. Some people had been on the medication previously and had experience with unpleasant side effects while others felt they knew about, had heard about or read about the side effects that psychotropic medications could cause. Specific effects included significant weight gain, general feeling of sickness, nausea, dizziness and shaking. One individual stated, "My whole body shakes - everyone thinks I have Parkinson's disease - especially my hands and legs shake." Another person believed that the

medication the doctors wanted to prescribe was contraindicated with an existing medical condition, therefore putting her overall health at risk.

Two persons remarked that at the time of their hospitalization they had no understanding of their condition and therefore saw no need for medication. One person said, "I was so psychotic I didn't think I needed it - I was having a lot of fun without it. I wasn't functioning enough to realize that I needed it." Another observed about her refusal to take medication voluntarily., "That was stupidity on my part. I wanted to go off the medication because I thought it was affecting my body in bad ways….I realized later I did need the medication. " At the time medication was being prescribed she did not recognize the pills being given and due to her condition she reported that "I was paranoid and felt they were giving me the wrong pill to kill me."

One person, looking back, remains clear about her choice not to take the medication that was being prescribed. She wanted to continue on the dosage and the type of medication she had been taking in the community. This person, who was hospitalized at the Brattleboro Retreat, feels that the Retreat's approach is dependent solely on medicating the body and ignores a holistic approach to achieving wellness.

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

Act 114 protocols stipulate that individuals be given information about the upcoming court hearing and the subsequent court order. The six persons interviewed reported they were aware of the upcoming court hearing although most could not remember specifically if they were told by their doctor, lawyer or both. The three individuals who were hospitalized at the Retreat reported attending the hearing. Likewise, everyone said they were told about and in some cases noted receiving the court order granting the application in the mail.

However, while Act 114 requires that individuals be given information about the prescribed medication being ordered, the frequency and dosage, and possible side effects, interview responses indicated that not everyone believes they were informed. Three people said they were given no information. One said "I was told nothing." Another reported the same, adding "I was just told to take my medication and that was it." One person hospitalized at FAHC/UVM Medical Center and one at the Retreat reported receiving information. The person at FAHC/UVM Medical Center said that hospital staff "gave me a copy of the court paper work approving the medication which had the dosages, type… and it did list multiple possibilities of how they could administer the medication."

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 regard to being aware of the Act 114 law and protocols, responses were mixed. One person said that she was aware of the law due to previous hospitalizations and Act 114 orders. She and one other person, both of whom had received medication at the Retreat, noted that the Patient Representative from Vermont Psychiatric Survivors had provided them with information on the law and their right to file a grievance. Beyond that, one person gave the opinion that the Retreat was more invested in medicating than informing people. Another individual who had been at FAHC/UVM Medical Center said, "When I asked about my rights, they informed me of a piece of paper on the wall that had my rights listed - I don't remember if that had a phone number to call if you felt your rights were violated."

Three people said they were unaware of the law and protocols. One individual commented that "I had a couple of lawyers calling me but at that point I wasn't even talking to them. When you are in that state of mind, legalities aren't going through your mind."

Two individuals reported filing grievances but it was unclear if they were grieving the Act 114 order or their commitment. For example, one person said "I filed a grievance the minute I got to the Retreat." And the second commented, "I can tell you that I filed a lot of grievances - I can't recall about the medication - probably I filed a lot about Abilify and why I shouldn't take it but of course they all came back not in my favor."

Treatment by staff during and after administration of involuntary medication

The interviews ask people to comment on:

- How they felt they were treated by staff around, during and after the administration of court-ordered medication
- 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 receiving court-ordered medication

Questions about how people were treated by staff in regards to the administration of the court-ordered medication got mixed reactions. Two people, both hospitalized at the Retreat, said that once they began taking the medication, staff treated them better. One person said staff had teased and taunted her before she agreed to take the medication but their behavior became friendly and supportive as soon as she complied with the order. Another person observed that when she complied with the order and agreed to take medication orally, "it fits into the belief that you are taking a positive step towards your illness, so it calmed everybody down."

One person reported that in order to get her to take medication the staff "treated me much better when I wasn't taking the medication….they bribed me basically to get me out [of the hospital] by offering me nicer clothes, access to a better ward…. they were working to get me on medication…they figure that once I was on medication I was out the door."

Act 114 requires that each time court-ordered medication is administered the individual should be offered a support person. Consistent with reports from previous years, the majority of respondents, five of the six individuals interviewed, stated that they were not asked by staff if they wanted a support person. One person said, "This is the first time [I am] hearing of that." Another commented, "I can say that was definitely not done." When asked whether he would have liked a support person, he said he would have asked to be given the medication by a couple of nurses he liked.

The sixth individual said, "I think they did make the offer but at that point I didn't want it."

The question of whether persons received emotional support around court-ordered involuntary medication yielded mixed responses. Two individuals didn't feel any support was offered. Two others noted they felt that staff were friendlier and more positive toward them once they became compliant with the medication orders. "Everybody was supportive there - they were friendlier, they brought me clothes, took me off the ward, allowed me to go to the cafeteria - I got full privileges once I was on the medication." A fifth person felt at odds with the regular

doctors on the ward and only when a weekend doctor came in did she feel her concerns about her medication were acknowledged and attended to.

None of the six persons interviewed felt that staff had offered to help them debrief the experience of receiving court ordered medication. Three individuals said "no." Two others said the following:

"Not really, they just said that I needed it. They said I did better on it than staying in the hospital."

"They didn't process it - no one debriefed me."

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

The interviews asked people overall how much force they felt was used to get them to take medication. Four people responded. One said, "There was a lot of force - teasing at medication time if I refused to take it - door slamming - all before the medication"

Another person reported that in one instance "they gave me medication and then forced me to stay in the seclusion room for so long that I had to piss on the mattress because I had to piss so bad - but I'm not sure if that was court ordered or before."

A third person said that "they once put me in solitary confinement - I was hallucinating so much that I thought the nurses were injecting me with a drug that would kill me." She added that because she thought they were trying to kill her she punched a staff person in the shoulder and ended up feeling badly about that. "I wasn't thinking clearly - I would never hurt anybody."

What is unclear about the previous two statements is whether these people were put in seclusion in response to receiving emergency psychiatric medication or non-emergency medication ordered through Act 114.

People were asked to what extent they thought their wishes were respected and felt they had some control over what was happening. First, people were asked if they were given a choice about how to take the medication – that is, orally or by injection. All respondents said they were given a choice. The majority of respondents acknowledged that hospital staff would have administered the medication by injection and for that reason they all ultimately complied with the order, either immediately or within a few days, by taking it orally.

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 reported they never felt their wishes were respected and cited no instances of exercising control over their situation. In the words of one person asked this question, the response was, "No - that was left to the doctor and to the staff. The staff gave [the medication] to me but it came down from the doctor - my job was to take it."

Two individuals said they were able to reach agreements with their doctors around reducing the dosage of the medication prescribed. In one case, the person attributed the reduced dosage to having filed a grievance, feeling that the accommodation was not mutual. In the other situation, the person feels that the intervention of a weekend doctor, not on the regular staff, led to consideration of her concerns and a subsequent reduction in dosage. "Once the dosage was reduced, I had been feeling fine." The third person reported he was able to negotiate around when he took the medication, moving it up an hour to a later time. None of these people

viewed the changes they gained in dose or scheduled administration as indicative of positive interactions with the medical staff.

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, instances of physical restraint, lack of communication and information and overall sense of having no choice over what medication they were getting.

One person felt that until she took the medication staff treated her badly, teasing and making fun of her in some instances. “Before the medication the staff didn’t act as well as they could - there was a lot of low-level behavior [toward me]…..but once I got back to [my home] my psychiatrist had to lower the dose.”

Another person felt that as a result of a history of prior hospitalizations, incorrect assumptions were made about her condition and how to treat her. She described the trauma of being dragged out of a shower unclothed “I wasn’t a danger to myself or others - I wasn’t suicidal or homicidal…I think that history colors people’s expectations.”

A third individual believes that he was receiving involuntary medication “before they got the court order. It made me feel like my rights were being violated - just that whole experience itself, nobody explained to me for a period of days that I was going to be there for more than a couple of hours - it was just an unpleasant experience - and that’s probably not the strongest word I could use.”

Another person said that under his doctor, I “didn’t have a choice….. I know about different side effects... They put me on lithium….I tried to negotiate around getting other medications but the doctor didn’t agree….It’s a traumatic experience.”

Although people were far from positive in describing their experience of receiving medication under Act 114, three people reported the positive impact the medication has had on their functioning and current circumstances. Thus when asked to think about what was most helpful about the experience of receiving court-ordered medication the following comments were made:

“It was getting back on my feet - normalizing. It wasn’t as much fun - but being able to function, getting the privileges, having the staff respect me, enjoying Brattleboro. Once they got my dosage corrected it was fine - I had a great time at Brattleboro - it was a safe place for me to be.”

“The only positive [sic] of the experience is the long term effect of the medication on my mind state. It’s improved it dramatically. I used to constantly have hallucinations, delusional thoughts - and now instead of hearing voices all the times I hear little screeches or tones so that’s improved and I really don’t have hallucinations anymore unless I’m really upset and in a strong emotional state.”

“The minute they had put me on a lower dose of medicine I was fine.”

Additionally one person who was hospitalized at the Retreat noted the efforts of the hospital to provide an atmosphere with a range of activities - and efforts to have trained "first responders" who are able to handle difficult situations without the trauma of physical restraints.

The interviewer asked people whether, looking back, they felt the state was right in giving them involuntary, court-ordered, non-emergency medication. Four of the six individuals interviewed felt that it was correct for the state to order medication for them, again because they agree they are functioning better. Along with that assessment, though, come some caveats about the manner in which the medication is administered.

In the most positive light, one person said about the state's decision to medicate them involuntarily, "Yes, they did…[without the medication] ultimately I would have lost my apartment and that would have been a total disaster. I've been in the apartment for 23 years. I was glad to be in Brattleboro in a very safe place - I was curious to see how I would be off the medication - I've been on medication since my twenties - Brattleboro was a good place to explore my psyche."

Three other individuals tempered their agreement as follows:

"I think they tried to do the right thing in the wrong way. One of the most challenging things about involuntary medication is that you lose hope."

"Yes, I think in essence they did the right thing - I think they did a lot of the wrong things in implementing that - giving it to me before they got the court order. They never explained what the injectable meds would do - I got the impression the only reason they gave them to me was to punish me for not taking the right meds."

"They did the right thing in giving me the medication - but they did the wrong thing in giving me the wrong medication. They should have been more careful in terms of how much - should have seen my reaction."

A fifth person is compliant and takes the medication voluntarily, not because he agrees that the state did the right thing but because, "I know that if I stopped taking it I would immediately be back in court."

<u>What course of treatment and self-care are you engaged with now that you are living in the community?</u>
The six persons interviewed are living in the community and continue to take medication.

Responses from people who had been discharged prior to July 1, 2013 and living in the community during this study period:

Seven people living in the community during this study period completed interviews. Three of the seven had participated in interviews in at least one prior study while the remaining four individuals were interviewed for the first time. Each of these individuals last received a court order for involuntary, non-emergency medication prior to July 1, 2013. Three individuals received involuntary medication at the Vermont State Hospital in 2011. Two of those were patients during Tropical Storm Irene; one was transferred to the Brattleboro Retreat and one to Fletcher Allen Health Care. Three other individuals were patients at the Retreat when they received Act 114 orders for medication and one person in this group was a patient at Rutland Regional Medical Center.

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?

Six people responded to this question while the seventh stated that he was unable to remember anything about his hospitalization at VSH. Of the six responses, three people gave relatively positive accounts of what happened to them and how they were treated. Two of these were hospitalized at the Retreat and the third received the medication at Rutland. Each of these individuals noted that although they had refused to take medication voluntarily, the positive effects of receiving medication became clear.

Comments from two people hospitalized at the Retreat included the following: "When I take the medication, law enforcement and mental health don't bother me….I got a new drug at the Retreat - Haldol - that works well for me."

"I didn't want to take it – did not think I needed it. I took it because I knew if I did I would get out earlier. [I] was treated "pretty good - [staff were] very friendly ….and the doctors and court treated me 'ok.'"

An individual hospitalized at RRMC noted that at the time she didn't understand what was going on. She was confused a lot - her thoughts were not in the right place. After taking the court-ordered medication for 3 to 6 months she felt better and was released. During her hospitalization she reported enjoying the group meetings and one-on-one interactions with the therapists. Likewise she praised the staff's efforts to let her "eat [her meals] on time, have snacks, which helped my mind. The food and the medication stimulated my brain and body and made it feel clear and feel better".

In contrast, the remaining three individuals described their experiences of receiving court-ordered medication as coercive and having a long-lasting negative impact on their well-being. Two individuals who were at VSH during Irene gave vivid descriptions of the trauma they experienced prior to being transferred (one to the Retreat and the other to FAHC). One individual who was restrained by force because of her refusal to take one type of medication described the state hospital as an "evil" place with "archaic, medieval forms of torture going on there."

Another person hospitalized at VSH prior to Tropical Storm Irene said that the act of being forced to take medication "felt like a violation of my freedom of choice - the choice for my own care. It was traumatic and still makes me very angry. I needed to deal with the abuse of being held and being medicated against my will. The whole experience - from the police officers who took me in, my asking to talk with my husband during Irene to check on him - which led to my being injected - has left behind a great trauma long lasting". She also recalled watching other patients suffer during attempts to medicate them. "The trauma witnessing others being medicated is beyond inhumane...seeing the impacts is heart-breaking and creates terror during a severe depression."

Beyond the emotional trauma, one person gained 60 pounds as a side effect of the medication and she is still struggling to lose the extra weight.

Both individuals who had been at VSH felt their transfers to different facilities in the wake of Irene resulted in improvements in how they were treated. For the individual who went to the Retreat, "there was a big difference. They involuntarily medicated me twice - but that wasn't as bad as what happened at VSH….the staff were much nicer and some of the staff members that I liked from VSH became staff members at the Retreat."

Both individuals made a point of wanting to differentiate their objection to forced medication as a policy and intervention with patients from the humane and caring treatment they received from staff at both the Retreat and Fletcher Allen after the evacuation of the state hospital. In the words of one person, amidst the "constant pressure, coercion and brute force - I had to remind myself of the humanity of those working [in the hospital]."

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. Six of the seven individuals interviewed describe different degrees of satisfaction with their circumstances. Each continues to take medication. Most understand that the medication is beneficial, although in some cases people still experience unwanted side effects.

Four individuals were articulate about the benefits of the medication.

In the case of one person who has had encounters with the criminal justice system, he said that "the meds are working for me now - I haven't gotten into any mischief - I've been calmer, my anger has been calmer, I haven't been so flipped out. Yeah it is [good for me]. I have clearer thinking thoughts - I don't go mental or 'schiz' out."

For another person, taking the medication creates unpleasant physical side effects including constipation, nausea and acid indigestion. He continues to take the medication for depression, however, saying that it makes him feel a bit better.

Another person stated that the medication "makes me get along with society, helps me take care of myself, pay for everything on my own," so she is independent. She reports that now she eats regularly, takes medication and goes to sleep on time.

In the case of one person who viewed the experience of receiving court-ordered medication as traumatic, she reports that "right now I'm clean and sober." She has been in what she describes as a wonderful relationship with someone for a year-and-a-half. It is not clear, though, that she attributes her current status to having received medication.

Two persons, however, mentioned in almost the exact words their fear that should they be hospitalized again, their histories would brand them and inevitably make it easier for them to be medicated against their wishes and re-traumatized.

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

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

stated above, continue to take medication. One individual was released from an Order of Non-Hospitalization (ONH) and continues to take medication as she feels it is good for her. All seven individuals maintain some ongoing relationship with the mental health system and/or mental health services. Some people continue to work with mental health caseworkers. As all are on medication they meet with psychiatrists to review the effectiveness and impact of the medications and confer around needed changes.

In terms of participating in enjoyable and self-caring activities, five of the seven persons interviewed enthusiastically described their jobs and/or hobbies as fulfilling to them. Only one person seemed unhappy with his social connections as he said that, as a result of past disruptive behavior on his part, he has been banned from the bowling alley he loved to frequent, has lost his equipment and is unable to pursue an activity that he enjoys.

Table 4 summarizes these responses:

Table 4: 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)	7
Currently taking psychiatric medication	7
Taking medication because of court order (ONH) and view it as needed and beneficial to how they feel and function	6
Engaging in pleasurable recreational activities and hobbies alone and/or with friends	5
Working part-time and enjoying it	4
Living in own home, alone or with family members	4
Living in Community Mental Health residential support setting (apartment, group home)	3
Well connected with family members	3
Exercising regularly (swimming, taking walks)	1
No longer on court order (ONH) but continues medication	1
Provides volunteer services	1

Two persons talked about the helpful role their case managers play in making their lives better. One person reported that his case manager helps him with economic needs such as money and food stamps. For another person his case manager is assisting him in getting approval to live in Section 8 housing.

Another person noted that her case manager takes her to the bank to withdraw money and helps her with grocery shopping. She describes her as “real kind, she does things real fast, get[s] things taken care of and she is well-spoken. The Counseling Service should give her a raise!”

A fourth individual said that he sees his “caseworker every 2 weeks - I consider him a friend. I have somebody to talk to” regularly.

One of the respondents has been working for the local mental health center, just got a raise and recently became a member of its advisory committee. She notes that she is taking medication by choice - “I have no desire to end up in a hospital like 2011 and 2012.”

Two individuals regularly attend Alcoholics Anonymous (AA) meetings as part of their efforts to stay sober.

One of the individuals who described the experience of receiving involuntary medication as traumatizing notes that the process of healing from the trauma has been a long one. When first released from the hospital she continued to receive medication. Doctors told her if she withdrew quickly from the medication the effect "would look the same as severe depression," which scared her. As a result she remained under the care of a physician and had to pay for her medication for the next 6 months. To heal the physical trauma she saw a chiropractor monthly, and continues to work with an art therapist. "It took a long time for me to feel that I was choosing to go to therapy, not that I had to go." For her, the care and compassion and safety offered through art therapy and never being forced to speak have been instrumental in her recovery.

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 the thirteen people interviewed this year, six of whom were hospitalized during FY14 and received Act 114-ordered medication and seven 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 and future administering facilities (Brattleboro Retreat, FAHC/UVM Medical Center, GMPCC/VPCH, RRMC and CVMC) 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, a majority of recommendations focused on communications between staff and patients, staff interpersonal skills, and provision of information to patients about the medication. People also recommended that a range of treatments beyond medication be available and used with patients, in the spirit of being holistic and non-coercive. Several recommendations focused on expanding community resources as a possible strategy to prevent hospitalizations. The following section captures many of the thoughts put forward by respondents:

- Staff should engage with patients in more gentle, patient and personable ways and utilize a wider range of treatments beyond medication.

  "Talk through the options - if someone is sitting there peacefully, talk about first orally taking medication… I'm not an expert but it definitely seems it would have worked for me instead of strapping me down, not letting me go to the bathroom. "

  "Alternative treatments (e.g., Open Dialogue) are essential and should be included. Medication is effective for some but should be a choice. People's voices when they are ill should be regarded. All this could prevent many hospitalizations. Lifting the stigma, having more dialogue before the illness sets in, so people could consider it ahead of time."

- Doctors and staff should listen more to patients regarding their concerns about medication and its side effects.

  "Patient's rights need to be at the forefront of the system."

  "When people say they are going to kill themselves, letting them talk allows them to talk through the pain - that's what they need/want. Most people need the time to talk, process [and] be heard until they are not in crisis anymore."

One person noted “the staff didn’t get word to the doctor when I complained of being sick - no doctor ever appeared.” If they had responded to my complaints, “I would have taken the medication.”

Another person suggested that hospitals should work to communicate with family members/parents of patients as a way to support people more fully as opposed to relying solely on medication as the cure.

“No means no - the patient’s voice matters. All treatments should be validated, no matter how small. Art work is my voice, how I communicate with people. The notion that being mentally ill means unable to make decisions…Idea that the doctor knows best is viewed as compassionate medication…the patient’s voice should be held in the highest regard.”

- Efforts should be made to help individuals understand how medication could be beneficial.

  “Their communication was abysmal, - they didn’t tell me what they were giving me and why - so try Open Dialogue first - implement this at every single hospital. Tell me what/why.”

  “They could do a better job of helping [a] person understand they have a mental illness so they wouldn’t [resist medication]. Record them and have them watch their breakdown… [If that had happened for me] wow, I don’t remember that.”

  “Start at the court hearing. I wanted to choose a lawyer - someone who would take my side, talk to me and explain what was happening to me. They should have started out slow with the medication - a lower dose and then work up if I needed it.”

- Time and activities should be better structured in the hospitals.

  “Being able to take control of something was healing. The art room, art supplies my husband brought me, nature, outside, plants, flowers, animals, yoga, tai chi, tea moments - all these were great at Fletcher Allen…and having an open refrigerator was really nice. Puzzles, games. If they’d had a stationary bike or gym equipment that worked so you could exert yourself, windows, light, sunshine are all healing.”

- More community resources and programming could prevent hospitalizations and the need for involuntary medication orders.

  “I would get more programs involved beforehand - in the community - programs for recovery for people who have to take involuntary medication. [People] should have more programs [available] - like recovery programs - or get more involved in things in the community - before they are shipped to the hospital.”

  “Prevention. More [resources like] Alyssum, give the support line more funding. God knows how many suicides we’ve prevented. “

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, 2014. 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 a twelve-and-one-half-year period, we hoped 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 to take medication 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, no one was hospitalized at the time interviews were conducted. The overall percentage of people requesting interviews (n=16) and those ultimately participating in interviews (n=13) represented 10.5% of those who received packets sent out by MHLP (n=124). This represents a slight increase over last year's 9% response rate, which was the lowest in the years this study has been conducted.

This year, as in years 2009 through 2013, 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, 2013, 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, 2013, and June 30, 2014, showed mixed responses in terms of:

- Recollections and reports of how the Act 114 protocols were followed
- Feelings about how they were treated, supported and respected during that experience

Regarding the value and benefit that receiving court-ordered medication has had on their current situations, five of the six individuals acknowledged that the state did the right thing in seeking an order and administering involuntary medication. However everyone agreed that the manner in which the medication order is implemented is flawed because of its coercive nature.

All of the seven people interviewed who had received court-ordered medication prior to July 1, 2013, viewed the current medication they were on as beneficial as reflected in the circumstances of their current lives. Again, a majority of respondents, but not all of them, stated that the experience of receiving Act 114 medication was a negative one.

All individuals interviewed 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.

While a majority of people are under an ONH, many say they take the medication because they realize they need it to function and remain in the community. Complaints about side effects from current psychiatric medications were restricted to a few individuals and primarily were related to weight gain.

As in past years, participants were asked if they would like any family member to be interviewed. All thirteen 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:

- Helping patients understand why medication is being recommended
- Providing patients with the information needed to exercise more choice in their treatment
- Helping patients view medication as beneficial and stabilizing.

Finally, in this year's interviews people suggested the importance of hospital staff utilizing a wider range of treatment options 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 VSH 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 FY14, achievement of outcomes was as follows:

- Staff awareness of Act 114: Staff at all four hospitals administering medications under Act 114 in FY14 were aware of the provisions as shown by documentation of adherence to Act 114 provisions.
- Time between admission and petition: In FY14, 26% of Act 114 petitions were filed within 30 days of the date of hospital admission; 32% were filed 30-60 days after admission (see Table 5). The proportion of petitions filed 61 or more days after admission has grown over the past few years.

Table 5: 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)							
	FY2011		FY2012		FY2013		FY2014	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
<30 days	13	33%	11	26%	11	26%	18	26%
30-60 days	15	38%	20	48%	15	36%	22	32%
61 - 180 days	7	18%	11	26%	16	38%	18	26%
181 - 365 days	3	8%	0	0%	0	0%	9	13%
>365 days	2	5%	0	0%	0	0%	2	3%
Total	40	100%	42	100%	42	100%	69	100%

In FY14, it took on average 93 days from admission to filing the Act 114 petition (see Table 6). Overall, it took about 109 days from admission to the Act 114 order. This represents the longest time delay from admission to petition and a nearly 50% increase since last year. It took on average 16 days (two weeks) from the date the petition was filed to the date an order was issued. This was only a slight increase from past years.

Table 6: 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 t0 6/30)	Time (in days) from:					
	Admission to 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*

In past assessments, and again this year, hospital staff report that time delays in the Act 114 process are due to the legal procedures. The first of these is separation of the commitment and Act 114 hearings. In FY14, it took an average of 16 days from the commitment date to the date on which Act 114 petitions were filed. As shown in Table 7, nearly one quarter of Act 114 petitions had been filed prior to the commitment orders; 43% were filed within seven days of the commitment date. Once a petition has been filed, the time for an order to be issued decreased over the years until FY13; in FY14 the time increased to 16 days (see Table 7).

Table7: Time between Date of Commitment and Act 114 Petition Filing Date

Petition filed:	FY11		FY12		FY13		FY14	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Before commitment	7	19%	5	13%	13	31%	16	24%
Same day as commitment	9	25%	4	11%	2	5%	10	15%
Within 7 days of commitment	8	22%	13	34%	15	36%	19	28%
8 - 30 days following commitment	10	28%	13	34%	9	21%	12	18%
30+ days after commitment	2	6%	3	8%	3	7%	11	16%
Total	36	100%	38	100%	42	100%	68	100%

- Length of stay: Of the 46 case files reviewed for patients under Act 114 orders in FY14, 37 (80%) were discharged from psychiatric inpatient care, on average, 154 days (approximately 5 months) after admission, and 86 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. Compared to average length of stay in previous years for patients at VSH, patients treated in FY12 and FY 13 spent less time in the hospital, but in FY14 the averages were similar to those for VSH (see Table 8).

Table 8: Length of Stay for Patients under Act 114 Orders Who Were Discharged from Hospital

FY Petition Filing (7/1 t0 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*

- Readmission Rates: Of the 46 patients under Act 114 orders in FY14 whose files were reviewed, 37 had been discharged by the time of this review. Records did not indicate that any of these individuals had been readmitted.

- 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 14, their compliance or lack of compliance in taking medication determined how they were treated by hospital staff. Two individuals hospitalized at the Retreat reported that staff treated them better and were more friendly and compassionate towards them once they had begun taking medication. Each 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. While four of the six persons said that in retrospect the state's decision to seek an Act 114 order to medicate them was correct, they felt that the coercive manner in which hospitals implement the court order was wrong.

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

The Department of Mental Health (DMH) leadership team, including the Commissioner and Deputy Commissioner, met with Flint Springs Associates (FSA) to review steps DMH took during FY14 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:

    - A new state-of-the-art psychiatric hospital was constructed during FY14 and opened in July 2014 (FY15). The hospital is designed to have 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 with extensive stakeholder involvement, including consumers and family members. The goal was to create a congenial and calming environment. In addition, staff training for the hospital emphasizes a recovery model.

    - Strategies that are used in the Vermont Psychiatric Care Hospital had already been implemented at GMPCC's site in Morrisville (for example, changes in recruitment and hiring of staff and inclusion of recovery specialists).

    - DMH continued to create a range of acute inpatient beds during FY14. A therapeutic community residence (TCR) was developed in Middlesex in June 2013, at the end of FY13. A new TCR with four beds opened in Rutland during FY14, and two crisis beds were added to the residential program at Second Spring in Williamstown.

    - In recent developments, DMH has included peer-supported programs as part of the system of continuum of mental health care options for persons with acute needs in Vermont. Soteria House, in Chittenden County, is still in development with an anticipated opening date early in 2015. In addition, Pathways to Housing, a new specialized services agency that has been designated by the DMH Commissioner to receive Medicaid payments for some adult mental health services, emphasizes the Housing First model, an evidence-based practice, in several of the state's catchment areas. Its Wellness Co-op, in downtown Burlington, is a peer-run community center.

2. Ensuring least-restrictive transport alternatives for involuntary inpatient hospitalization: The main focus of this initiative, begun in FY11 and continued through FY14, has been transportation that prioritizes no restraints. This includes adoption of methods that assure physical safety at the same time as sensitivity to trauma. Training for law enforcement began in FY12 and continued into FY14. The training focusses on developing relationships, not just transporting individuals, and includes sheriffs and emergency departments.

3. Emergency Involuntary Procedures (EIP). DMH has established an EIP Review Committee, which includes a broad range of stakeholder representation (e.g., family members, Disability Rights Vermont, patient representatives, designated agencies, and hospitals). The committee's first quarterly meeting was held in FY14. The committee is charged with reviewing EIP data and making recommendations on additional needed data. Dr. Kevin Huckshorn, a national expert on reduction of seclusion and restraint provides consultation to the committee.

4. Review Certificates of Need (CON). Hospitals providing psychiatric care were asked to send DMH copies of all CONs during FY14. DMH provided the EIP with a full quarter of CONs at its first quarterly meeting. DMH also provides copies to Disability Rights Vermont. The CONs are reviewed regularly by DMH staff to track trends; central office staff also review individual CONs. DMH follows up directly with hospitals if anything unusual is noted in a CON.

5. Emergency Department training. DMH continues to train emergency department staff at community hospitals in de-escalation techniques.

6. Hospital and Designated Agencies Coordination. DMH established a technical assistance (TA) team to work with Designated Agencies, Emergency Departments and hospitals providing inpatient psychiatric treatment. The TA is focused on how DAs and hospitals can work together to maintain connections while an individual is in the hospital and on helping individuals remain in the community once discharged.

7. Reviewing Orders of Non-Hospitalizations (ONH). DMH established a work group in FY14 to explore ways to reduce the use and length of time for ONHs. The group is also looking at how to make ONHs more consistent across the state. In addition, the goal is to have a more careful review when an ONH is up for renewal, so that it is not automatically renewed. Reviews involve DMH and the appropriate DA.

8. Coordination between law enforcement and emergency-response teams: DMH continued to provide designated agencies with enhanced funding to increase their mobile capacity to respond at the site of a crisis. These efforts have included 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 the need for arrest and involvement of criminal justice.

9. Suicide Prevention Training. DMH allocated funds during FY14 for training in Collaborative Approach to Managing Suicide (CAMS). Emergency Department clinicians and staff of Designated Agencies receive the training. DMH hopes to expand training to private-practice clinicians, Emergency Department physicians, and whoever might come into contact with someone who is suicidal.

Section 4: Recommendations

The review for FY14 indicates 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.

In addition, FSA recommends cross-hospital training and information-sharing around innovative practices. As part of that effort doctors should participate with other unit staff in orientation training provided by peer advocates.

All hospitals should include the patient in treatment team meetings in an effort to identify and help the patient achieve long-term treatment goals.

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 30/60/90-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

Also 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.

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

During FY14, Fletcher Allen Health Care/UVM Medical Center, the Brattleboro Retreat, Green Mountain Psychiatric Care Center/Vermont Psychiatric Care Hospital, and Rutland Regional Medical Center used documentation and generally completed it fully enough to indicate that all provisions of Act 114 were implemented in FY14. The Brattleboro Retreat should be commended for its new system to track and document implementation of Act 114 provisions. Consistent with VSH staff in the past, hospital staff currently 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 four hospitals designated in FY14 shared the view that use of involuntary medication is a last resort and 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 dramatic increase in Act 114 petitions 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 FY14, still described the experience of receiving court-ordered involuntary medication as a highly coercive set of events in which they had little or no control over medication decisions. Having said that, twelve of the thirteen people interviewed acknowledged that they had benefited from the medications and continued to take them. What everyone stated was that the decision to medicate them was a right decision but the manner in which the administration took place - that is, how the medication was administered, was wrong. People who were hospitalized during FY14 were mixed in their perceptions of how hospital staff treated them and generally said that once they were taking medication they felt they were treated with respect and dignity. Five of the six people hospitalized in the study period did not remember being asked if they wanted a support person and none felt they were offered support or information about the medication that was ordered, or given an opportunity to de-brief their experience with staff. When asked for recommendations about how to improve the administration of medication a majority of responses focused, as in years past, on the importance of staff employing communication and interpersonal skills. People want to feel that they have information about medication and side effects and that their concerns are acknowledged and addressed directly with them. Additionally, requests were made for a wider range of activities and treatment options to be available, in recognition of that reality that different people may respond positively to different approaches.

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.