An Independent Study of the Administration of Involuntary Non-Emergency Medications Under Act 114 (18 V.S.A. 7624 et seq.) During FY 2018

Report to the Vermont General Assembly

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Joy Livingston, PhD
Joy Livingston@FlintSpringsAssociates.com

Donna Reback, MSW, LICSW
DonnaReback@FlintSpringsAssociates.com

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

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EXECUTIVE SUMMARY

The Vermont statute governing administration of involuntary nonemergency 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 FY18 (July 1, 2017, through June 30, 2018).

This report examines implementation of Act 114 at designated hospitals responsible for administering involuntary psychiatric medications under Act 114 during FY18.

During FY18, DMH reported that 90 petitions were filed requesting orders for nonemergency involuntary medication under the provisions of Act 114 for 79 different individuals. Petitions were sought by physicians at four of the hospitals designated to administer the medications and sent through the Attorney General's DMH office to the court. Of those 90 petitions, 78 (87%) were granted and 12 (13%) were dismissed. Hospitals involved included: Brattleboro Retreat, Rutland Regional Medical Center, University of Vermont Medical Center, and the Vermont Psychiatric Care Hospital.

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 presented in this report, this year's assessment found that:

- Based on documentation review, staff at UVMMC demonstrated full implementation of the provisions of Act 114 in the administration of involuntary nonemergency psychiatric medication. Staff at RRMC generally completed needed Patient Information and Implementation forms indicating that protocols were followed. However, RRMC physicians continued to use Progress Notes rather than a 7-Day Review form resulting in omission of information in many of the files reviewed. Files at VPCH most often included required forms; however, five files were missing Patient Information Forms. Still, VPCH documentation suggests implementation of Act 114 protocols. The Retreat continues to work on documentation, showing improvement in FY`18. Most Patient Information Forms were present and complete, Implementation forms were present, but in several cases missing information on support persons and gender of the person administering IM medication. 7-Day Review forms were generally present, though seven files were missing these forms. Evidence indicates, though, that the Retreat was implementing the Act 114 protocols.

- Hospital staff feel that the process leading to involuntary medication should move as quickly as possible. They believe that individuals for whom Act 114 petitions are filed suffer on many levels when not receiving psychiatric medication as soon as possible.

- Patient Representatives from Vermont Psychiatric Survivors view the act of forcing medication on anyone as a traumatizing experience, indicative of a system that has neither met the mental health needs of individuals through community resources, nor has made efforts to engage in therapeutic relationships, as an alternative to seeking court ordered medication, with persons once they are hospitalized.

- Lawyers from the Vermont Legal Aid/Mental Health Law Project (MHLP) and Disability Rights Vermont (DR-VT) note that Act 114 guarantees that due process is followed for each case brought to the court. The courts, in which hearings take place, from their viewpoint, are well prepared to handle applications and judges are familiar with the subject matter. However, as in past years lawyers believe that the continued increase in Act 114 applications demonstrate a reliance on the use of medication as the first line of treatment versus taking more time building therapeutic relationships with the patient and employing a wider range of approaches that respect patients' concerns and lead to their recovery.

- More individuals had petitions for medication under Act 114 filed in FY18 (n = 79) than in past years. Petitions were more often filed sooner after admission in FY18 than in past years: 56% were filed within 30 days and 24% within 30-60 days of admission, or, on average, 50 days from admission to petition filing. Once the petition was filed, a decision was recached within an average of 12 days, slower by one day than last year. The average time from admission to an Act 114 order was 55 days, or less than two months – overall, a decrease in time from previous years.

- On average, patients under Act 114 orders in FY18 were discharged from psychiatric inpatient care about two months after the Act 114 order for medication was issued.

- Seven individuals representing approximately 10% of the total number of Act 114 recipients during FY 18 provided feedback for this study. All received varying amounts of information about the medication ordered, i.e., name, dosage, frequency, side effects.

- Two of the seven individuals reported they had been asked if they would like a support person present while receiving medication - neither wanted that. One person could not remember if he was asked and the remaining four said they were not asked

- The majority of persons providing feedback, who had received medication under Act 114 in FY18 described the experience of being ordered to take medication as coercive, affording them little to no opportunity to exercise control over what was happening to them.

- Beyond that overall sense of coercion, three of the seven respondents who received medication in FY18 noted that specific staff - primarily nurses and/or mental health workers - had demonstrated some level of caring and respect for their well-being while they were hospitalized.

- Three of the seven individuals receiving medication in FY18 agreed that the decision to seek court ordered medication was the right decision while the remaining four disagreed with the State's decision.

- Sixteen individuals interviewed who received Act 114 orders prior to FY18 continue to take medication and remain involved either with community or private mental health services. The majority of individuals reports that their current medication helps them function better in the community.

Recommendations

Flint Springs Associates offers the following recommendations:

Hospital Practices

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

Beginning with the years in which patient representatives employed by Vermont Psychiatric Survivors (VPS) have been interviewed, the report has included a recommendation that, with consent of the patient, patient representatives be included in treatment team meetings. As patient representatives bring the unique perspective of persons with lived experience, their inclusion could support both the interests of patients and the efforts of hospital staff seeking to help patients achieve recovery in the least-coercive manner.

In order to maintain clear records for documenting implementation of Act 114 in accordance with provisions of the statute, all hospitals have followed past FSA recommendations that each hospital maintain an electronic file or section within the electronic file for persons receiving medication under Act 114. This practice should continue.

Further, while most documentation was present and complete, we recommend that:

- RRMC use a specific 7-day review form, rather than progress notes, to ensure that three specific issues are addressed: continued need for involuntary medication, effectiveness of medication, and side effects of the medication.
- VPCH and Retreat ensure that all 7-day reviews are completed and documented on 7 Day Review forms.
- Retreat continue efforts to ensure staff fully completed Implementation Forms so that information about support persons and gender of person administering IM medication are included.

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 in the independent assessment of Act 114.

- 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.

- The Legislature and DMH should determine the value of two annual reports assessing the implementation of Act 114: an independent assessment and DMH assessment.

INTRODUCTION

The Vermont statute governing administration of involuntary nonemergency 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 FY18 (July 1, 2017, through June 30, 2018). The report also summarizes feedback from:

- 19 individuals who chose to be interviewed and who received medication under Act 114 between January 2003 and June 30, 2018
- Seven individuals who received an Act 114 order in FY18.

As a result of the petitions filed during FY18, court orders for administration of involuntary nonemergency psychiatric medication under the provisions of Act 114 were issued for 70 individuals.

Prior to August 2011, all persons receiving involuntary nonemergency psychiatric medication were hospitalized at the 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 and other departments of state government. For most of FY12 through FY14, patients with acute needs who otherwise would have been referred to VSH, now designated as Level I patients, were served by the University of Vermont (UVM) Medical Center (previously Fletcher Allen Health Care), the Brattleboro Retreat and Rutland Regional Medical Center (RRMC). In FY13, the Department of Mental Health (DMH) opened the Green Mountain Psychiatric Care Center (GMPCC) in Morrisville to serve patients while the new psychiatric hospital was under construction; GMPCC became the Vermont Psychiatric Care Hospital (VPCH) and moved to its permanent location in Berlin in July 2014. At that time UVM Medical Center stopped serving Level 1 patients but continued to provide medication under Act 114. During FY15, Central Vermont Medical Center (CVMC) was designated to administer medications under Act 114; however, CVMC has infrequently administered such medication. The Commissioner of Mental Health has thus designated these five hospitals responsible for administering involuntary psychiatric medications under Act 114 through FY18. During FY18, four of the five hospitals actually administered medication under Act 114, again in FY18 CVMC did not.

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 surveys of 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.

During FY18, DMH reported that 90 petitions were filed requesting orders for nonemergency involuntary medication under the provisions of Act 114 for 79 different individuals. Petitions were sought by physicians at four of the hospitals designated to administer the medications and sent through the Attorney General's DMH office to the court. Of those 90 petitions, 78 (87%) were granted and 12 (13%) were dismissed. Hospitals involved included: Brattleboro Retreat, Rutland Regional Medical Center, University of Vermont Medical Center, and the Vermont Psychiatric Care Hospital.

Table 1 provides information on the number of petitions for court orders that were granted, denied or withdrawn or dismissed over the last five fiscal years of Act 114 implementation. Courts have granted the vast majority of petitions. The number of petitions and individuals affected by Act 114 has fluctuated over the past five years.

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

Court Decision	FY of Petition Filing Date (7/1 to 6/30)									
	FY14		FY15		FY16		FY17		**FY18**	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Granted	55	80%	56	74%	66	75%	55	82%	78	87%
Denied	2	3%	6	8%	6	7%	0	0%	0	0%
Withdrawn	11	16%	6	8%	16	18%	0	0%	0	0%
Dismissed	1	1%	8	11%	0	0%	12	18%	12	13%
Total	69	100%	76	100	88	100	67	100%	90	100%

Updates on Hospitals' Structure and Policies Related to Act 114

FSA senior partners, Joy Livingston and Donna Reback, conducted site visits at each of the designated hospitals responsible for and actually administering involuntary nonemergency psychiatric medication under Act 114 in FY18. During those site visits, interviews were conducted with leaders to identify any changes in hospital facilities, staffing, and procedures relative to implementation of Act 114.

For the most part, hospitals reported no changes that might impact on the administration of medication under Act 114. Changes that were noted:

- Brattleboro Retreat added a tickler in the electronic medical records to remind physicians to complete the 7-day assessment
- UVM Medical Center reported a 20% increase in the number of psychiatric care patients, leaving the hospital at full capacity most of the time. As a result, the hospital is seeking more space for patients, including a sensory room.

Rutland Regional Medical Center and the Vermont Psychiatric Care Hospital did not have any notable changes to report.

Staff Feedback on Implementing Act 114 Protocol

In past years, interviews were conducted with staff members during each hospital site visit. Last year, in order to gather input from a wider range of staff members, an online survey was developed. Each hospital was responsible for distributing the survey link to staff involved in administering medication under Act 114. Given the success of the survey approach in FY17, staff were again surveyed for this FY18 report.

As shown in Table 1, 73 staff members responded to the survey. UVMMC accounted for nearly half of the respondents (49%), while each of the three other hospitals accounted for about 20% of respondents. Nurses and psychiatric technicians or assistants were most often represented, reflecting the hospital staffing patterns. Social workers and occupational therapists from the Retreat were the only ones in those positions who responded to the survey.

Table 1: Act 114 Survey Respondents

Position at Hospital	All Respondents		By Hospital			
	Frequency	Percent	Retreat	RRMC	UVMMC	VPCH
Physician/Psychiatrist	13	18%	1	1	11	0
Nurse	27	37%	6	7	8	6
Social Worker	4	5%	3	0	0	1
Psychiatric technician/assistant	27	37%	3	7	7	10
Occupational Therapist	2	3%	2	0	0	0
Total	73	100%	15	15	36	17

Act 114 Implementation Training

Most staff (54%) reported that they had received formal training or informal training (29%) on Act 114 (see Table 2). Past assessments found that Act 114 is regularly included in annual training for nurses.

Table 2: Training Staff Receive on Protocols for Administering Medication under Act 114 By Position at Hospital

Training on Protocols for administering medication under Act 114	Position at hospital					Total
	Doctor	Nurse	SW	Psych Tech	OT	
No training at all	0	0	2	4	1	7
Informal training through other staff members	1	8	1	11	0	21
Learn through completion of required forms	4	1	0	0	0	5
Formal training through orientation or another program	8	18	1	12	0	39
Total	13	27	4	27	1	72

Patients' Rights

Staff were presented a list of steps taken to ensure that patients understand the process under Act 114 and are fully informed of their rights. These steps have been reported by staff in previous assessment interviews.

As shown in Table 3, nearly all staff report that most of these steps are utilized. Patient advocates were reportedly involved most often at RRMC. "Other" responses were often "not sure." Retreat

Table 3: Steps Taken to Ensure that Patients Understand Process and Rights under Act 114

Steps taken	All Respondents		By Hospital			
	Frequency	Percent	Retreat (n=15)	RRMC (n=16)	UVMMC (n=26)	VPCH (n=17)
Patients receive contact information for advocates, including attorneys	60	81%	12	14	19	15
Members of the treatment team review the above information with the patient	56	76%	10	15	18	13
Physician meets with patient to review all of the above	65	89%	14	13	23	15
Written information is provided to patients	58	78%	9	13	22	14
Patients are encouraged to contact their attorney	48	65%	12	13	12	11
Patient advocates are asked to explain the process, reasons, rights, and consequences	34	46%	6	11	8	9
Other (please specify)	7	10%	5	1	0	1

Staff, in past years' interviews, have often identified a number of challenges that arise when they attempt to provide patients with information about the Act 114 process. Thus, the survey asked, "How do you, and the others on the treatment team, respond to challenges that arise when providing patients with information about their rights and the Act 114 process?"

Staff most often (n = 23) described ongoing efforts to engage with the patient, for example staff quotes include:

- *Let them know that I am just here to provide information and if they don't wish for me to explain find a different person with rapport to or give it to them in different medias*
- *It varies for each person hospitalized. Persistent effort applied patiently is necessary. Many persons in this situation are, obviously, firmly opposed to taking psychiatric medication. However, almost everyone appreciates having their rights explained and protected, regardless of their attitude towards taking meds.*
- *Honest and clear language usually works best*

- *Even if patient is too disorganized to understand the information provided effort is made to educate the patient verbally and written information is provided*
- *Do the necessary research on the patient's questions, and answer them as they come.*
- *With patience and repetition of their rights. Providing written documentation some times more than once*
- *We use a steady team approach to providing the information when and how a patient might be able to process it. We assist them in making calls and collecting information for them to use as they are able.*
- *Take time to listen to the patient, provide information verbally and on paper, answer all the patient's questions*
- *Repeatedly explaining to patients their rights and encouraging them to contact legal counsel if they feel their rights are being violated.*
- *Providing access to many different people in different roles to explain, providing written info and offering to read/review it throughout stay, access to phones at all times.*
- *Often, a patient is not reality-based and unable to understand, due to their level of decompensation. We do our best to discuss medication options with patients multiple times, explaining the court process for involuntary medications.*
- *Attempt more explanations and use peer to peer for assistance*

Additionally, staff (n = 6) was to encourage patients to speak with their advocates. Examples of quotes from staff include:

- *I frequently suggest patients call their legal aid attorney*
- *For Mental Health Workers, our general rule of thumb if patients are asking questions about their rights or the process of commitment or involuntary medications is to refer them to legal aid, help them locate a DRVT pamphlet and go over any numbers that they can call to obtain an advocate. Assist them in making the calls and offer support when they become frustrated.*
- *Encourage patient to contact their lawyer or allow visits.*
- *Assist in facilitating conversations between the patient, their legal aid, and their treatment team*

A number of respondents (n = 8) said that they would refer concerns or challenges to the physician or treatment team, or seek advice from more experienced/senior staff. For example, the following quotes from staff:

- *Collaborate with team members to decide what is the best approach given various patient factors specific to our scope of practice*
- *We process it and work together to improve the patient stay*
- *I consult other members of the treatment team including my supervisors, and will ensure that the patient has access to the patient advocacy groups including VT legal aid*
- *I consult policy or ask other more experienced nurses. I ask management and discuss with the unit educator if possible.*
- *I ask more senior physicians, talk to members of the treatment team, seek help from hospital legal counsel, speak with senior management staff at the hospital*

Five respondents commented on the challenge of providing information to patients who are not able to understand, as demonstrated by these quotes:

- *The challenge isn't providing them with information. they have resources to support them (mental health law project, DRVT). The challenge is that they don't understand why they have to sit here and wait for weeks and weeks and weeks to have the opportunity to get an answer from a court about what is going to happen.*

- *In cases of serious acute illness, I think it is difficult for the patient to understand the whole process.*
- *Patients often refuse to engage in the process or are unable to process the information. This leads to each administration requiring a repeat of all the information. Generally, after a few weeks of treatment though, the patients are able to have a better understanding of the process.*

Alternatives to Medication

Hospital staff were asked to "describe any alternatives to involuntary psychiatric medication offered to patients." Most frequently (n = 41), staff responded with an array of options including one-on-one care, groups therapy, stress reduction, sensory stimulation. Quotes from respondents outlining these alternatives include:

- *We encourage patients to engage in group therapy, 1:1 engagement with treatment team (psychiatrist, therapist, nurses, and mental health workers), and we offer voluntary medications.*
- *Structured schedules, 1:1 staff support, community/milieu involvement, regular sleep cycle promotion, diet/nutrition education and attempted management, daily visits for fresh air, non-psych meds to manage medical conditions (diabetes, thyroid, etc.)*
- *There are a variety of therapy groups, therapeutic milieu, exercise room, individual therapy.*
- *Comfort measures the patient has self-identified in coping tool. 1;1 observation, distraction, groups, supportive communications*
- *Well groups are offered and they are helpful to the patient also one to one with patient*
- *Verbal de-escalation, use of quite room, exercise room, voluntary/prn medications*
- *Therapeutic groups, sensory equipment including weighted blankets and massage chairs, working with their treatment team on a treatment plan to resolve struggles that resulted in hospitalization*
- *Use of a plethora of coping skills; Mindfulness, breathing techniques, grounding exercises, talk with staff or peers, work sheets, quiet space, music, yoga, art*
- *Television, music, phone calls, quiet time in a comfort room setting, talking through the event, food/drink, warm blankets, groups, redirection.*
- *occupational therapists work with patients to help identify non-pharmacological approaches to self-regulation, including environmental modifications and sensory based interventions.*
- *Work on coping skills, DBT, ACT when able to participate*
- *More privacy and less stimulation for the patients.*
- *Learning and practicing coping skills to help patients so they do not need to be prescribed involuntary psychiatric medication.*
- *There are many non-medication alternatives. offered to the pt. in an effort to decrease anxiety and promote safety*
- *Holistic approaches, diversions, time with staff, time in the exercise atrium rooms, dietary needs.*
- *Groups that focus on coping skills, wellness and recovery. Peer support group*
- *Group therapy, and other non-pharmacologic options are sought to be utilized as fully as possible.*
- *Exercise, garden, open dialogue, quiet spaces such as pt room and comfort room, groups and one to one support from staff*
- *Everything stress relief techniques soothing snacks or beverages sometimes picking your battles and giving into the patients wants*
- *Distraction, grounding techniques, DBT materials, staff support, exercise, yoga, soft music, arts and crafts, games, mostly conversation.*

- *Clinical interventions with family and friends, positive, problem-solving, supportive relationships with clinical staff. Non-medical clinical interventions of many kinds.*
- *1:1 or group activities both on and off units, recreational activities both structured and unstructured indoors and outdoors, 90+ hours of activities/groups per week, psychology services, sensory modulation, patient centered, customer services-oriented environment, individualized treatment plans to meet the unique needs of each client, the therapeutic alliance/rapport, education on illness, treatment, and recovery, etc.*

Seven respondents reported that the alternative was to non-emergency involuntary medication was voluntary medication, as shown in the following quotes from surveys:

- *Voluntary treatment, medications that they are willing to accept, risks and benefits of treatment with medication*
- *Voluntary psychiatric medication, psychotherapy, group psychotherapy*
- *Voluntary medications over the course of a number of weeks.*
- *Patients are encouraged to take their scheduled medication to avoid being on a court order.*
- *Encourage the pt. to voluntarily take medication. To work with pt. to find approaches they prefer.*

Five staff said that there were no alternatives to psychiatric medication for some patient. The following quotes offer examples:

- *While voluntary medication and holistic measures are very helpful, if a patient refuses medication and is remaining in the hospital for VERY lengthy periods of time, especially if assaulting staff/patients, there may not be another answer.*
- *Usually by the time Involuntary Medications are offered MANY other alternatives have been tried and failed to provide relief*
- *None that I know of. Patients are on the unit for sometimes months before a decision is made through the courts for involuntary medications and during this time, they are often not capable of participating in unit activities.*

The survey asked a forced-choice question: What would be needed to provide more extensive alternatives to involuntary psychiatric medication? As shown in Table 4, around two-thirds of staff endorsed a range of needs, particularly more private quiet spaces and programs/activities.

Table 4: Needed to Provide more Extensive Alternatives to Involuntary Medication

	Frequency	Percent
More private quiet spaces	49	66%
More programs and activities	47	64%
More staff	46	62%
More sensory equipment	45	61%
Outdoor spaces	43	58%
Other	28	38%

About one-third of respondents offered other suggestions; nine of these suggested that there were no viable options to psychiatric medication. The following respondent quotes are examples:

- *There are no alternatives to medications for the treatment of acute psychosis and mania which are diseases of the brain that often will get worse and increase morbidity and mortality in patients if not treated. Often patients are in serious danger to self and others and/or stop eating and refuse necessary medical treatment when they are psychotic and manic. These specific psychiatric conditions have to be treated with antipsychotic*

medications to save patients' life, there are no alternatives to treat these brain diseases if the goal is to save patients' life.

- *if you have a mental health condition, no amount of group/ personal time can help you, if you are manic you are manic and need meds to help regulate you and make you able to go back in the community*
- *I'm afraid that I strongly believe that some people need to take medication. Sometimes symptoms are just too overwhelming that people can't take care of their basic needs. And this comes from my own experiences as a mental health consumer. I also strongly feel that everyone's idea of recovery is not the same.*
- *I think this is a false binary - there are going to be times where involuntary medication is necessary and the most appropriate treatment for our patients.*
- *For patients who are so ill they are requiring involuntary medications, I do not see any alternative treatment that would suffice. Many of these patients would remain hospitalized until they agree to start taking medications. I have seen this before after an appeal, and it took 11 months of hospitalization before they agreed.*

Six respondents suggested more trained staff and/or training for existing staff; example quotes include:

- *Actual therapists to work with patients during the week, not just during treatment plans. Having a program for treating patients that does not rely solely on medication.*
- *Specific staff in alternative trainings (i.e. CBT for psychosis)*
- *Spiritual care such as Chaplain visits, exploring any spiritual or religious values with them, and offering printed materials.*
- *Formal training on programs such as open dialog for nursing staff*

Two additional comments on staffing were as follows:

- *Staffing is ALWAYS an issue and this is directly related to turnover, which is directly related to assaults, number of 1:1 needs etc. This is all related to a unit with non-medicated patients, level 1 patients on a unit which is not appropriate for them, and multiple of these patients on a small unit with no escape.*
- *Sadly, space on the unit is limited and lack of staff does not allow for a free person to help facilitate more activities to ground/redirect patients into productive thoughts/experiences. A better variety of programs and activities could combat boredom and help fill time with productive social reinforcement.*

Three staff addressed the need for or access to additional space:

- *Garden time is limited. On one of our units without a porch we only can offer an hour a day of fresh air time. More material resources would be beneficial as well. Lots of new studies out that something as simple as playing a mind stimulating video game for fifteen minutes during times of PTSD symptoms can help combat the scale of anxiety they induce.*
- *Outdoor spaces where they can touch the grass not just a cage in the air like the atrium*
- *Only have 2 rooms for comfort and need more staff to take patients to exercise room or outdoor area*

Three comments addressed the need for more community-based options:

- *Society being willing to pay for long-term, intensively and skillfully staffed, specialized alternative treatment settings outside the hospital.*
- *More structured programs in the community that would provide an alternative to hospitalization for those who are not in need of acute hospitalization, but their symptoms*

make it difficult for them to be safe in the lower levels of care currently provided in the community

- *More funding to outside resources i.e. preventative care*

Additional comments from respondents follow:

- *Replacing fluorescent lights with full spectrum lights.*
- *More time to talk to patients and less time spent on administrative, documentation, legal and bureaucratic processes. The time during the day to talk to each patient has steadily and drastically eroded in the past 30 years. The amount of time a clinician has to speak to patients is now the minority of the time available during an 8 hour working day. Patients need care and understanding, you can't give this without actually speaking to the patient. The medications help, but they are not the major factor in caring.*
- *More 1 on 1 time with physician or persons able to make independent decisions based on relationship with patient.*

Benefits of Act 114

The survey presented a list of four possible benefits of Act 114 – drawn from staff responses in previous years. Staff most often felt the benefit of Act 114 was that patients not willing to take medications received them (see Table 5).

Table 5: Benefits of Act 114

Benefits of Act 114	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree	Total
It provides a consistent process across all hospitals	10 14%	32 45%	26 37%	2 3%	1 1%	71 100%
Patients not willing to take medication receive medication	26 37%	32 46%	5 7%	5 7%	2 3%	70 100%
It provides a check on the decision to administer involuntary medication	23 32%	36 50%	10 14%	3 4%	0 0%	72 100%
It protects the legal rights of patients	23 32%	30 42%	14 19%	5 7%	0 0%	72 100%

Additional comments were offered by eight respondents; half of these comments (n = 4) spoke to the time it takes for patients to receive medication under Act 114. Examples of quotes from respondents include:

- *While I truly believe in patients' rights, I have seen too many instances where patients are not cognitively able to make good decisions for themselves. Those in psychosis often have deep rooted paranoid beliefs specifically toward medication thereby preventing their own healing process. Very seldom do we experience them "clearing" without the use of an antipsychotic and they suffer for a long time until ACT 114 has been applied. During that time staff is sometimes at great risk due to aggressive behaviors from these patients. Most of the time patients are much clearer within days of starting an antipsychotic and able to agree to continuation of treatment.*
- *It is important to have a check on the decision to administer involuntary medication, however that "check" should not delay the necessary treatment that in practice should start on the day of admission to the hospital.*

Three comments focused on the court involvement, as follows:

- *A medically based decision, such as a physician ordering medication should not be placed in*

the hands of a judge that does not have the medical qualifications that a physician has.

- *I think having acute patients in front of judges can be disruptive to the patient. I feel bad for them when they are deregulated in the court room.*
- *The inconsistency among different judges in their individual biases and decision-making processes is always somewhat a wild card. While it is healthy to have tension in the decision-making process between medical staff and the court system, allowing judges complete authority is not rational. An important sidebar issue is that judges have the authority to select the specific medications to be administered, and at what dosage - this is simply absurd.*

Challenges Posed by Act 114

The survey also asked a question about challenges posed by Act 114, again using a forced-choice list developed from previous staff interviews. The primary challenge identified by staff in this survey, and in every previous assessment interview, was the delay between admission and receipt of medication (see Table 6).

Table 6: Challenges posed by Act 114

Challenges	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree	Total
Results in long delays before patients receive psychiatric meds	55 75%	14 19%	4 5%	0 0%	0 0%	73 100%
Oversight is provided by judges not trained in psychiatry	46 63%	21 29%	4 5%	2 3%	0 0%	73 100%
It creates adversarial relationship between providers and patients	17 23%	28 38%	14 19%	10 14%	4 5%	73 100%
Court orders are too restrictive to allow adjusting medications	30 41%	18 24%	19 26%	6 8%	1 1%	74 100%

Five additional comments offered by respondents are outlined below:

- *Creates too much power on the part of patients, who can disrupt an in-patient environment at will. Other patients, as well as the public have rights.*
- *I'm hoping that additional support/information is given to legal teams that make the decisions on court ordered meds. From this end it just feels like the process takes SO LONG and to be a caregiver working with that patient every day it's hard sometimes to see them suffer for lengthy periods of time waiting on an order so that they can start getting some relief. The length of this process also in many cases puts the patient as well as staff in danger… No one who works in mental health ever wants to see a patient have to take court ordered medications because it means that that individual is so sick that they have lost all insight into their own wellbeing. We do everything we can before it comes to this point and are relieved when they start taking them because it's been our experience that in most cases we see improvement.*
- *Patients suffer financial and relationship losses while waiting to receive necessary treatment. Paperwork and court burden are disincentives for physicians to seek appropriate treatment for patients (easier to hope they will eventually take some medication rather than time-intensive task of filling out all necessary paperwork). Psychiatrists are given the power to put someone in a psychiatric hospital against their will but then our hands are tied in providing the evidence-based treatment of medication (this is at odds with all other states).*
- *Sometimes a med does not work for the patient and then need to go to court again for a different med that's a long time for being unmedicated*

- *When a judge orders a commitment for involuntary treatment in a hospital, to be logical, this should include medical treatment with involuntary medications per the physician order, and not restricted to the specific medications and doses approved by a judge who is not trained to prescribe medications. A hospital is a treatment facility not a detention center. It does not make sense to have a patient involuntarily committed for treatment in a hospital and at the same time letting this patient refusing the necessary treatment provided by the hospital.*

One Hearing for Commitment and Act 114

The survey asked staff if recent legislation that allows the courts to hold one hearing for both commitment and involuntary non-emergency medication for some patients has reduced the time it takes for many patients to receive medication under Act 114. As shown in Table 7, 47% of staff felt that the option had reduced time for many patients, while 31% felt it had not; 22% of respondents were not sure.

Table 7: The Option for Hearing on Commitment and Act 114 Simultaneously Has Reduced Time for Many Patients to receive Medication

	Frequency	Percent
Strongly agree	15	21%
Somewhat agree	19	26%
Not sure	16	22%
Somewhat disagree	13	18%
Strongly disagree	9	13%
Total	72	100%

Staff Recommendations

The primary recommendation offered by hospital staff was to speed up the legal process so that it takes much less time to obtain an Act 114 order (n = 33). Most of these comments did not outline specific steps to speed up the process (n=22), but many included concerns about patients who wait to start taking medications; the following quotes are examples:

- *Not all patients need involuntary medications. But we are not doing any justice or good to the people who DO NEED IT and have to lose a half a year of their LIFE sitting in a psychiatric institution because it takes so long to get court ordered medications. It's wrong and unjust!*
- *Shorten the process so that the admitted patients can get a treatment in timely manner. Consequently, short hospitalization and more space for those who need it instead of hanging out in ERs cross private hospitals.*
- *only to be more timely*
- *It would be so helpful if the process was sped up and there was more flexibility for mental health providers to treat their patients. Involuntary medications should not be thought of as something to violate the rights of patients, but rather as a tool to help our patients be well which will ultimately benefit the patient.*
- *It is inhumane to keep someone confined to a facility for weeks while waiting for a hearing to determine their need of treatment. this process should be much faster. These are people, humans whose lives are literally on hold while the state of Vermont decides if they should be*

treated with medications. it should not take anywhere near the amount of time it is currently taking to provide treatment

- *Figure out a way to hasten the process. Patients should not be forced to languish in the hospital for weeks prior to receiving needed treatment. It is inhumane.*
- *Expedite the process. Patients have to wait on the inpatient unit for a long time which causes them distress and I'm sure causes a financial burden on the mental health system.*

Twelve respondents offered specific recommendations for shortening the time between admission and administration of psychiatric medication:

- *Process must be streamlined to allow for involuntary meds on admission. To admit involuntary without being to medicate involuntary makes little zero clinical sense. There's no ethical justification to allow patients to suffer for 60 days or more before a court order allows for involuntary meds.*
- *Hearings should be faster. Combined hearings should be able to happen more often. More training for judges. More discretion left to the MD to prescribe medications that would be helpful (contingency medications in the original order).*
- *Always have combined involuntary hospitalization and involuntary medication hearings. If you are saying someone needs treatment, that treatment should include medication if the physician feels the patient will not improve without medication.*
- *Have hearings within 72h to determine if patients need to be committed for involuntary treatment in a hospital (including involuntary treatment with medications as prescribed by the physician who follows the standard of care), like in many other states.*
- *Allow for expedited applications for more situations. Create a process to expedite criminal hospitalization hearings in situations where involuntary medications are needed*
- *Shorter time frame for appeal and implementation. More time required between patient and physician before binding decisions are made against the patient's will.*
- *Similar to the EE process allow two physicians to sign off on the need for involuntary non-emergent medication rather than waiting for a court proceeding. Decrease the amount of paperwork to file the Act so it's not a disincentive to crucial treatment.*
- *Make sure qualified clinicians are on the team making decisions and that all disciplines are represented, including occupational therapy.*
- *Find meds that can be backed up by meds that are ordered by the court.*
- *Allow this to happen in the community, so people don't end back in the hospital.*

Interviews with Legal Services and Patient Representatives

This year, following precedents set during the prior six studies, FSA reached out to gain feedback from judges with a mental health docket in FY 2018, lawyers representing individuals for whom an Act 114 application was filed, and patient representatives from Vermont Psychiatric Survivors (VPS). Three lawyers representing the Mental Health Law Project (MHLP) and Disability Rights Vermont (DRVT) and four patient representatives responded in writing and/or phone interviews to the following questions:

- 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 in relation to implementation of Act 114?

As in previous years attorneys from both organizations note that the legal process through which judgments are made regarding whether an individual should be forced to receive medication guarantees that due process is followed for each case. The ability to provide information to the court from an independent psychological evaluator stands as an acknowledgement of a patient's civil rights, and at times leads to a modification of a medication order.

There is an orderly process for conducting hearings which is reflected in:

- The predictability of knowing which judges will be sitting at each of the hospitals
- Some degree of predictability for defense attorneys in scheduling hearings.

The courts in which these hearings take place are well prepared to handle the applications, as typically judges are familiar with the subject matter and, in the opinion of MHLP they tend to get decisions out quite promptly on applications for Act 114 medication.

The patient representatives continue to hold the perspective that nothing goes well when Act 114 medication is ordered and that, to the contrary, things go well when an application has not been granted.

What challenges exist in relation to implementation of Act 114?

Concerns identified by defense and advocate lawyers fall into a number of categories. Both organizations note the steady increase in Act 114 applications, which reached 87 filings in FY 2018. Legal advocates feel the steady increase reflects an increased reliance by the state on coercive measures, measures which run contrary to the law which says the state should be working toward a system that doesn't require coercion.

MHLP continues to be concerned by psychiatrists':

- Use of long-acting medications as a routine versus exceptional practice
- Argument that the patient's history of refusing medication supports the need for a long-acting agent

Long acting medications are extremely intrusive and if they cause side effects, those effects can't be reversed or stopped as long as the medication is active. In cases where patients have been hospitalized multiple times and records have shown that over time an individual has come around

to take medication voluntarily, doctors still will choose to go directly to seeking involuntary medication before trying to work with a patient to take medication voluntarily. Overall the increased use of IVM by the state is illustrative of a system that views this as the preferred treatment.

In light of the increase in applications and perceived order for long-acting agents, lawyers note the absence of evidence that medication imposed through court orders has a positive impact on the recovery of individuals. DR-VT lawyers report that some studies of community commitment orders in other jurisdictions show no positive outcomes from the use of involuntary medication.

From the perspective of the VPS patient representatives, the use of involuntary, court-ordered medication is inherently violent. They believe that with the closure of the state hospital in 2011, the use of involuntary medication in community hospitals around the state has become more easily accepted as a form of treatment. They report that the threat, early in one's hospitalization, to take people to court, is "used as a bludgeon" to get people to take medication. They believe that had psychiatrists put more effort into talking and listening to patients, the need for seeking forced medication could have been avoided in many instances.

Similar to comments from MHLP, VPS staff note that while many patients are willing to go back on medications they took in the past, psychiatrics choose to order different medication and use a court order as a threat to get individuals to take what they ordered. Once medication is ordered it may result in an initial episode of injection by force, after which people may comply, so that the greatest incentive for compliance for patients is to avoid, from their perspective, "getting beaten up".

Finally, as stated by legal services representatives, there is a question about the overall efficacy of involuntary medication. Patient representatives note that there is little evidence that court-ordered medication prevents re-hospitalization for many people.

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

Suggestions from lawyers: DR-VT lawyers suggest that resources would be better spent by the State in addressing the inadequacies of the community mental health system versus spending legal resources on speeding up Act 114 court processing time by changing the due process rights of individuals through changes in legislation. They note that Vermont never seems to have enough funds to keep people in the community while there are efforts to increase resources for more hospitalization.

Ways to reduce the necessity for coercion in the system should include:

- Better community responses for person in crisis
- Education of policy/social work integrated into police responses to persons with mental health issues
- Provision of therapy for individuals in the community in addition to case management services
- Community mental health services geared toward helping people recover, gaining employment, engaging in ways of being active participant in society as opposed to encouraging mental health clients to focus on doing what's necessary to maximize their existing benefits.

In cases where people are hospitalized, DMH and the receiving hospitals should analyze what is contributing to the increased level of applications for involuntary medication orders in the hospitals. Internally hospitals should consider ways to reduce the need for involuntary medication, other than

just getting quicker orders by examining the following:

- Is there something about the hospital units, their size, environment, staffing, space that makes it more difficult for their staff to handle a more aggressive person?
- How could additional sensory rooms, more programs, outdoor recreational activities, peer supports impact patients during their stays and subsequently reduce the need for Act 114 applications?

From MHLP's perspective, the current statute makes it unreasonably difficult for patients to present an effective defense due to provision in the law that requires hearings to be held in seven days. According to a letter from Jack McCullough (MHLP) to DMH, "the changes in the law adopted as a part of Act I92 have generally made the situation worse by forcing the courts to schedule both involuntary medication and initial commitment cases unreasonably quickly. These provisions should be repealed. In addition, the State should adopt restrictions on the use of long-acting involuntary medications as a standard and routine treatment modality."

Suggestions from Patient Representatives: Essentially, patient representatives believe that people who end up in the hospital haven't had their needs met in the community. From their perspective the law should be abolished. In its place the State should work to provide the following in the community for people with mental health needs:

- More cognitive therapies
- Increased supports and resources (voluntary)
- Housing
- Provider education on how to support withdrawal from medication

To this last point, VPS staff were clear that community members on psychiatric medication need support for withdrawal. In their experience many providers are using protocols that are too aggressive for tapering people off medication. Persons on strong psychiatric medications can't tolerate protocols that are too speedy. They note that if people can safely come off medication while they are in the community that could prevent and/or reduce the emergence of symptoms leading to re-hospitalization. From the perspective of persons with lived experience, many providers aren't informed about the potential impact of medication withdrawal and attribute this to the pharmaceutical industry's interest in not having this information known.

As long as Act 114 continues to allow involuntary court-ordered medication for hospitalized individuals the role of the Patient Representative should be reconsidered by hospital staff. Currently Patient Representatives are not included in treatment planning. Overall, they observe that treatment planning in the hospitals they work in is becoming less organized and more spontaneous. Patient representatives aren't given access or invited to treatment planning meetings. As stated in previous reports, when the Vermont State Hospital was operating, Patient Representatives were considered part of the treatment team and included in planning meetings with and without the patient present. The staff in each of the hospitals administering Act 114 medication should consider Patient Representatives as knowledgeable and helpful individuals whose lived experience could contribute to reducing the need for coercive and traumatic interventions that may have lingering negative effects for patients.

Review of Documentation

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

1. Patient Information: Implementation of Nonemergency Involuntary Medication – completed once – 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 nonemergency situations – includes whether support person was requested and present, type and dosage of medication, and preferences for administration of injectable medications.
3. 7-Day Review of Nonemergency Involuntary Medications by Treating Physician – completed at 7-day intervals – 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.

As part of the VSH protocol discussed above, there was 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 reviews
5. Copies of Support Person Letter, if used
6. Copies of CON, if needed
7. Summary of medications based on court order
8. Specific time line of court order based on language of court order

To assess the implementation of the Act 114 protocol, FSA reviewed each hospital's documentation for patients with Act 114 orders for whom the petition had been filed during FY18. Hospitals all use electronic records; staff provided hard copies of Patient Information Forms, Implementation of Court-Ordered Medication Forms, and 7-Day Review Forms (or Progress Notes if review forms were not used), along with any CON documentation for review.

FSA reviewed forms completed by hospital staff for 77 of the total 79 persons with Act 114 applications filed and granted in FY18 (July 1, 2017 - June 30, 2018). This included patients from Brattleboro Retreat (n = 25), Rutland Regional Medical Center (n = 15), Vermont Psychiatric Care Hospital (n = 27), and UVM Medical Center (n = 10).

Patient Information Form

Patient Information forms were present for 70 of the 77 files (91%) reviewed. Files with missing Patient Information forms were at VPCH (n=5) and the Retreat (n=2). At the RRMC and UVMMC all files had the forms.

Sixty-four (91%) of the Patient Information Forms that were reviewed were completed fully. Six forms (4 at the Retreat, 1 at UVMMC, and 1 at RRMC) left blank the item that asks whether the patient wanted a support person present when the medication was administered. Among the forms that included responses to this item, one at the Retreat indicated that the patient wanted a support person present but did not name the support person. Two UVMMC patients wanted a support person, in one case a staff member, and in the other a person outside the hospital who received a letter about being a support person. Neither support people were available when medication was administered at UVMMC. Most of the Patient Information Forms indicated that the patient either did not want a support person or refused to discuss the issue.

The Patient Information Form also includes space for the patient to sign the form. 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 two UVM Medical Center patients signed the form.

The Patient Information Forms should be completed prior to the first administration of court-ordered nonemergency involuntary medication. This is indicated by the Patient Information form completion date at least one day prior to the date of the first Implementation of Court-Ordered Medication form. All but one of the Patient Information Forms had been completed either a day or two prior to first administration of medication or on the same day as first administration. One form, from the Retreat, was completed 10 days after to the order date.

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-day intervals following the court order. Of the 321 Implementation Forms reviewed, 296 (92%) were complete. At the Retreat one file did not have any implementation forms; another was missing the form for the first administration of medication. Missing information from the Retreat files concerned whether or not the patient wanted a support person (n=17 forms) and the gender of the person administering medications (n=12 forms). VPCH files were missing the gender of the person administering injections (n=3 forms) whether the individual wanted a support person (n=2 forms).

RRMC Implementation of Court-Ordered medication forms were all completed fully.

Review of Nonemergency Involuntary Medications by Treating Physicians

A total of 286 review forms were examined. Of these, 261 (91%) were complete. RRMC files did not include Review Forms but, rather, included the information in Progress Notes. At least one review form was missing from files at the three hospitals that used the form: VPCH (n=11); Retreat (n=6); and, UVMMC (n=2). In most files missing review forms, the reviews were reported two weeks to one month after the 7-day point at which they should have been conducted. Missing information from forms included effectiveness of medication (n=5 at the Retreat; n=13 at RRMC) and side effects (n=21 at RRMC). The review forms present at UVMMHC and VPCH were complete.

Certificate of Need (CON) Form

Forms also recorded whether or not a CON was needed for administration of medications. In total, there were 26 forms noting that restraint was used, CONs were required and present with 17 forms of those forms.

Attracting Participants

The FY 2018 annual assessment invited feedback from persons to whom medication had been administered under an Act 114 court order anytime between 2003 and June 30, 2018, as well as from persons for whom an application for an Act 114 court order had been filed and denied by the court. In our conversation with the Adult Program Standing Committee following submission of our 2007 assessment, members suggested that the study should offer *anyone* who has received Act 114 court-ordered medication the opportunity to reflect on the experience. The suggestion was driven by an interest in knowing if and how individuals' perceptions of their experiences receiving involuntary medication while hospitalized might change over time with changes in their living situation to a community setting. Thus, beginning with the 2008 Annual Assessment, anyone who had been under an Act 114 court order (through June 30th of each year) was invited to participate in an interview. Additionally, in the 2014 legislative session, legislators asked that beginning in the FY 2015 assessment interviews be offered to individuals on whom a petition was filed during the assessment period but NOT granted by the court. Therefore, invitation letters were sent by MHLP both to:

- Individuals for whom an Act 114 application was filed and granted
- Individuals for whom any Act 114 application filed between 2003 and June 30, 2017 had not been granted.

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

- A questionnaire and consent form were designed for distribution to individuals who received Act 114 medication orders *during* FY 2018. The questionnaire/consent form gave individuals the option of participating in an interview OR providing feedback on the questionnaire. The Vermont Legal Aid Mental Health Project (MHLP) mailed the questionnaire/consent form with a letter about the study to all persons who received Act 114 medication *during* FY 2018.
- A brochure, intended to inform people and create interest in participating, was written for distribution to individuals who received Act 114 medication orders *prior to* FY 2018. Again, the Vermont Legal Aid Mental Health Law Project (MHLP) mailed the brochure and a letter about the study to individuals fitting these criteria for which they had postal addresses.
- Additionally, MHLP mailed a letter, inviting feedback, to persons on whom applications submitted for Act 114 medication were not granted by the court.
- A toll-free phone number was provided in materials to make it as easy as possible for people interested to learn about the study and decide whether - and how - they wanted to participate.
- A peer advocate, well known and highly regarded in the peer community, was engaged by the consultant team to talk with individuals interested in learning more about the study, answer their questions, and refer interested parties to the consultant gathering input through both interviews and questionnaires.
- Compensation of fifty dollars ($50.00) was offered and paid to those individuals who received the either of the mailings from MHLP and chose to participate in either manner.

Focus of Input Desired

The assessment pursued two lines of questioning: one for persons hospitalized and receiving Act 114 medication orders at some point between July 1, 2017, and June 30, 2018, and another for those discharged from VSH, the Retreat, RRMC, VPCH or UVM Medical Center at any time prior to July 1, 2017.

The questions asked of 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, nonemergency medication was experienced
- To what extent the protocols identified in the statute were followed, and
- What recommendations they might have for improving the experience of receiving Act 114 medication.

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, 2017 who agreed to interviews 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 they are doing to care for themselves and what involvement, if any, they have with mental health services and treatment
- What recommendations they have for improving the administration of court-ordered, non-emergency, involuntary medication at the UVM Medical Center, Rutland Regional Medical Center, the Brattleboro Retreat, and the Vermont Psychiatric Care Hospital

Number of Individuals Who Provided Feedback

FY 2018

During FY 2018, Act 114 applications were submitted to the courts for 83 individuals to receive involuntary medication. Of those:

- 67 applications were granted
- 16 applications were denied

MHLP sent letters with the questionnaire/consent form to the 67 individuals who received a court order during FY 2018. Twelve envelopes were returned to MHLP leaving 55 individuals who received an invitation to participate. Feedback via completed questionnaires was submitted by seven individuals. One father called expressing an interest that his son, who received an order during this time frame, participates in a phone interview. A time was scheduled but his son ultimately chose not to participate.

Prior to FY 2018

MHLP records indicated that 383 individuals received Act 114 court-ordered medication at least once between 2003, when Act 114 court orders were first granted, and June 30th, 2017 (the end of the FY17 study period). MHLP had correct addresses for and sent letters with brochures to 211 of those individuals. Thirty-six letters have been returned resulting in 175 individuals receiving letters and brochures. Twenty-two individuals called to express interest and ultimately nineteen persons with medication orders prior to FY 2018 provided feedback through phone interviews.

Table 8: Participants Providing Input as Proportion of All Persons with Act 114 Orders by Study Year

Year of Court Order	Persons Who Received 114 Court Orders		
	Number with Orders Issued in Designated Study Period	Number Providing Feedback Who Received Order in Study Period	Response Rate of Feedback
2003	14	1	1%
2004	27	6	22%
2005	13	4	31%
2006	22	4	18%
2007	18	2	1%
2008(1/1/08–11/30/09)	12	4	33%
2009 (7/1/08 -6/30/09)	19	3	16%
2010 (7/1/09 -6/30/10)	26	4	15%
2011 (7/1/10 – 6/30/11)	28	4	14%
2012 (7/1/11 – 6/30/12)	28	6	21%
2013 (7/1/12 – 6/30/13	32	4	13%
2014 (7/1/13 - 6/30/14	55	6	11%
2015 (7/1/14 - 6/30/15)	50	6	12%
2016 (7/1/15 - 6/30/16)	62	6	10%
2017 (7/1/16 - 6/30/17)	52	8	15%
2018 (7/1/17 - 6/30/18	67	7	10%[1]

Of the seven persons who provided input regarding their medication experience during FY 2018:

- two received the medication order at the Rutland Regional Medical Center
- five received the medication order at the Vermont Psychiatric Care Hospital (VPCH)

Feedback provided by the seven persons who received Act 114 medications in FY 2018.

The reason for refusing to take medication

In response to the question "why did you choose to not take medication voluntarily?", four people said "I didn't think I needed it" and three individuals noted that they were familiar with and disliked the side effects caused by the medication. One of those commented that he had been willing to voluntarily take a different medication that he was familiar with and felt was effective.

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

Act 114 protocols stipulate that individuals be given information about the upcoming court hearing and the subsequent court order. Five respondents said they were given information about the date and time of the court hearing that led to the court order. Four of the seven knew the location of the hearing. One person said he didn't remember whether or if information about the court hearing was given to him. No one responded that they were not given information about the court hearing that led to the order. When asked who informed them that the court had ordered medication, one

[1] Although 67 individuals received Act 114 orders during FY 18, 12 letters/questionnaires sent by MHLP were returned unopened. Of the fifty-five individuals who received the materials from MHLP, the seven who provided feedback represent a 13% response rate.

individual said both his lawyer and doctor told him, two individuals said they learned about the order from their doctor, two individuals said their lawyer informed them and two individuals said that hospital staff other than the doctor told them.

Act 114 requires that individuals be given information about the prescribed medication being ordered, including its name, the dosage and frequency with which it would be administered, whether it would be given orally or by injection, the intended effect and the potential side effects and risks associated with taking it. Each of the seven respondents were given the name of the medication. Four were told the dosage, four knew how it would be administered, four were told how often it would be administered, three reported being given information about the intended effect the medication should have and two individuals said they were told what side effects they potentially could experience from the medication ordered.

Finally, people were asked if 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. Three of the seven individuals responded that they were aware of the protocol that directs how DMH should use involuntary medication ordered under Act 114. Likewise, three individuals reported they knew they had the right to file a grievance if the protocol was violated.

Treatment by staff during and after administration of involuntary medication
People were asked to comment on:

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

Responses regarding how people were treated by staff in relation to the administration of the court-ordered medication revealed mixed reactions. In response to the question about the extent to which people felt their health, safety and dignity were respected throughout the experience of receiving Act 114 medication:

- One person felt his well-being had been fully respected
- Two reported feeling somewhat respected
- Four said their well-being had not been respected at all

Individuals were asked how they would rate the privacy of the location in the hospital where medication was given to them. Six people reported the location was private enough for them and the seventh responded that privacy didn't matter.

Patients receiving Act 114 medication should be asked by staff if they would like a support person present when receiving medication. One individual did not remember whether he'd been asked about having a support person present. One person said he wasn't asked, Bbut noted that if asked he would have liked a support person. Two persons said they were asked but did not want a support person and three others said they were not asked, but also reported they would not have wanted a support person present when receiving medication.

The protocol also states that patients should receive offers from staff to debrief the experience of receiving involuntary medication and to receive emotional support. In response to this question, no one reported that staff had talked with them about the experience. Five respondents specifically said that had not happened and two said they could not remember whether any debriefing had been offered by staff or occurred regarding. Similarly, none of the seven individuals received (n=5) or remembered receiving (n=2) any emotional support during or after being given court ordered medication.

Regarding the extent of force used to get people to take medication:
The questionnaire asked people to describe any ways in which they felt they had some control over the process of receiving court-ordered medication. One person said he was able to take medication on an as needed basis (PRN), while a second person said:

- "I had the option of taking the medication orally or by injection".

Three other individuals felt differently as reflected in the following statements:

- "I didn't feel that I had control at all"
- "I am given a shot…in an improper procedure"
- "No options"

One person replied he didn't know and a seventh individual did not answer the question.

What was most difficult and who or what was most helpful about the experience of receiving involuntary, court-ordered, non-emergency medication?
Each of the seven individuals provided responses to both these questions. Two persons noted the negative effects they experienced.

- "The mood they put me into"
- "The side effects/the effects"

Two other individuals alluded to the absence of options provided to them around the court order:

- "Knowing there might have been more beneficial medication they did not want to try."
- "Not having the choice not to take it."

The responses from another two persons addressed how the medication was given to them:

- "Being held down on the ground."
- "The shot!"

Another individual found the experience opposed his belief system that:

- "My country does not allow me to take medication."

In response to the question of what or who as most helpful during the experience of receiving Act 114 medication five individuals noted that some staff had been helpful to them:

- "A nurse named Susan who calmed me down."
- "Wendy B - a nurse"
- "Some staff I spoke with were outwardly support of other areas of my life"

One person said nobody had been helpful and another did not remember.

There is some contradiction between the range of response to the above question and the earlier responses from the seven individuals that no one felt staff had provided emotional support or had debriefed with them around the experience of receiving court ordered medication.

People were asked their opinion about whether the State had made the right decision in seeking an

order for, and giving the court-ordered, involuntary medication. Three people agreed the State had made the correct decision and four disagreed. One of those further commented that:

- "Yes, it helped me immensely".

Two of the four persons who disagreed with the State's decision added the following:

- "The circumstances are all slanted to the state. I feel this is unjust."
- "I don't need them."

Responses from people who had received Act 114 medication prior to FY 2018, and were living in the community during FY 2018.

MHLP reported that 175 individuals who had Act 114 medication orders prior to FY 2018 *received* letters and a brochure inviting their participation to give feedback for the study. Nineteen people who received Act 114 ordered medication prior to FY 2018 completed interviews for this study, representing an 11% response rate. Table X (below) shows that the years in which respondents received their last order ranged from 2012 to 2017. Persons receiving Act 114 medication at RRMC (n=8) and the Brattleboro Retreat (n=7) made up nearly 80% of respondents to this year's interviews.

Table 9: Recipients of Act 114 Orders Prior to FY 2018

Year of Most Recent Act 114 Order	Hospital of Most Recent Act 114 Order				
	Retreat	RRMC	UVMMC	VPCH	Administering Year Totals
2012	-	1	-	-	1
2013	2	1	1	-	4
2014	1	1	-	1	3
2015	2	1	-	-	3
2016	2	3	-	1	6
2017	-	1	-	-	1
Administering Hospital Totals	7	8	1	2	18*

* One person interviewed could not remember most recent year or hospital where Act 114 medication was ordered.

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

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

<u>How was the event of receiving court-ordered medication experienced?</u>

Responses to this question were either negative or positive. Five individuals described aspects of their hospitalization and medication experience as beneficial to them and/or positive in terms of how staff treated them. Statements included the following:

- [The medication was] "good for me. I was in no condition to make rational decisions for myself…and I would have lost everything" …. if not medicated...I am glad they finally gave it to me."
- "The staff was very good to me…. treated me well."
- "The staff was wonderful, have always treated me well."
- "My stays were pretty good. I was there for 2 months"
- "They knew what my disease is and they put me on Risperdal…it was helpful."

- "[VPCH] was a new facility…. was pretty comfortable…. I knew some of the doctors and some of the techs."

People noted that while the overall experience was positive for them in the long run, some aspects were troubling. One person said that initially she was over-medicated, leaving her "bouncing off the walls" but eventually a therapeutic dosage was found. Another person who was hospitalized for 2 months felt that it took too long to get the needed medication.

Ten respondents look back on their most recent hospitalization and Act 114 medication order as a negative and coercive experience in which they felt angry, abused, not listened to or understood, bored, unsafe and left with unpleasant side effects from the medications ordered. People said the following:

- I thought the doctor would go along with my opinion that natural remedies would be best…. but there was a failure of communication……I realized I didn't have leverage…. I should have just taken it at the time the doctors recommended it. The force [used to make him take the medication] was overbearing."
- "It was boring. It was restrictive. No belts, shoelaces, anything pointed of sharp. The day they said 'you can go' was the only pleasant experience."
- "I was treated like a piece of [expletive]. I gained 100 pounds in three months [from the medication]."
- "My rights were taken away from me. I was locked up. They took control of my life. They did not listen to me. My mental and physical body has been so abused. Street illegal drugs are no way as bad as this. I have tardive dyskinesia…and my memory goes quickly [as a result of the medication]."
- "It was devastating. I am allergic to the medication - Haldol. Now I have ticks [as a result of the medication]."
- "There's a lot of malpractice going on. I've been overmedicated many times. They didn't listen to me….and they put medication in you that you don't agree with."
- "All they did was beat on me, attack me until I took the medication. Once I started taking it, they let me out".

Three individuals were not able to address the question at hand clearly enough to add new information.

<u>What impact has receiving court-ordered medication had on your current life?</u>
People were asked to describe how their current lives had been affected by receiving medication under the provisions of Act 114. Regardless of differing perceptions of how they were treated while hospitalized, eight persons identified gains since their hospitalizations and medication in independence and autonomy, clarity of thinking, healthier habits and stability in their living situations. These are reflected in the following comments:

- "I was able to keep my home. My home is my life…my stability is based on my independence and this apartment. Psychotropic medication has given me stability and allowed me to function. Howard agreed to keep my apartment [while hospitalized] paying my Section 8 amount which I paid back,"
- "I haven't had any manic incidents since the last hospitalization. I am still confused about how long I will need to take [the medication]."
- "The medication really stabilizes me."
- "I feel good, I eat good, I think straight. I think the right decision was mad to force me to take medication."
- "At this point I'm on a very small dose and trying to get off it. It seems like I've become psychologically and physically reliant on it…. I'm just learning that coming off of it is a really

slow process."

- "Once I was back in the community, I worked with my nurse in St. Johnsbury Human Services….to get monthly injections and that seems to be working. I'd like to think I could be as independent as possible but the hospital stay refuted that."
- "I am off those medications. I got the doctor's approval. I've been off for a year and it's better than when I was on them. I feel more normal, I don't have side effects."

Seven individuals reported having been negatively impacted in a number of ways as a result of receiving Act 114 medication. Impacts include increase in anger, inability to carry out formerly pleasurable activities, avoidance of hospitals and ongoing struggles with side effects from the medications.

- "I do everything I possible can do to stay away from hospitals...I find there is a vast distinction between going to the doctor's office at a hospital for a medical versus a mental health issue. I feel I'm treated nicely and with respect for medical appointments whereas in hospitals for mental health issues I thought they were going to kill me."
- "I can't hunt, can't hold a gun anymore. The medication has me nauseous and sick. [The doctor] took away the PRN from me and took control of [his medication]."
- "The medicine has made me heavier in weight and given me acne and other problems. Some of the medicines, Haldol in particular, leave me mentally impaired…"
- "I have heart disease from being over medicated."
- "I don't want people to see me with ticks in public. People will stare at you and laugh at you."
- "I've had many side effects [including] tardive dyskinesia and a significant weight gain to the point where I can wear clothes."

<u>In what course of self-care and treatment activities are people currently engaged?</u>
People were asked to discuss how they are taking care of themselves. Specifically, they were questioned about what activities and events they participate in that they view as beneficial and/or that make them feel good and what, if any, involvement they have with the mental health system.

Fourteen individuals say they currently engage in one or more forms of activity that goes beyond involvement with the formal mental health system. Most people reported pursuing more than one activity that gives them pleasure. Five people take walks regularly; five people get pleasure from reading, creating art, making music, writing poetry, crocheting, etc. Several persons talked about the importance of and pleasure they got from reading. Six individuals work, primarily in part-time paid positions or as volunteers, and say they enjoy and are proud of their work. Most of the respondents do not socialize with others but seem content to live alone and follow their individual interests. However, two individuals participate in groups, one of which is a poetry writing group and the other is a group for "lonely people".

People were asked whether they remained connected to the formal mental health system and if so what course of treatment they were following. All respondents who take medication continue to see a psychiatrist primarily to monitor their medication. Seventeen of the nineteen persons remain connected to their local mental health agency and have a case manager. Of those, sixteen report they continue to take medication. Seven individuals who take medication feel positively about their ongoing need for it and their relationships with their doctor and other mental health providers.

- "I see my psychiatrist about one every three months and I absolutely, religiously take medication."
- "I still take medication - oh yes, I'll probably be on medication for the rest of my life."
- I have a wonderful psychiatrist…he's young, progressive. He was the first kind man I met - that I trusted. I've flourished under his tutelage."

- I love my mental health counselor - she's like a daughter to me.

Others report they continue to take medication because of an Order of Non-Hospitalization (ONH) and not because they believe they need it.

- "I take medication but I don't see any difference."
- "[The community mental health program] I go to is the worst program you can go to. I'm still on medication and compliant…but I'm overmedicated by the doctor."
- "I'm still taking medication but it leaves me mentally unclear. I don't like it. It's intimidating; all they seem to care about is their forced meds."

Almost uniformly the seventeen persons who are still connected with the mental health system report good relationships with their case managers. Many note the help they get including rides to appointments, food shopping trips, help with managing finances and having someone to support their basic living needs.

- "My case manager takes me to the bank to pay my bills. I have a good relationship with her."
- "I'm not long on an ONH but I still have a case manager who gives me rides to places I need to go."
- "I meet with my case manager once a week. I like her a lot."
- "I've had my case manager for over eleven years and my counselor for over three years."

Only one person interviewed noted living with a partner. Everyone else interviewed lived alone. No one interviewed in this study period reported living in a group residence.

Table 10: Reported Treatment Participation and Self-Care Activities

Key Responses	Number of Responses
Involved in some way with mental health professional services (has case a manager, sees MD, participates in individual and/or group therapy), either community-based or private	17
Currently taking psychiatric medication	16
Exercises regularly (exercises, taking walks, etc.)	5
Works full- or part-time and enjoying it	6
Engages in hobbies such as reading, painting, music, poetry	5
Engages in on-line games, social networks	6
Has positive relationship/connection with a family member	4
Engages in some form of spiritual practice	1

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 twenty-six people who provided feedback this year including:

- 7 people who received Act 114 medication orders in FY 18 either at RRMC (n=2) or VPCH (n=5)
- 19 persons currently living in the community who received Act 114 medication at least once prior to FY 18.

Consistent with findings in previous years, a number of recommendations focused on the quality of communications between staff and patients, the importance of staff interpersonal skills with

patients, and provision of information to patients about the medication. The following represent a sample of recommendations regarding the above:

- In order to reduce or, ideally, to eliminate the force and coercion recipients of Act 114 medication report they experience, *staff should engage with patients in more gentle, patient and personable ways*.
    - "Some people are so sick they don't realize what's going on when they are in the hospital. Staff should be a little bit gentler with the ones who don't know what is going on. Some of these nurses do not have a good bedside manner - they do not have the patience to give these persons help."
    - "Seclusion shouldn't be given to people. I was tied down to a chair for 6 hours…and then you're supposed to trust those people afterwards? That's called torture."
    - "[Staff should] try to understand what the person is going through, how they are thinking."
    - "The staff I was closest to were the one who were supportive, stayed calm, didn't get into a power struggle with me. Seclusion is the worst experience…I would have rather had someone talk to me and be calm."

- *Staff should listen more and work to understand and believe what the patient is going through.*
    - "Staff should not tell patients that they don't know what the medication is. Staff should believe people when they know they are allergic to certain medications"
    - "Doctors should listen to the client's side of the story. Doctors think they are god, their way or the highway. I don't agree with that. We know our bodies."
    - "They should listen to the patient, especially if the doctor wants to put the person on a high dosage."
    - "They should ask them question about the frame of mind in their thinking. Understand a person, how they think and what would help them. Listen, ask questions."
    - "Psychiatrists should go through IPS (Intentional Peer Support) training to understand how scary it is to be restrained…My problem was not with the tech staff. All of those people were really great and I had some good connections with them…and about 80% of the nurses I really liked. Within at least 20 years of being bi-polar I've only had good experiences with two psychiatrists."

- *Staff should give patients information about the medication including why it is needed, its potential benefits and side effects, address fears and concerns that patients may have.*
    - "Keep every patient informed of what's going on all the way through, start to finish. I never knew what was happening…They should understand the medications better that they give.:
    - "Share verbally what is going on. When I got to the doctor, they do this every step of the way. [Staff] need to step up their communication level. Never once did they tell me what I was getting."

Additional recommendations touched issues bulleted below:

- *Activities to structure time and calm emotions within the hospital setting*.
    - "Patients should have the ability to exercise and have access to the phone."

- "There should be more activities, ore structure during the day instead of just sitting around…when you're sitting around you start thinking about things and it just makes it worse."
- "there should be more activities and things to do, especially when someone is just admitted."
- "Using art…providing other distractions would be great."
- "Different types of therapies, like art, to help people with PTSD."

- *Create quiet areas.*
  - "Set up an internal internet where a patient can get something in their private room. Do things to help those who are quiet and want to do things on their own be able to be in a more private setting but still have access to the internet.

- *Ensure patient safety.*
  - "There's a need for protocols in the hospitals on how to deal with violent patients. At one point I was doing my laundry and another patient came up and, completely unprovoked, punched me in the ear."

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, 2018. Second, in a small amount of cases, people chose not to comment, were unable to remember, or were confused and unable to clarify their responses to some of the circumstances surrounding the court order and administration of medication.

In recruiting people who received court-ordered medication over the span of time between 2003 and June 30, 2018, the study aimed to:

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

In this year's assessment, two persons of the seven who received Act 114 medication during FY 2018 were hospitalized at the time they provided input through the questionnaires. The overall percentage of people for whom medication applications were granted and who participated in interviews (n = 26) represented 11% of those who received packets sent out by MHLP (n = 230). This represents an increase from last year's response rate of 9%.

This year, as in years 2009 through 2017, 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, 2017, and were living in the community.

Responses from the seven individuals who were hospitalized and received involuntary medication through an Act 114 order at some point between July 1, 2016, and June 30, 2017, showed mixed

responses in terms of:

- Reports of how the Act 114 protocols were followed. Two of the seven individuals said they were offered a support person, and none of the seven said that staff had offered emotional support or the opportunity to debrief after receiving court-ordered medication.
- Three individuals said they were aware there were Act 114 protocols, and knew they could file a grievance.
- The seven respondents reported they were given different degrees of information about the medication ordered but only 1 person remembered being told the name, dosage, frequency and potential risks and side effects of the medications.
- Sense that they had some control. Only one individual said he was given the option of taking medication.

Feelings about how they were treated, supported and respected during that experience. Three of the seven felt respected in terms of staff treatment while four others said their well-being had not been respected at all.

- Regarding the value and benefit that receiving court-ordered medication has had on their current situations, three individuals felt the state did the right thing, and four disagreed with the decision to be medicated.

Of the twenty-six individuals who provided feedback, either by questionnaire or phone interview, two report that they no longer take psychiatric medication. Living situations for twenty-four respondents vary from private residences to housing supported by community mental health services. Two individuals were still hospitalized at the time of this report. Six persons are employed either part -time or in volunteer positions.
Finally, those interviewed noted the critical role that the communication and interpersonal skills of hospital staff can and should play in:

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

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

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

For FY18, achievement of outcomes was as follows:

- Staff awareness of Act 114: Documentation indicates that staff at all four hospitals administering medications under Act 114 in FY18 were generally aware of the provisions as shown by documentation of adherence to Act 114 provisions.
- Time between admission and petition: In FY18, 56% of Act 114 petitions were filed within 30 days of the date of hospital admission; 24% were filed 30-60 days after admission (see Table 10). This finding demonstrates that petitions continued to be filed more quickly than in past years.

Table 11: 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)							
	FY15		FY16		FY17		**FY18**	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
<30 days	23	30%	26	30%	24	39%	44	56%
30-60 days	23	30%	23	26%	21	34%	19	24%
61 - 180 days	21	28%	26	30%	11	18%	14	18%
181 - 365 days	4	5%	5	6%	1	2%	1	1%
>365 days	5	7%	8	9%	4	7%	1	1%
Total	76	100%	88	100%	61	100%	79	100%

In FY18, it took on average 50 days from admission to filing the Act 114 petition (see Table 11). Overall, it took about 55 days from admission to the Act 114 order. This represents a decrease in time from previous years. It took on average 12 days from the date the petition was filed to the date an order was issued. This was also one day more than last year, but less than in most previous years.

Table 12: 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 Filing Petition		Petition to Order		Admission to Order	
	Mean	*Std. Dev.*	Mean	*Std. Dev.*	Mean	*Std. Dev.*
2012	50.21	*35.07*	14.38	*6.82*	65.67	*35.03*
2013	57.55	*40.91*	13.44	*9.64*	66.71	*39.71*
2014	93.17	*107.36*	16.16	*8.11*	109.33	*109.41*
2015	64.93	*55.89*	15.87	*9.65*	81.13	*61.01*
2016	67.60	*61.37*	12.21	*6.91*	79.63	*63.01*
2017	51.16	*56.16*	10.97	*6.91*	62.12	*57.65*
2018	43.17	*49.54*	12.12	*11.92*	55.28	*50.30*

In past assessments, and again this year, hospital staff reported that time delays in the Act 114 process were often due to legal procedures. The first of these is separation of the commitment and Act 114 hearings. As shown in Table 12, in FY 18, 75% of Act 114 petitions had been filed prior to the commitment orders; 83% (n=43) of these cases were filed less than one month before the commitment order. Of the 25% (n=17) of cases filed after the commitment order, most were filed 8 to 30 days after the commitment date. When Act 114 petitions were filed after the commitment date, it took an average of 20 days from the commitment date to the date on which Act 114 petitions were filed. Once a petition was filed, it took an average of 12 days in FY18 for an order to be issued (see Table 11).

Table 13: Time between Date of Commitment and Act 114 Petition Filing Date
(Excludes cases in which time was 1 year or more)

Petition filed:	FY15		FY16		FY17		FY18	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Before commitment	15	22%	25	36%	24	50%	52	75%
Same day as commitment	6	9%	1	1%	0	0%	0	0%
Within 7 days of commitment	13	19%	10	14%	6	13%	5	7%
8 - 30 days following commitment	15	22%	13	19%	9	19%	9	13%
30+ days after commitment	20	29%	20	29%	9	19%	3	4%
Total	69	100%	69	100%	48	100%	69	100%

- Length of stay: Of the 79 individuals with Act 114 orders in FY18, 75 (95%) were discharged from psychiatric inpatient care, on average, 116 days (approximately 3.9 months) after admission, and 65 days (about 2 months) after the Act 114 order was issued (see Table 7).

Table 14: 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.*
2012 (n=23)	128.09	*67.41*	63.52	*40.48*
2013 (n=21)	123.38	*41.34*	71.00	*38.89*
2014 (n=35)	154.67	*125.92*	85.77	*62.99*
2015 (n=45)	149.60	*87.87*	97.07	*69.56*
2016 (n=41)	152.83	*121.00*	58.93	*49.00*
2017 (n= 46)	122.36	*75.41*	68.90	*47.83*
2018 (n=65)	116.2	*80.74*	65.35	*63.21*

- Readmission Rates: Of the 75 patients with Act 114 orders who were discharged, 14 individuals (19%) had been readmitted at least once after the order by the time of this review.

Future assessments of Act 114 implementation may address additional outcomes identified by hospital leadership during our FY17 interviews. These outcomes include:

- Perceived treatment in hospital after receiving medication under Act 114
  - Quality of relationship with treatment team
  - Access to treatment
  - Length of stay
- Continued use of medication after discharge
- Engagement with community services (e.g., attend follow-up appointments with physical and mental health providers)
- Quality of life measures
  - Access to services
  - Achievement of individually defined wellness
  - Stability in community
  - Independent living
  - Participation in community
  - Maintaining and/or improving relationships with family and friends
- Reasons for readmission along with readmission rate.

Section 3: Steps to Achieve a Noncoercive Mental Health System

The Department of Mental Health (DMH) leadership team, 11 individuals including the Acting Commissioner, met with Flint Springs Associates (FSA) to review steps DMH took during FY18 toward achieving a noncoercive mental health system. These include:

1. Implementation of Act 82 – outlining steps to examine mental health care and coordination, including involuntary medication took place during FY 18. As part of the assessment process, DMH convened a wide array of stakeholders to discuss creating a mental health system that is noncoercive. For example, DMH worked with VAS, NAMI and VPS to get input on perceptions of the causes for increased wait times in Emergency Departments. Led to a report to legislature, and changes to statute on parity of treatment

2. Additionally, DMH engaged in a year long process with the designated agencies on strategies to fund mental health services that could reduce barriers to timely and appropriate care. A new payment process was designed during FY18, and will be implemented in FY19. The new payment process allows for more flexibility in services. For example, it no longer requires an individual to reach a disabled condition before qualifying for supports such as case management.

3. As a result of adding six new beds in southern Vermont, DMH Increased access for children's crisis beds.

4. DMH continues to support peer programs, including an expanded peer support line, Wellness Workforce Coalition, and ongoing peer support groups.

5. DMH worked with the Department of Corrections (DOC) to formalize an MOU regarding individuals with significant mental health needs under DOC custody. The MOU will allow DMH to be involved in addressing care needs for incarcerated individuals

6. DMH offered all Designated Agencies (DA), residential care programs and community mental health workers training in Recovery Oriented Cognitive Therapy. This approach seeks to improve engagement skills for working with challenged and challenging individuals.

7. DMH continued to provide assistance and support for the implementation of the Six Core Strategies for reduction of emergency interventions such as seclusion and restraint at designated hospitals as well as the promotion of trauma-informed care, recovery, consumer-driven care and resiliency.

8. DMH's continued work with law enforcement during FY18 included:
    - Support teaming law enforcement officers and mental health workers – expanded training to identify a situation as a mental health crisis and to bring in the designated agency (DA) in the area. Training now includes dispatchers, EMS providers and State's Attorneys, as well as police officers.
    - Supported expansion of the Burlington Community Outreach program to all six Chittenden County 6 communities. In this model, mental health workers are part of the first response team, often preventing the need for police involvement or an arrest and rather assisting individuals dealing with mental health issues.
    - Initial conversations on ensuring that all sheriffs use DMH criteria; a contract to move this work forward begins in in FY 19

9. The Mental Health block grant, 10% of which must be spent on early episode psychosis, was used to fund Open Dialogue training for any mental health provider in the designated hospitals or agencies. Open Dialogue is an evidence-based service-delivery model with demonstrated effectiveness in lowering the rates of hospitalization and medication use for persons with schizophrenia. In FY17 DMH conducted a pilot program, in FY18 expanded the training to the whole state

10. Vermont Psychiatric Care Hospital, with DMH support, provided training on working with persons experiencing psychiatric illness to nurses throughout the state.

Flint Springs Associates offers the following recommendations:

Hospital Practices

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

Beginning with the years in which patient representatives employed by Vermont Psychiatric Survivors (VPS) have been interviewed, the report has included a recommendation that, with consent of the patient, patient representatives be included in treatment team meetings. As patient representatives bring the unique perspective of persons with lived experience, their inclusion could support both the interests of patients and the efforts of hospital staff seeking to help patients achieve recovery in the least-coercive manner.

In order to maintain clear records for documenting implementation of Act 114 in accordance with provisions of the statute, all hospitals have followed past FSA recommendations that each hospital maintain an electronic file or section within the electronic file for persons receiving medication under Act 114. This practice should continue, and files should contain:

- Copy of court order
- Copy of Patient Information Form
- Copies of every Implementation of Court-Ordered Medication Form
- Copy of 7-day Reviews
- Copies of Support Person Letter, if used
- Copies of certificate of need (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

Further, while most documentation was present and complete, we recommend that:

- RRMC use a specific 7-day review form, rather than progress notes, to ensure that three specific issues are addressed: continued need for involuntary medication, effectiveness of medication, and side effects of the medication.
- VPCH and Retreat ensure that all 7-day reviews are completed and documented on 7 Day Review forms.
- Retreat continue efforts to ensure staff fully completed Implementation Forms so that information about support persons and gender of person administering IM medication are included.

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 to participate in the independent assessment of Act 114 implementation.

- 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.

- The Legislature and DMH should determine the value of two annual reports assessing the implementation of Act 114: an independent assessment and DMH assessment.