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To: Sen. Ginny Lyons, Chair
Senate Committee on Health and Welfare
From: A.J. Ruben, Supervising Attorney DRVT
Date: April 15, 2021
Re: DRVT Comments on H. 46

Please accept the following information from Disability Rights Vermont (DRVT) regarding your consideration of H. 46. DRVT is the federally-authorized disability Protection and Advocacy System in Vermont pursuant to 42 U.S.C. 10801 et seq., and is the Mental Health Care Ombudsman for the State of Vermont pursuant to 18 V.S. A. §7259.

Among our other responsibilities and activities, DRVT staff reviews all Certificates of Need (CONs) regarding use of force (seclusion, manual restraint, mechanical restraint, involuntary emergency medication) against patients in psychiatric hospital units around Vermont who are held involuntarily in DMH custody. 18 V.S.A. §7259(d). Recently, DMH began to receive de-identified information regarding CONs at the Brattleboro Retreat involving voluntary patients, and DMH has agreed to share that information with DRVT for our review and analysis. DRVT staff also visit (prior to the pandemic) all inpatient psychiatric units and Emergency Departments in Vermont to monitor conditions impacting people with disabilities and to provide outreach materials to improve access to our services and understanding about the rights of people with disabilities. Over the years DRVT has represented many patients and former patients regarding their complaints about unnecessary uses of force. We provide the following comments on H. 46 based on the above described work.

DRVT agrees the improvements to the admission and notice aspects of inpatient psychiatric treatment expressed in H. 46 Sections 1 and 2 will help improve

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On the web: www.disabilityrightsvt.org

understanding and move the entire system closer to the goal of reducing the use of force in our mental healthcare system. See 18 V.S.A. §7629(c).

Similarly, DRVT understands that the proposals in Sections 3 and 4 of the bill that require DMH to oversee the collection and reporting of data on the use of force against all psychiatric hospital patients, and continues to obtain some data regarding patients held in Emergency Departments for psychiatric conditions will also be helpful in our mutual effort to reduce the use of force in all these settings.

DRVT notes that to get the complete view of the use of force against patients receiving mental health care in Vermont, it is necessary to obtain that information from Emergency Departments. This is particularly true given the acknowledged crisis of people, especially children, held in Emergency Departments for days due to a system-wide lack of capacity. See DRVT report Wrongly Confined <https://disabilityrightsvt.org/wp-content/uploads/2020/06/DRVT-Olmstead-Report.pdf>.

DRVT reviews some uses of force on psychiatric patients in Emergency Departments, but only when we receive specific complaints. We lack collective data on these incidents, which obstructs everyone's ability to best work on reducing coercion against people with mental health conditions in all healthcare settings. The current bill does not include such a mandate for collecting and reporting on this ED data.

Thank you for your consideration of this information as you move forward with the important improvements to Vermont's healthcare system included in H. 46. DRVT staff is available to assist the Committee as needed with additional information or testimony.