



# Department of Mental Health: The Involuntary Medications of Mental Health Patients

**Published:**  
12.15.2023





## Contact Information

**From:**

Emily Hawes  
Commissioner  
Department of Mental Health  
Agency of Human Services

**To receive this information in an alternative format or  
for other accessibility requests, please contact:**

Jennifer Rowell  
Department of Mental Health  
Agency of Human Services  
Email: [Jennifer.Rowell@vermont.gov](mailto:Jennifer.Rowell@vermont.gov)  
Phone: 802-241-0090



# Table of Contents

<b>Department of Mental Health: The Implementation of Act 114, the Administration of Involuntary Non-emergency Medications</b>	<b>1</b>
<b>Contact Information</b>	<b>2</b>
<b>Executive Summary</b>	<b>4</b>
<b>Reference Legislation</b>	<b>5</b>
<b>Background and Context</b>	<b>6</b>
<b>Problems With Implementation</b>	<b>7</b>
<b>Number of Petitions for Involuntary Medication Filed by the State Pursuant to 18 V.S.A. §7624</b>	<b>7</b>
<b>Copies of Any Trial Court or Supreme Court Decisions, Orders, or Administrative Rules Interpreting §4 of Act 114</b>	<b>8</b>
<b>Performance Measures</b>	<b>8</b>



## Executive Summary

The Department of Mental Health (DMH) has continued to implement [Act 114](#) within the framework of existing state laws.

During the reporting period from July 1, 2022, through June 30, 2023, DMH filed 52 petitions for non-emergency involuntary medication. These petitions involved 46 unique patients, with 40 having one petition filed and 6 having two petitions filed. Notably, one petition was denied, 11 were dismissed, and 34 were granted. No patients had more than two petitions filed during this period. No relevant court decisions, orders, or administrative rule updates interpreting §4 of Act 114 were issued during the reporting period.



## Reference Legislation

From [Act 114](#) (1998):

### Sec. 5. REPORT

*(a) On January 15, 1999 and annually thereafter, the commissioner of developmental and mental health services shall report to the House and Senate Committees on Judiciary and Health and Welfare on the following:*

*(1) Any problems that the department, the courts, and the attorneys for the state and patient have encountered in implementing Sec. 4 of this act.*

*(2) The number of petitions for involuntary medication filed by the state pursuant to 18 V.S.A. § 7624 and the outcome in each case.*

*(3) Copies of any trial court or supreme court decisions, orders, or administrative rules interpreting Sec. 4 of this act.*

*(4) Any recommended changes in the law.*

*(b) Before submitting the report required in this section, the department shall solicit comments from organizations representing persons with mental illness and organizations representing families with members with mental illness, direct care providers, persons who have been subject to proceedings under 18 V.S.A. § 7624, treating physicians, attorneys for the patients, courts, and any other member of the public affected by or involved in these proceedings.<sup>1</sup>*

*(c) The department shall also present the report required in this section and the study required in Sec. 6 of this act to its Systems Improvement Committee for analysis and recommendations to the department.*

---

<sup>1</sup> The Department of Mental Health did not receive any comments.



## Background and Context

[Act 114 \(1998\)](#), An Act relating to involuntary medication of mental health patients, addresses three areas of mental health law:

- The administration of non-emergency involuntary psychiatric medication in inpatient settings for people on orders of hospitalization
- The administration of non-emergency involuntary psychiatric medication for adults on orders of non-hospitalization (community commitments), and
- Continuation of ninety-day orders of non-hospitalization

The statute allows for orders of non-hospitalization, whether ninety-day or one-year orders, to be renewed following a hearing. Prior to the implementation of Act 114, ninety-day orders could not be renewed.

The Act also replaced administrative hearings on applications for non-emergency involuntary medication with judicial hearings in family court. When the statute was passed in 1998, it permitted the administration of involuntary psychiatric medication in non-emergency situations to patients committed to the care and custody of the Commissioner of Mental Health in commissioner-designated hospitals in addition to the state-operated Vermont State Hospital (VSH) in Waterbury.

Today, Vermont has seven designated hospitals where involuntary psychiatric medications in non-emergency situations may be administered:

- Brattleboro Retreat
- Central Vermont Medical Center
- Rutland Regional Medical Center
- University of Vermont Medical Center
- Vermont Psychiatric Care Hospital
- White River Junction Veterans Affairs (VA) Medical Center
- Windham Center at Springfield Hospital

Section 5 of Act 114 requires an annual report from the Commissioner of Mental Health on the implementation of the provisions of the Act to the House Judiciary and Human Services Committees and to the Senate Committees on Judiciary, and Health and Welfare. The statute specifies the requirements for this report. Act 114 also requires an annual report from an independent research entity (Section 6), which will be forthcoming separately.



# Problems With Implementation

The Department of Mental Health (DMH) continues to implement Act 114 in accordance with other existing state laws. During this reporting period, there were no issues pertaining to the implementation of this Act. As parts of a decentralized system of care, acute-care hospitals participating in Level 1 care services remain obligated by accreditation or certification bodies to offer active treatment to their patients and to ameliorate the symptomatology of psychiatric distress. The time frame of the legal processes at present may place inpatient facilities at risk from a regulatory standpoint if they are unable to provide timely and effective treatment interventions.

## Number of Petitions for Involuntary Medication Filed by the State Pursuant to 18 V.S.A. §7624

In all, DMH filed 52 petitions for non-emergency involuntary medication of patients from July 1, 2022 through June 30, 2023. The number of unique patients who had at least one Act 114 petition filed was 46 patients with the number of unique patients who had one Act 114 petition filed was 40 patients and the number of unique patients who had two Act 114 petition filed was 6 patients. Of these 46 petitions, 1 petition was denied, 11 petitions were dismissed, and 34 petitions were granted.

<b>Number of Act 114 petitions filed during FY23</b>	<b>52</b>
Number of unique patients who had at least one Act 114 petition	46
Number of unique patients who had one Act 114 petition	40
Number of unique patients who had two Act 114 petitions	6
Number of unique patients who had three Act 114 petitions	0
Number of unique patients who had four Act 114 petitions	0



## Copies of Any Trial Court or Supreme Court Decisions, Orders, or Administrative Rules Interpreting §4 of Act 114

There were no relevant court decisions, orders, or administrative rules updates in the reporting period.

## Performance Measures

The Agency of Human Services uses the [Results Based Accountability \(RBA\)](#) framework to evaluate the performance of programs and initiatives, as well as make data-driven decisions. RBA is a key component of achieving value-based care in an integrated system. The DMH [website](#) presents how to use the regularly updated RBA scorecards containing longitudinal data and performance measures related to programs and the broader system of care. The scorecards are a valuable resource for conducting evaluations and tracking progress toward clearly defined targets that align with national [quality standards and compliance measures](#).

The [Department of Mental Health System Snapshot](#) RBA scorecard provides the most recent data on the State's inpatient system of care, including longitudinal performance measures pertaining to data on court-ordered involuntary medications that include:

- [Number of applications for court-ordered involuntary medications](#)
- [Number of granted orders for court-ordered involuntary medications](#)
- [Average time from filing date to decision date in days](#)