

YOUR RIGHTS IN HEALTH CARE SETTINGS

AS A VERMONT DIAGNOSED
AS HAVING A MENTAL ILLNESS

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Our mission is to promote the equality, dignity, and self determination of people with disabilities.

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INTRODUCTION

If you are receiving some type of mental health treatment without a court order and/or have been diagnosed as a person with a mental illness, **you do not lose any civil or human rights**. Many people incorrectly believe they lose their rights because of a mental illness diagnosis or because they are temporarily involuntarily held for treatment. This booklet is written to provide you with information so that you can **know, exercise, and protect YOUR RIGHTS!**



Exercising your rights means taking action when you believe you are being treated unfairly by anyone, and doing what is necessary to make sure your rights are respected.

You need to know what your rights are in order to exercise them. **Knowing, exercising, and protecting your rights is essential to self-advocacy.**

- ✱ For example, you should know that you **cannot** be sent against your will to a hospital or other designated facility for a mental health emergency exam **unless you are diagnosed by a qualified medical provider as having a mental illness AND are a danger to yourself or others, OR a court orders you to be evaluated by a physician at a hospital.**
- ✱ Another example of the importance of knowing your rights as a person with a mental health condition is when someone attempts to coerce you into taking medications you do not want or understand. **Unless you are subject to a**

Court Order of Non-Hospitalization, if someone says to you, “Take your medication or you’ll be sent to a designated hospital,” you should know that this cannot be done unless you are diagnosed as a person with a mental illness and as an imminent danger to yourself or others. **Knowing your rights is one of the first steps in self-advocacy.**

This booklet contains a section entitled “Protecting Your Rights” that contains the names and phone numbers of organizations that can help you with self-advocacy if you feel you could use some assistance. **Keep in mind that although you may have been diagnosed as having a mental illness you are not required to seek treatment, to accept treatment, or change how you live.**

If you decide to seek treatment or to accept treatment that is offered, whether in a public or private setting, you do not have to continue with it.

Essentially you are free to live your life like anyone else. Even if you find yourself confined or otherwise restricted as a result of a legal proceeding (for example, committed to a hospital for evaluation), you still retain certain rights.

Although this booklet will give you information about your rights, there is far more to protecting and exercising your rights than is found here.



Go to the **“Protecting Your Rights”** section on **page 47** to find names and numbers of organizations that can help you if you feel you could use some assistance.

This booklet is only one resource, a tool for you to use in your advocacy effort. **It is not intended to be a substitute for legal advice.** When using this book keep in mind that, like all written material, this book contains information that may change and that the people to whom you are expressing your rights may not know or agree with them.

If you believe your rights are being violated and decide you could use some support and assistance with your advocacy, you may wish to **contact** one or more of the organizations listed under the “Protecting Your Rights” section.



QUESTIONS TO ASK PROFESSIONALS

- ① Will you work with me to develop a crisis plan?
- ② Do you support the recovery movement?
- ③ Will you honor Advanced Directives?
- ④ Do you educate your patients about the side effects of medications?
- ⑤ What information do you give your patients to make informed decisions?

Ask questions which are relevant to you, to your beliefs, and to your life.

ABOUT SELF-ADVOCACY

Self-advocacy involves helping oneself to access the services, rights, and support systems you choose. **Believing in yourself**, learning all you can about your situation or issue, and deciding what you want to accomplish, are the beginning of **self-advocacy**. It is important that you decide what **your needs** and priorities are and seek out the help and information you can use to support your efforts.

If you decide to get treatment, you can help yourself **by being involved** in creating and carrying out the treatment plan. You can talk to potential doctors and therapists to learn more about how they would handle emergencies, what they know about other options, how they make sure you understand what medications you're taking, and when they might have to send you to a hospital. These are only a few examples of questions you may want to ask. **Ask questions which are important to you.**

Even if you are receiving a form of financial assistance and are being assigned to a psychiatrist or other professional you still **may be able to choose someone else** within the mental health organization. To do this you must know why you want a different professional and state it clearly.

Another way to advocate for yourself is to find out about the **consumer/survivor movement** or to "come out" about your experiences.

There is strength in peer support which can help to end isolation. There are many different peer groups meeting across Vermont. For more information on peer groups and other support contact **Vermont Psychiatric Survivors at (802) 775-6834.**

Another common form of self-advocacy is the process of **filing a grievance** against an individual or organization. If a grievance must be filed, it is important to **do it in writing** and to describe the facts of your complaint directly and clearly. Be sure to **clearly communicate what you want to happen as a result**. If you are grieving against an institution or an organization there may be a formal grievance procedure in place for you to follow. If there is no written grievance procedure you can address your grievance to the supervisor of the individual or group you are grieving against. **Always ask for and keep a copy for your records. If you do not receive a response you may want to seek help.**

At times it is useful to enlist outside advocacy or legal assistance. If you are self-advocating but find yourself blocked or uncertain as to the next step, **Disability Rights Vermont** may be able to help.

TIPS FOR FILING A GRIEVANCE

- 1 Choose whether you want your grievance to be oral or written, or both.
- 2 If you are doing an oral grievance, ask the organization or agency to assist you to put it in writing.
- 3 Clearly describe the facts of your complaint.
- 4 What do you want as an outcome? Example: an apology, new case worker, etc.

Do you need help filing a grievance? Contact the patient advocate of the facility or call **Vermont Psychiatric Survivors at (802) 775-6834.**

Self-advocacy calls for **taking one step at a time.** Even when it feels like things are at a standstill you should push forward and not give up. The following ideas may be helpful to your self-advocacy effort:



1 BELIEVE IN YOURSELF

You are worth the effort it takes to protect your interests and your rights. **You can do it.**

2 UNDERSTAND THAT YOU HAVE RIGHTS

You are entitled to equality under the law. Inform yourself by using resources and asking questions. Insist on clear explanations and remember that service providers should be working **for you.**

3 DISCUSS YOUR CONCERNS

Talk **directly** with your service providers, and if you choose, bring along people you trust for support.

4 GET THE FACTS

Get the facts in writing and problem solve by **being informed.** Ask for written policies or regulations and hold agencies accountable for the decisions they make.

5 USE THE CHAIN OF COMMAND

Make sure that a supervisor or someone else with authority has a chance to work with you on the problem and resolution.



Warning: Do not let the chain of command become an excuse for frustrating your attempts to be treated fairly!

6 KNOW YOUR APPEAL RIGHTS

If your grievance is not resolved to your satisfaction, consider filing **an appeal** of that decision within and outside the agency.

7 BE ASSERTIVE AND PERSISTENT

Keep after what you want and **follow up**. Do not be intimidated.

8 USE YOUR COMMUNICATION SKILLS

Have a plan that clearly lists your concerns. **Stay calm** and express yourself clearly. **Be a listener** because what you hear may be significant.

9 ASK FOR HELP AND OBTAIN INFORMATION

Link up with advocacy organizations such as **Disability Rights Vermont** or **Vermont Psychiatric Survivors** for rights information and support. These organizations can be your tools. Use them.

10 FOLLOW UP

Agencies are accountable for their decisions. **Do not give up**. You are entitled to know and exercise all your options.



The solution for people with major problems in crisis is not more programs, but personal relationships among people who have the courage to care; who open their hearts to the suffering of others and respond to that pain by sharing it and taking concrete action to get rid of it.

The primary purpose of empowering the down and out is not to give them a home or food or clothes. To set people on fire and ignite their spirit - to give them back their fighting spirit should be the primary purpose of empowers. For our most prized possession is our fighting spirit.

~Karl Smithson, My Faith

YOUR RIGHTS TO MENTAL HEALTH CARE

You have **the same rights as any other citizen** guaranteed and protected by federal and state laws, the Bill of Rights, and all other applicable rights documents. You have these rights whether or not you are diagnosed with a mental illness.

WHILE RECEIVING TREATMENT

- ✱ You have the **right to receive** available treatment and services that you believe best suit your individual needs.
- ✱ You have the **right to refuse** treatment, medication, and any other type of service offered to you by anyone, including mental health professionals.
- ✱ If someone tries to force treatment or medication on you outside of an emergency situation, you must have a legal proceeding and a lawyer before you can be forced to agree. A judge will decide whether you can make your own treatment decisions in this case. If you behave in a way that obviously puts yourself or others in danger, you may be involuntarily admitted to a hospital or facility without a hearing (see Involuntary Admission). Threatening or attempting to commit suicide or physically assaulting someone else are examples of danger to yourself and others.


However, even if you are under a Court Order of Non-Hospitalization for treatment, you have the right to decline treatment or medication that was not specifically ordered by the court. **A mental health professional can request to change the court order**, and if the court approves it, you may be taken back to a hospital or facility.

Refusing treatment or medication can be risky, but if you are willing to take that risk, you have the right to do so.

- ✱ You have the right **to be informed** about your treatment and medications so you can make informed decisions regarding your treatment. This means that you are to be given an explanation of the treatment being offered to you **in a manner that you can understand** and you should be able to ask questions if you are not sure about what is being said. Information you should be given includes: why a particular medication is being prescribed, what kind of benefits should result from using it, and what adverse or bad effects (side effects) may result from using it. Essentially, like a consumer of any product, you want to know everything you can about the product before you buy it.
- ✱ You have the right **to review your treatment plan** at any time and to request changes according to your needs and wishes.
- ✱ You have the right **to change your mind** about treatment or medication you may have previously agreed to.
- ✱ You have the right **to know all rules or regulations that are connected with any treatment** you are considering or are receiving, particularly those that may affect your living environment.



- Why is the medication being prescribed?
- What kind of benefits will it have?
- What can I expect for side effects?
- Is there an alternative treatment available?
- Is there another provider of mental health services available to me?
- How can I arrange for other available services?

 You have the right to **be treated with dignity and respect** at all times. In many ways, most of your rights are connected with concepts of dignity and respect. You have the right not to be insulted or harassed. Your rights have been violated if you are prevented from participating in a decision that affects your life because your opinion is not taken seriously, or if you are made to feel humiliated because your ideas are not the same as everyone else's.

If you feel you are not being treated with respect there are ways for you to express your grievance, some of which are listed in this booklet. If you feel that your own efforts are not succeeding you should consider getting some help by someone you trust or by contacting one of the groups listed in this booklet.

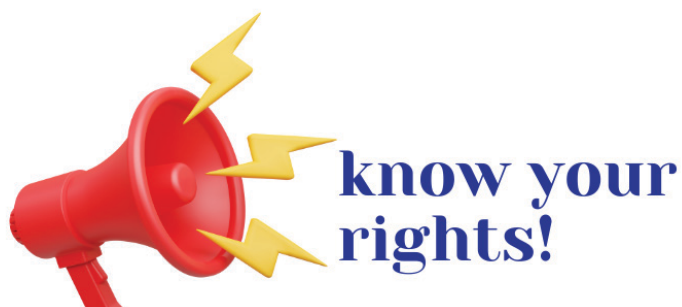
SECLUSION & RESTRAINT

Restraint can only be used in **emergency situations when you are an immediate danger of serious bodily harm to yourself or others**. Using restraints or seclusion as a punishment or a threat in order to make you do something against your will is called coercion and is illegal.

If you are put in restraints or seclusion, a medical professional must give a written order within a specific time frame. Even if it's an emergency, you can challenge the use of restraints or seclusion after the fact. You can also challenge their use as part of a treatment plan or method of treatment. But keep in mind, if you resist physically, that can be used to justify the use of restraints or seclusion.

In this type of situation, you should consider contacting one or more of the organizations listed under “Protecting Your Rights.” Any time you believe that your rights are being violated or denied **you should take action.**

If you wish to take legal action, you can contact a private attorney, Disability Rights Vermont, or Vermont Legal Aid’s Mental Health Law Project. You can voice your complaint directly to the Department of Mental Health. You can take the lead.



RESTRAINTS, SECLUSION & FORCED MEDICATION

- ✿ Can only be used if your behavior poses a serious risk of harm to yourself or others
- ✿ Staff must attempt to use less restrictive measures first (i.e. must try seclusion before restraints)
- ✿ The restraint or seclusion must end as soon as your behavior is no longer a threat to self or others
- ✿ Can NOT be used as punishment, coercion or for staff convenience

RECORDS & YOUR RIGHTS

A record of your treatment is kept by the mental health providers involved with your treatment. These records **are confidential** and only you have the right to give permission to another person to look at your records.

There are some exceptions to this in State and Federal law, particularly between health care providers involved in your treatment and between providers and payers. If you are unable to act in your own behalf a court may appoint a guardian to protect your interests and rights, including the decision to release or keep your records.

- ✱ You have the right **to see** your mental health treatment records upon request and in most instances, to receive a copy from your treatment providers with payment of a copying charge. You have the right to review your records upon request within a reasonable time frame unless your doctor determines that it would put you or others at risk. Rules regarding copies of records are subject to change and there are often some restrictions particularly with psychiatric records. If you are experiencing difficulty accessing your records you should contact Disability Rights Vermont.
- ✱ You have the right to **request changes** to your medical record if you believe that what it says is inaccurate. If your physician disagrees and thinks the record is accurate, you may **either provide a written statement to be added** to the record or **ask your provider to document in the record** what part you do not agree with.
- ✱ You have the right to **protect the confidentiality** of your records by refusing to give permission or to sign forms that allow others to see your records. All medical

or mental health information about you **is confidential** and service providers may not discuss that information with others without your permission. This includes discussions between your doctor, therapist and other professionals and friends, family, advocates, other residents where you live, or clients/patients where you are receiving treatment.



- ✱ You have the right **to see** your mental health treatment records upon request
- ✱ You have the right to **request changes** to your medical record if you believe that what it says is inaccurate.
- ✱ You have the right to **protect the confidentiality** of your records by refusing to give permission or to sign forms that allow others to see your records.

There are, however, certain legal circumstances that may affect your right to confidentiality. Some examples include:

- You become involved in a child custody case where your mental health as a parent is questioned and you wish to pursue the case, you may be required to release certain parts of your mental health records as part of the court proceedings.
- You are a witness for the prosecution in a criminal case and you wish to present evidence, the defendant may ask you to present your mental health records in order to call into question your credibility. However, under most

circumstances your records are confidential. Often only a judge or his/her appointee will look at these records and then only to decide whether anything contained in them might be helpful to the defendant.

- Your records are not confidential in a mental health proceeding for involuntary commitment to a hospital; however, these records are sealed by the court and are not allowed to be available to the public.

Since the law is generally in a state of change, you should consider talking to a lawyer if you have any concerns or questions regarding the confidentiality of your records.

REFUSING MEDICATION & TREATMENT IN THE COMMUNITY



You may not be medicated in the community against your will without a court order. Even if you are on an Order of Non-Hospitalization (ONH) for treatment that includes medication, it is against the law to hold you down and medicate you.

If you refuse medication while on an order of non-hospitalization, the mental health provider **must** request a court order for your medication to be continued and you to be hospitalized if necessary to implement the court's medication order.

If you are not committed to a designated hospital or another designated facility, **you may not be treated against your will without a court order.**

If an involuntary treatment application is filed, you are entitled to **a hearing with full due process rights**, including the right to adequate notice, appointed counsel, witnesses, cross-examination of the State's witnesses, testimony on your own behalf, and written findings and conclusions.

Contact one or more of the organizations listed in this booklet to discuss issues of involuntary treatment so you will be prepared should you face this type of situation. If you are involved in this situation, you may wish to call Vermont Legal Aid's Mental Health Law Project, and/or Disability Rights Vermont.

CIVIL COMMITMENT

OVERVIEW OF INVOLUNTARY ADMISSION

Vermont's mental health law provides for involuntary admission (commitment) to any "designated hospital."

The hospitals designated to provide involuntary treatment in 2023 are: the University of Vermont Medical Center in Burlington, Central Vermont Medical Center in Berlin, Windham Center in Bellows Falls, the Brattleboro Retreat in Brattleboro and the Rutland Regional Medical Center in Rutland. The State also operates the Vermont Psychiatric Care Hospital in Berlin that is authorized to involuntarily treat patients with psychiatric conditions.

If you are involuntarily admitted to a hospital your rights with regard to the procedure for admitting you are the same no matter which facility you are taken to. **Your rights while in the facility are the same no matter which facility you are in.** You will have the right to legal representation which in this circumstance will most likely be provided by Vermont Legal Aid's Mental Health Law Project. You also have the right to contact other organizations for assistance such as Disability Rights Vermont.

INVOLUNTARY ADMISSION TO A DESIGNATED HOSPITAL OR OTHER DESIGNATED FACILITY

When an involuntary mental health proceeding is filed against you in court **the court will appoint an attorney from the Mental Health Law Project of Vermont Legal Aid** to represent you. They will receive the court papers and will get in touch with you, but

you can give them a call if you want to talk about your case.

If you want to represent yourself or to hire a different attorney you should let your court-appointed attorney know that this is what you want to do and they will ask the court for permission to withdraw as your lawyer. The court will not approve this request unless it is convinced that you are making a knowing waiver of your right to a lawyer.

If you are taken to a hospital against your will, it means that an “interested party” (applicant), such as a responsible family member, friend, health care professional or law enforcement officer, and a licensed physician who is not the “interested party”, has filed an **Application for Emergency Examination** to have you taken there, or a judge has issued a warrant for **emergency examination** based on information given to the judge by a law enforcement officer or mental health professional.

In either case **there must be documentation** stating why the applicants believe you are mentally ill and dangerous to yourself or others. The application must show only current information, and explain why the situation is an emergency.

In the case of an application for emergency examination, after an application and doctor’s certificate are completed, any law enforcement officer or mental health professional can take you into “temporary custody” and transport you to a hospital.

Only mental health professionals or law enforcement officers may apply for emergency admission without a doctor’s certificate. To do so they must have reasonable grounds to believe that you are mentally ill and that you present an immediate risk of serious injury to yourself or others based on personal observation.

If a doctor’s certificate cannot be obtained, you can be taken into custody while permission is obtained from a judge who must issue a warrant for an emergency examination.

Permission must be sought immediately upon taking you into custody. The judge must agree that there is probable cause to believe you are mentally ill, pose a serious threat of harm to yourself or others, and that a doctor's certificate is unobtainable in order for you to continue to be held. If the judge grants the warrant you will be taken to a hospital.

When you are brought to a hospital, either on a warrant for immediate examination or an application for emergency examination, **you have many due process rights**.

- **Without a Doctor's Certificate**

You are entitled to **an exam by a physician as soon as possible** after you arrive at the hospital. If the doctor agrees that you need to be admitted against your will, you will be held at the hospital for emergency observation. After that, the same steps will apply to you as apply to those who are admitted with a doctor's certificate, including examination by a psychiatrist within 24 hours after being seen by the initial physician (see below).

If the psychiatrist does not agree that you need admission you must be released immediately and returned to your home or other reasonable place of your choosing.

- **With a Doctor's Certificate**

You have a right to an exam by a psychiatrist as soon as possible but **no later than 24 hours** after being brought involuntarily to the hospital.

If the psychiatrist does not agree that you need to be admitted you must be released immediately and returned to your home or other reasonable place of your choosing.

If the psychiatrist determines you need to continue to be held against your will an application for involuntary treatment must be filed in the Family Unit of the local Superior Court court **within 72 hours** of your admission. After 72 hours you must be released if an involuntary treatment application has not been filed with the family court.

You're Rights Before a Hearing

Even before your hearing you have a right to appropriate medical and psychiatric treatment but you may refuse treatment as well. You may not be refused any reasonable means of communication, by telephone or otherwise, in order to tell people of your situation, unless a physician determines and documents specific restrictions are necessary to prevent harm to you due to your mental health or other condition.

The hospital must ask you whom you want **notified** of your hospitalization such as friends, family, or advocates, and must notify those people and tell them how to contact and visit you.

It is also your right not to notify anyone or to wait until a later time to do so. However, when the family court schedules your hearing it is required to notify your guardian or any person having custody of you (if applicable) and may request testimony of any other person the court thinks necessary to hear from in order to fairly decide the case.

Probable Cause Hearing and Preliminary Hearing

Under a 2014 law the court will hold a probable cause hearing **within three days** of the filing of an application for involuntary treatment (AIT, also known as civil commitment).

The court will look at the initial emergency examination paperwork and the AIT paperwork to decide whether the patient should be held involuntarily or released until the court's decision on the AIT.

In addition to the mandatory probable cause hearing discussed above, you are also entitled to a **preliminary hearing but you must ask for it within 5 days** of your involuntary placement in a hospital.

The court is required to hold the preliminary hearing within 3 working days after it receives your request for a hearing.

At the hearing you are entitled to legal representation. You are also entitled to cross-examine the state's witnesses and to testify on your own behalf. Sometimes, if there is a showing of a need, the court can give either the State or your attorney more time to have this hearing.



You may request a preliminary hearing by calling the
Mental Health Law Project at 1-800-265-2047.

This hearing allows you to challenge the facts that were relied on for your admission.

Regardless of whether you request a preliminary hearing, the Court is supposed to review all applications. If the court does not find probable cause to believe that you were mentally ill and dangerous at the time you were held involuntarily, you must be released immediately. If probable cause is found, you will be returned to the hospital to await your next opportunity to go before a judge.

Hospitalization Hearing

You are entitled to a hearing on the State's application for involuntary treatment within **10 days after the application is received (20 days if a psychiatric examination is filed)**. In some cases hearings on the AIT may happen faster if you or the State file a motion to expedite the hearing.

The court can expedite the AIT hearing if you pose a significant risk of causing serious harm to yourself or others (as defined in 13 V.S.A. § 1021) even while in the hospital, and previous treatment has failed to address this risk. This is also applicable if you received involuntary medication in the past two years and are not responding to ongoing treatment and the court believes that more time will not help you establish a therapeutic relationship with your providers or regain competence.

You or your attorney can ask to delay your hearing, called a continuance, but courts are directed by law to limit continuances believing that resolving the AIT issue quickly is in the patient's best interest.

For your hearing you are entitled to:

- Representation by an attorney
- To obtain an independent psychiatric opinion
- To cross-examine the State's witnesses
- To present witnesses of your own
- To testify on your own behalf
- Not to attend your hearing

Because of a recent Vermont Supreme Court decision, mental health hearings are **not** automatically closed to the general public. It is unusual but possible that someone who has a specific interest in your hearing or even a news reporter may be permitted by the court to attend.

The court has the power to exclude someone from your hearing and it is up to the court to decide whether to do this. You may also have anyone there you want within reason.

The State must prove that you are both mentally ill and a danger to yourself or to others. The State must also prove that a designated hospital or another designated facility can provide adequate treatment and that it is the least restrictive setting which can provide treatment.

If the State demonstrates that you are mentally ill and a danger to yourself or others, but fails to convince the court that only hospitalization will be appropriate for you, the court may require you to accept treatment outside a hospital (an ONH- see page 25).

The court may order an absolute discharge, which means, you must be released immediately and returned to your home.

Finally, the court may order you committed to a designated hospital or another designated facility for up to 90 days. The court must give a preference to a **hospital nearest to your home**, unless you request otherwise or there are compelling reasons not to do so.

Appeals

You have the right to appeal an order committing you to a designated hospital or

another designated facility or for any other treatment. **The appeal must be filed within 30 days** of the court's order. The appeal is heard by the Vermont Supreme Court. You should be aware that the appeal process usually takes a long time (eight months to two years) and you should discuss with a qualified attorney the benefits of an appeal before you pursue one.

Habeas Corpus

You have the right, either on your own, or through your attorney, to challenge the legality of your detention at a designated hospital. A petition for writ of habeas corpus generally challenges procedural irregularities which could invalidate the hospital's authority to hold you.

Under current Vermont law, it may be very difficult to succeed on a habeas petition if you have already been committed by a court. Therefore, the best time to challenge the procedures which led to your hospitalization is soon after you were admitted and sometime before your commitment hearing.

Applications for Continued Treatment

If the hospital staff believes you need treatment beyond the initial commitment of 90 days the State must apply to the court **before** expiration of the initial commitment order for a continuation of treatment, or release you. You have the same rights that you have at your initial commitment hearing.

If the State does not prove you need continued hospitalization you must be released immediately.

If the State convinces a court that you still need treatment in a hospital, the court will

order commitment for up to an additional year.

If the State did not prove that the hospital is the least restrictive setting for you the court can release you on an Order of Non-Hospitalization, also for a period of up to (1) one year.

Applications for Discharge

You have the right to apply for discharge after 90 days of the State's application for continued treatment being granted.

Your hearing rights are the same as when you were committed.

If the court agrees with you then you must be discharged. If the court agrees with the State, your application for discharge will be denied and you cannot apply for discharge again for 6 months.

Conditional Discharges

The head of a designated hospital or another designated facility **may release you at any time on a conditional discharge**. The court cannot order a conditional discharge. Conditional discharges, while still part of Vermont law, are very rarely used in recent history. **Usually conditions of discharge are negotiated with you, your advocate and your treatment team.**

Any conditional discharge longer than 60 days must be accompanied by a specific reason for its imposition. A conditional discharge can extend no longer than 6 months. If you do not abide by the conditions, or if you appear to become dangerous, revocation of your discharge may be sought by request to the head of the designated facility from which you have been released.

Orders of Non-Hospitalization

At any hearing for involuntary hospitalization the State must prove you need treatment in a hospital. If the court finds that you do require treatment it must consider **the least restrictive alternative** for that treatment. This means treatment outside a hospital and usually at a community mental health center. The court will then issue an **Order of Non-Hospitalization (ONH)**.

The order will require that you abide by a particular treatment plan, usually including medication and counseling, for a period of **up to 90 days**, which is the same amount of time for which you might have been hospitalized.

If the State believes your Order of Non-Hospitalization ought to be extended beyond 90 days it must apply to the court in an Application for Continued Treatment (see page 24). The State must return to court and you may exercise all your due process rights (full hearing, attorney, cross-examination, etc.) to oppose the extension.

If the State succeeds the court may place you on an Order of Non-Hospitalization for up to one year.

The State **must** file an application for continued treatment **at the end of each year** you are subject to the order and each time must prove to the court that you continue to need the order. If the State does not file an application before your order expires, then you are automatically released from the order.

You may also file an application for discharge from the order as described above (see "Applications for Discharge").

During the period of your Order of Non-Hospitalization, if the people designated to treat you believe you are not following the order or believe that the order is no longer adequate to meet your treatment needs, they may go back to the court and ask that you be returned to the hospital. Before returning you to the hospital the court must hold a hearing and you will be appointed an attorney to represent you.

The State must prove that you are in violation of the Order of Non-Hospitalization or that the order is no longer providing you with adequate treatment. If the State is requesting that you be returned to the hospital it must also prove that hospitalization is the only adequate place for you to go at the time.

The court has the option of keeping the same order in place (and not returning you to the hospital), changing the conditions of the order so that it is adequate to meet your treatment needs, or ordering your return to the hospital.

The court can return you to the hospital for the period of time remaining on your order. For example, if 4 months had passed since an order for 1 year had been issued by the court then, the court could order you hospitalized for the remaining 8 months.



We recommend you contact Vermont Legal Aid's Mental Health Law Project **at 1-800-265-2047** if you are having problems with your Order of Non-Hospitalization.

UNDERSTANDING THE INVOLUNTARY ADMISSION PROCESS

1

In the emergency department or designated hospital, **you will receive a copy of Involuntary Rights.**



2

You may ask to speak with your **free** lawyer from the **Mental Health Law Project** of Vermont Legal Aid.



3



You may ask for a **Preliminary Hearing** within **5 days** of your admission by calling the Mental Health Law Project.

4

Upon admission to the unit you may **ask for copies** of the following 3 documents



5



Within 1 day (24 hours), after the initial certification, you will be **examined** by a psychiatrist.

6

You may meet with your provider **every day** to discuss your status, treatment and discharge plan.



7



Within 3 days (72 hours) an **Application for Involuntary Treatment** (AIT) may be filed with the court.

8

A **lawyer** will be assigned your case. Your lawyer will talk with you about your case and review your medical records.



9



You have the right to **waive** (not have) the independent psychiatric examination if you wish.

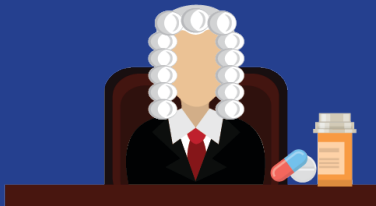
10

In about **4-6 weeks** (sometimes earlier) an **Involuntary Hearing** may be held. If the judge orders involuntary commitment you will return to the hospital.



We recommend you contact **Vermont Legal Aid's Mental Health Law Project** at **1-800-265-2047** if you have any questions regarding involuntary admission.

11



INVOLUNTARY MEDICATIONS

A 2nd hearing may be scheduled for **involuntary medications**. Sometimes this hearing will be combined with the involuntary hearing. **Your provider** will discuss with you how court-ordered medications will be carried out.

12

Your provider will consider **discharge** if you are engaged in your **recovery** and are **safe** to be discharged.



SUMMARY OF IN-PATIENT RIGHTS AT VERMONT HOSPITALS AND OTHER DESIGNATED FACILITIES

- ✱ If you are sent to a hospital involuntarily you have **a right to a hearing and legal representation**. The State will automatically appoint you a lawyer from the Mental Health Law Project of Vermont Legal Aid. You have the right to hire a private attorney if you choose. **You have the right to consult with your attorney in private.**
- ✱ **You have the right to confidentiality.** Under Vermont law, your admission to a designated hospital or another designated facility must remain confidential. Your admission and your records **cannot be discussed** with anyone outside of the hospital **without a release** signed by you or your court-appointed guardian, if you have one (see “Guardianship” below). Your case must be discussed discreetly by all parties involved. Also, your case cannot be discussed with other patients without your consent. However, your medical records relating to an alleged mental illness are not confidential in any later civil commitment proceeding.
- ✱ **You have the right to refuse medication.** You can refuse any medication prescribed for you by your doctor. You can exercise this right **unless a court has ordered you accept** non-emergency medication **after a due process hearing or your behavior poses an immediate danger to yourself or others**. Only if such an emergency exists and no less restrictive alternatives are available can you be given medication involuntarily without a court order.
- ✱ **You have the right to be fully informed by your doctor** as to the nature of any procedures or treatment, the medical risks, the likely length of time the treatment will affect you, and any alternatives available to you. **You have the right to know the name(s) of the person responsible for treating you** and to have enough information to make informed decisions about your treatment.

- ★ **You have the right to request that your doctor prescribe a specific kind of medication** although your doctor is not obligated to do so. If the doctor refuses you may request a second opinion. Again, you may refuse to take the medication. You have the right to adequate treatment. Adequate treatment includes humane and respectful physical, emotional, and psychological care. You must be treated with respect and consideration at all times, and your personal dignity must be maintained under all circumstances.
- ★ **You have the right to participate in the development of any treatment goals.** You can be part of deciding your treatment goals and plans, and can request specific treatment. Talk about all aspects of your treatment with everyone involved. **You have the right to know the names and roles of all those treating you**, especially your doctor, and their professional relationship. You have the right to expect continuity of care while in the hospital and to be told about any follow-up needs when you leave.
- ★ **You have the right to be fully informed at all times as to the status of your treatment.** You have the right to receive clear and up-to-date information that you can understand. If there is a language barrier, you can ask for an interpreter (in sign language or foreign language) to help you understand your care and treatment.
- ★ **You have the right to refuse treatment.** If you do not agree with some aspect of your treatment, such as medication, a particular counselor or method of counseling, or participation in some form of activity, you may refuse. The hospital must obtain a court order to treat you if you have refused.
- ★ **You do not have to participate in any experimentation.** The gathering of data for research purposes is voluntary and, if you choose to participate, you must give your informed consent.

- ★ **You have the right, upon request, to have a person of your own sex** present during certain portions of a physical examination, treatment, or procedure which is being performed by a person of the opposite sex, and the right not to remain disrobed any longer than is required for accomplishing any medical procedure.
- ★ **You have the right to wear appropriate personal clothing and religious or other symbolic items** as long as they do not unduly interfere with your treatment. The hospital must respond to your reasonable requests regarding such concerns as special dietary needs or room changes.
- ★ **You have the right to get a clear, detailed explanation of the fees and charges,** no matter how you pay. You also have the right to know the hospital's rules and regulations that apply to you as a patient.
- ★ **You have the right to expect unrestricted access to communication.** This includes the right to send and receive **mail** or **email**, to communicate privately by **phone**, and to have **visitors** during posted visiting hours. If for any reason there is a decision by your providers to restrict these things as part of your care, you must be included in any such decision making process.
- ★ **You have the right of access to your medical records.** If you want to look at any part of your chart during your hospitalization, you may be asked to put the request in writing to your doctor. A member of your treatment team will review your chart with you. Unless a medical provider reasonably believes that reviewing your records might be harmful to you (cause you to attempt suicide or become violent, for example), you are entitled to see them and to have copies made.
- ★ **You have the right to file a grievance (formal complaint).** If you believe your rights are being violated or if you have a complaint about your treatment at the

hospital, you can file a written grievance with hospital staff. **Each designated hospital has its own grievance procedure** that is approved by the Department of Mental Health. You can appeal if your grievance isn't resolved, and you have the right to be informed and get help with the appeal process.

The hospital must give you a clear summary of its obligations when you're admitted. This information must also be posted at each nurse's station. If the hospital or a doctor doesn't follow these rules, they may face disciplinary action.

EMERGENCY INVOLUNTARY TREATMENT RIGHTS

When you are a patient at a designated hospital or another designated facility you have the right to refuse treatment and/or medication. However, in an emergency, you may be secluded, restrained and/or medicated against your will.

An emergency means a significant change in a patient's condition or past behavior resulting in the **imminent threat of serious bodily harm to the patient or others** so that action is **immediately necessary** to protect the patient or others, and it is impractical to first obtain consent. In simpler terms, an emergency is when a patient's condition suddenly worsens, and there is a serious risk of harm to themselves or others. In such cases, it may not be possible to get their consent before taking action to protect them or others.

Even in an emergency you are entitled **to receive the least amount** of seclusion, restraint or medication necessary to prevent harm to yourself or others. The hospital staff and treating psychiatrist are **required** to file a certificate of need justifying the emergency involuntary treatment. The hospital, the Department of Mental Health, and DRVT, as Vermont's Mental Health Ombudsman, will all be given copies of the emergency involuntary treatment documents to review for quality assurance.

You can also contact **Disability Rights Vermont** if you wish help in understanding why you were the subject of emergency involuntary treatment, or if you want to file a grievance about such treatment. You can also file a grievance on your own at any time you are in the hospital or soon thereafter.

NON-EMERGENCY INVOLUNTARY MEDICATION RIGHTS

Hearing Rights

You retain the right to refuse medication even if you are committed to a designated hospital or another designated facility. If your doctor decides you need medication but you refuse, and the State believes it can prove you are not competent to make treatment decisions, a court may be asked to order you be medicated against your wishes.

If the State does ask the court to make such an order, you are **entitled to a hearing** with full due process rights, including the right to adequate notice, appointed counsel, witnesses, cross-examination of the State's witnesses, and testimony on your own behalf. The hearing is supposed to take place within seven days after the application is filed. Vermont Legal Aid's Mental Health Law Project is assigned to represent you in involuntary medication hearings as well.

After a hearing on the State's Petition for Non-Emergency Involuntary Medication, the court **must issue a written decision**, which you are entitled to receive. Once you have an opportunity to review it with your attorney, you have a **right to appeal** the order for non-emergency involuntary medication.

If you appeal the court's medication order, **you may ask the court to "stay" or stop the order from going into effect until after your appeal is resolved.** If the court does not grant a stay you can be medicated while you are pursuing your appeal.

Medication Review

If a request to medicate you against your will has been granted on a non-emergency basis, your treatment provider is **required to regularly reassess** your capacity to make decisions regarding your medication. This reassessment should occur on a weekly basis for as long as the order is in effect. The purpose of the reassessment is to determine whether you have regained the ability to make informed decisions about your medication and to ensure that the medication is still necessary and appropriate for your treatment.

The results of this assessment must be placed on your chart. If your treatment provider determines you are competent you have the right to refuse medication and the provider must contact your attorney to notify them that the order is no longer in effect.

Ask your treating physician at the hospital if you want to **see the results of your competency assessment**. If you have problems seeing your assessment, contact **Vermont Legal Aid's Mental Health Law Project** or **Disability Rights Vermont**.



If you have questions about your rights as a patient in a hospital or feel like your rights have been violated call:

Disability Rights Vermont at 1-800-834-7890

Division of Licensing and Protection at 802-241-0480

PRIVATE PSYCHIATRIC FACILITIES

Admission to private hospitals or other private psychiatric facilities on a voluntary basis is an option you may choose to pursue. You may be asked to sign an agreement to abide by the rules of the facility while you reside there. It is the facility's right to impose reasonable rules. The facility may not, however, infringe on your rights.

Some private facilities are also known as a "designated facility." This designation allows for certain aspects of involuntary treatment to take place there.

It is your right to express complaints or grievances. Staff may not retaliate against you if you exercise this right. It is illegal for a staff member to try to intimidate you or attempt to prevent you from making a complaint.


It is also your right to leave the facility at any time, unless you are placed there under a court order. Generally, you may not be kept there against your will, and you may not be forced to "agree" to stay against your will unless your doctor determines that you are an imminent risk of harm to yourself or others if you were to leave the hospital.



A facility's typical practice when a patient refuses or no longer wants treatment which involves loss of freedom is to inform you that if you leave you may not return at all or for a period of time. You may also be discharged **"Against Medical Advice" (AMA)**.

AMA generally is the result of your deciding that you need no further assistance and want to leave but the doctor believes that you are not well enough to leave the facility. Staff may notify you that if you leave AMA, you risk potential involuntary treatment because they believe you meet an involuntary treatment standard of being a threat to yourself or others. In this case there is no difference between pointing out a risk and threatening you with an action. Staff may not use the risk of involuntary treatment as a threat to you if you actually do not meet emergency criteria, this is coercion. Ask what, if anything, staff members will do if you decide to leave AMA. You will then need to decide if the risk, based on the information you have, is worth it.

You have the right to cancel any agreement about treatment you may have made at the facility. Again, you will need to weigh the risks of canceling with your feelings and beliefs. You have the right to be directly involved with all aspects of your treatment plan and to disagree with any part of it.

 *“We are not our trauma. We are not our brain chemistry. That’s part of who we are, but we’re so much more than that.”*

- Sam J. Miller

ADVANCE DIRECTIVES FOR HEALTHCARE

An Advance Directive (AD) is an important **legal document** that allows someone to express their healthcare preferences in case they become unable to make decisions. **You may appoint your own agent** to make health decisions for you and, with or without an agent appointed, an AD allows you to give other instructions in advance regarding treatment, end-of-life care and the disposition of remains.

If you chose an agent - remember to choose carefully - discuss your preferences with that person. When you sit down to discuss and write out your AD, making either a video or audio tape of the proceedings is a good idea. An AD can include advance instruction on a wide range of issues, from medication preferences to whom to assign temporary guardianship of your children.

During periods of incapacity, when a doctor determines you are not able to make healthcare decisions, the decisions made by your Agent shall be based on your express instructions, wishes, or beliefs as written in the Advance Directive. Any adult with capacity (except those for whom a guardian has been appointed) may execute an Advance Directive.

The meaning of **capacity**, per statute, is **“the ability to make and communicate a decision regarding the issue that needs to be decided.”** Capacity is determined by your clinician (physician, physician’s assistant, advance practice registered nurse). Your clinician will base their capacity determination on whether you have a basic understanding of the diagnosed condition and the benefit, risks, and alternatives to the proposed health care.

In order to appoint an agent you must have a basic understanding of what it means to have someone else make health care decisions for you, who would be an appropriate person to make those decisions, and then name that person as the person you want to make health care decisions for you.

It is important to note that a person with capacity can execute an Advance Directive even without naming an Agent with the exception of a section entitled “Waiver of Right of Request or Object to Treatment in the Future” aka the “Ulysses Clause.”

Ulysses Clause

A Ulysses Clause is a special power that waives your right to request or object to a specific type of treatment in the future.



Why include a Ulysses Clause?

There may be situations in which you might be objecting to or requesting treatment but would then want your objections or requests to be disregarded. If you have had treatment in the past that scares you or is uncomfortable or painful you may be likely to say “no” when it is offered in a future health crisis. Still, you may know that this is the only way for you to come through a bad time or even survive. You understand that it is necessary and you would want it again if you had to have it. This Section will help you let your agent and others know what you really want for yourself when you have capacity to make those decisions.

It may be used by individuals who want their response to a certain type of treatment in the future to be disregarded or ignored when that type of treatment is offered.

It only goes into effect after **two clinicians have determined that you lack capacity, and it cannot be revoked unless you have capacity.**

To include a Ulysses Clause, you must appoint an Agent. You can specify what treatments you are allowing your Agent to consent to or to refuse over your objection. You can state that you either **DO or DO NOT desire the specified treatment even over your objection** at the time it is offered. Have your Agent agree in writing to accept responsibility to act **OVER YOUR OBJECTION.**

You can have your physician, osteopathic doctor, advance practice registered nurse, or physician's assistant affirm in writing that you appeared to understand the benefits, risks, and alternatives to the proposed health care being authorized or rejected by you in this provision. You can also have a mental health patient representative, an ombudsman, an attorney licensed to practice in Vermont, or a Probate Court designee affirm in writing that he/she has explained the nature and effect of this provision to you and that you appeared to understand this explanation and are free from duress or undue influence by others.

Why have an Advance Directive?

To sum up, in an Advance Directive, you may:

- 1 **Appoint one or more Agents and Alternative Agents** that you give authority to make health care decisions for you and what those decisions may be.
- 2 **Specify a circumstance or condition**, which may be unrelated to your capacity, which, when met, **makes the authority of an agent effective.**

- 3 **Direct the type of health care desired or not desired**, which may include specific treatments that you desire or reject when being treated for a mental or physical condition.
- 4 **Execute the Ulysses Clause provision** which permits the agent to authorize or withhold health care over your own objection in the event you lack capacity.
- 5 **Direct** which **life-sustaining treatments** are desired or not desired.
- 6 **Identify** those **persons** whom you do not want to serve as your decision-maker, the people who shall or shall not be consulted or to whom information shall not be shared regarding your health care.
- 7 **Authorize the release of health care information** to named individuals in addition to the agent, pursuant to HIPAA (the federal law that regulates the confidentiality of medical records).

Form and Execution

An adult with capacity **may execute** an Advance Directive at any time and an adult with or without capacity **may suspend** all or any part of their Advance Directive at any time, with the exception of the Ulysses Clause.

In order to legally execute an Advance Directive, **it has to be signed and dated** by you or by another person in your presence and under your express direction if physically unable to sign. It must be signed in the presence of **2 or more witnesses at least age 18 years old** who cannot be a spouse, reciprocal beneficiary, parent, sibling, child, or grandchild. They must sign and affirm that you appeared to understand the nature of

the document and that you were free from duress or undue influence at the time the Advance Directive was signed.

If you are **being admitted to or are a patient or resident in a hospital**, nursing home, or residential care home, in addition to the two witnesses already needed, your rights **must be explained to you by a qualified individual** who must sign a statement affirming that he or she has explained the nature and effect of the AD to you and that you appear to understand this. This person may be one of the following:

- An ombudsman
- A recognized member of the clergy
- An attorney licensed to practice in this State
- A Probate Division of the Superior Court designee;
- A hospital explainer
- A mental health patient representative
- A facility designated qualified “volunteer”
- A clinician, as long as the clinician is not employed by the nursing home or residential care facility at the time of the explanation.

Please feel free to contact **Disability Rights Vermont** with any questions or if you would like assistance to execute your own Advance Directive for Health Care.

Do you have a disability and need help with your Advance Directive?

Call **Disability Rights Vermont** at **1-800-834-7890**



ABOUT DISABILITY RIGHTS VERMONT

Disability Rights Vermont, or DRVT, is an organization that helps people with disabilities protect their rights. It's part of a bigger group of organizations called the Protection and Advocacy System set up by the US Congress to make sure that people with disabilities have access to legal advocacy to protect their rights. DRVT helps people with all kinds of disabilities, including mental health, developmental, and physical disabilities.

DRVT is **an independent, non-profit legal organization** dedicated to responding to legal problems, issues, and complaints brought to it by people with disabilities. DRVT is client centered, and directed by a Board of Directors. DRVT's mission is to promote the equality, dignity, and self-determination of people with disabilities. DRVT is the designated Mental Health Care Ombudsman for the State of Vermont.



If you are in an abusive situation, believe that your rights are being violated, or know someone with this type of problem, you should consider contacting **Disability Rights Vermont** by calling **1-800-834-7890**.

DRVT provides advocacy assistance to individuals, including legal assistance, to people throughout the state. DRVT also works to make sure that the laws and systems in place are fair to people with disabilities. They do this by talking to and educating lawmakers and other people in charge.

Although there are limits to what DRVT can provide, as well as eligibility criteria people need to meet to obtain assistance, DRVT staff try to help people who are not eligible for DRVT's services by offering information and referrals when possible.

DRVT also provides information to people regarding their rights, such as this booklet, as well as outreach and education activities intended to assist people with their self-advocacy efforts.



ADA Compliant

If you have questions or if you feel your rights under the Americans with Disabilities Act are being violated you can call:

Disability Rights Vermont at 1-800-834-7890

Civil Rights Unit of the VT Attorney General's Office at 802-828-3657 (employment)

Vermont Human Rights Commission at 1-800-416-2010 (housing, public accommodations and state employment)

Department of Justice, Civil Rights Div. at 202-514-4609

Equal Employment Opportunity Commission at 1-800-669-4000 (employment)

Americans with Disabilities Act hotline at 1-800-949-4232

American Civil Liberties Union Vermont (ACLU) at 802-223-6304 (constitutional rights issues of all citizens)

Vermont Center for Independent Living at 802-229-0501 (peer advocacy for accessibility concerns)

PROTECTING YOUR RIGHTS - RESOURCES

If you are experiencing any difficulty with your treatment, and/or treatment providers, you have the right to protect yourself through grievance procedures within each mental health service program.

You have the right to access and communicate privately with any rights protection service or advocacy group. The following list includes several organizations that may be helpful to you.



INFORMATION &
REFERRAL

Vermont 2-1-1	211
Health and human services information and referral services	
Governor’s Information & Referral Line	802-828-3333
Information and referral for State agencies	
Americans with Disabilities Act	1-800-949-4232
General ADA Information	



LEGAL RESOURCES

Disability Rights Vermont

802-229-1355 or
1-800-834-7890

Advocacy for people diagnosed with a mental illness or individuals with a disability, responding to complaints of abuse, neglect and violation of civil rights

Have Justice Will Travel

802-685-7809 or
1-877-496-8100

Family court/domestic violence

Mental Health Law Project

802-241-3222 or
1-800-265-0660

Involuntary mental health treatment and/or medication cases, both in hospitals and in outpatient settings

Prisoner's Rights Office

802-828-3194

Legal services and rights protection for people in prison

South Royalton Legal Clinic

802-241-3222 or
1-800-265-0660

Income-based free legal services statewide for immigration cases; other representation is generally limited to Orange, Windsor, and Washington Counties, or by court appointment.

Vermont Legal Aid

802-863-5620 or
1-800-889-2047

Income-based free legal services in non-criminal matters, most offices staff the Elder Law Project, the Disability Law Project and the Poverty Law Project

Vermont Bar Association Lawyer Referral Service

1-800-639-7036

Legal referrals. Offers 30 minute consultations for \$25



ADVOCACY SERVICES

Community of Vermont Elders (COVE)

802-229-4731 or
1-888-865-2683

Senior citizen advocacy organization that does community organizing, lobbying, and provides public education on health care, affordable medication, long-term care, utilities, and nursing home issues

Client Assistance Program

1-800-889-2047

Vocational rehabilitation client advocacy

Deaf Victims Advocacy Services

1-802-461-4707 (voice)
(802) 249 0345 (text)

Advocacy and support for deaf persons who are victims of crimes

Friends of Recovery

1-800-769-2798

Recovery from drug and alcohol addiction

Green Mountain Self Advocates

1-800-564-9990

Self-advocacy group for people with developmental disabilities

National Alliance on Mental Illness

**802-876-7949 or
1-800-639-6480**

Support, education and advocacy for families, friends and individuals with serious mental illness

Pathways Vermont

1-888-492-8218

Mission to provide access to services and resources that are human-centered and support diverse roads to wellness. Programs include: Housing First, Peer run community center, Support line.

Vermont Association for Mental Health and Addiction Recovery

802-223-6263

Connects individuals with mental health or substance abuse issues to information and resources accessing quality counseling services in Vermont.

Vermont Center for Independent Living

**802-229-0501 or
1-800-639-1522**

Peer advocacy for people with disabilities

Vermont Coalition for Disability Rights

via VCIL 802-229-0501

A coalition of disability rights organizations advocating public policy and legislation pertinent to people with disabilities.

Vermont Psychiatric Survivors

802-775-6834

Peer support, assistance, information and referral for people with a mental health diagnosis.



INVESTIGATIVE & PROTECTIVE SERVICES

Adult Protective Services (APS)

802-241-0480 or
1-800-564-1612

Investigates abuse, neglect or exploitation of elders and people with disabilities

Deaf Victims Advocacy Services

1-802-461-4707 (voice)
(802) 249 0345 (text)

Advocacy and support for deaf persons who are victims of crimes

Division of Licensing and Protection

802-241-0480

Investigates complaints of abuse, neglect or exploitation of vulnerable adults in hospitals, residential care homes, nursing homes and other licensed facilities

Long Term Health Care Ombudsman

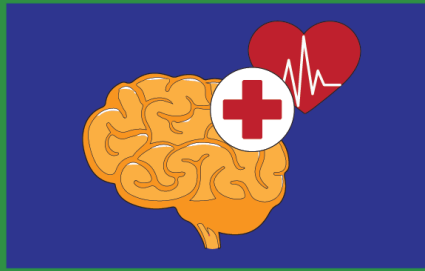
1-800-889-2047

Complaint investigation and assistance for people living in nursing homes or community care homes (part of Vermont Legal Aid)

VT Department of Children and Families

1-800-649-5285

Complaint investigation of abuse, neglect or exploitation of children



DESIGNATED MENTAL HEALTH AGENCIES

Counseling Services of Addison County 802-388-6751

Addison County

**United Counseling Service of Bennington
County** 802-442-5491

Bennington County

Howard Center for Human Services 802-488-6000

Chittenden County

Northeast Kingdom Human Services, Inc. 1-800-649-0118

Caledonia, Essex & Orleans Counties

**Northwestern Counseling & Support
Services** 1-800-834-7793

Franklin & Grand Isle Counties

Lamoille County Mental Health Services 802-888-5026

Lamoille County

Clara Martin Center - Randolph

802-728-4466

Orange County

Rutland Mental Health Services

802-775-2381

Rutland County

Washington County Mental Health Services

802-229-0591

Washington County

Health Care & Rehabilitation Services

802-886-4500

Windham & Windsor Counties

Vermont Center for Independent Living

**802-229-0501 or
1-800-639-1522**

Peer advocacy for people with disabilities



DISCRIMINATION

American Civil Liberties Union Vermont

802-223-6304

Addresses constitutional rights issues of all citizens

Attorney General - Civil Rights Unit

**802-828 -3657 or
1-888-745-9195**

Investigates discrimination in employment

Department of Justice - Civil Rights Div.

202-514-4609

ADA Requirements Affecting Public Accommodations and State and Local Government Services

Equal Employment Opportunity Comm.

1-800-669-4000

Investigates discrimination in employment

PABSS at Disability Rights Vermont

1-800-834-7890

Assistance for people with disabilities who are receiving social security benefits and who are currently employed or thinking about working

Vermont Human Rights Commission

1-800-416-2010

Investigates complaints of discrimination regarding housing, public accommodations and state employment



CHILDREN & FAMILIES

Vermont Communication Support Project

**802-636-7229 or
1-888-686-8277**

Communication assistance in family & civil court proceedings / state meetings for people with disabilities

Vermont Department of Children and Families - Economic Services

1-800-479-6151

Provides monthly cash assistance to low-income households in which a person's care or services are essential to an elderly or disabled person's remaining in their home.

Vermont Family Network

1-800-800-4005

Special education information and assistance for families

Vermont Federation for Families for Children's Mental Health

1-800-639-6071

Peer support for families and children

Prevent Child Abuse Vermont

1-802-229-5724

Education and support for families



STATE AGENCIES AND SERVICES

Office of the Attorney General

802-828-3171

Consumer and small business help, environmental protection and civil rights

Vermont Agency of Human Services

802-241-0430

Umbrella organization for all human service activities within state government

Vermont Department of Disabilities, Aging and Independent Living

802-241-2401

Provides programs and services for older Vermonters, people with developmental disabilities, and people with physical disabilities to help them maintain their dignity and independence.

Vermont Department of Mental Health

802-241-0430

Governs the designated hospitals, and regional mental health agencies and various programs

Vermont Developmental Disabilities Council

802-828-1310 or
1-888-317-2006

Statewide board that identifies and addresses critical issues affecting people with developmental disabilities and their families.

Vermont Health Department

802-863-7200

The state's lead agency for public health policy and advocacy



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