FREQUENTLY ASKED QUESTIONS REGARDING OSH'S READY TO PLACE NOTICES

Q: Is OSH sending Ready-To-Place notices prematurely?

A: OSH only sends Ready-To-Place notices when the person has stabilized and no longer needs a hospital level of care. OSH knows from experience that it is best if the person is returned to the community while they can still be supervised:

- When a person is not discharged from the hospital until the end of their jurisdiction, they are released directly into the community with no requirement for supervision or support. Discharge without ongoing treatment and supervision is counter-therapeutic and can lead to decompensation, which may increase the likelihood of re-arrest.
- It is often counter-therapeutic to prolong hospitalization when patients no longer require OSH level of care.

OSH understands that courts and parties might prefer a person to remain at OSH because of the intensive supervision and structure available at the hospital level of care. However, not only can that be counter-therapeutic to the person, the aid and assist statutes, federal law, and constitutional law require the person to be released to the community once they no longer require hospital level of care. This also allows OSH to admit another person waiting for admission.

Q: Why does OSH send Ready-To-Place notices when the person is subject to an administrative "involuntary medication" order at OSH?

A: OSH's "involuntary medication" process is an informed consent process. OSH psychiatric practitioners must seek an administrative "involuntary medication" order whenever a person lacks the capacity to appreciate the risks, benefits and alternatives of significant procedures (which, by law, includes psychiatric medications) and is therefore not able to provide informed consent, *even when the person is willing to take the medications*.

This means many persons who are subject to an administrative "involuntary medication" order are not refusing medications. While some refuse to take medications initially, once stabilized, they are willing to continue taking them at OSH and in the community, even if they have not fully regained capacity to provide informed consent.

In short, being subject to OSH's substituted informed consent process ("involuntary medication" order) does not mean that the person will refuse medications in the community.

Q: What can the court and parties do to encourage the person to continue taking psychiatric medications in the community, particularly if the person might be inclined to refuse medication?

A: There are multiple options the court and parties may employ:

- The simplest option is for the judge to tell the defendant to continue taking medications in the community. Studies show, and our experience confirms, that many defendants will take medications if the judge tells them to do so, even in the absence of a written court order.
- As a condition of release for community restoration, a court could order the person to follow a prescribed medication regimen and to meet with their outpatient psychiatric practitioner at regular intervals. The court could also include the condition that failure to follow a prescribed medication regimen allows for revocation of the release.

Medication adherence and follow-up with a psychiatric practitioner in the community is a standard (and generally successful) condition of release for community treatment for patients adjudicated guilty except for insanity and under the jurisdiction of the Psychiatric Security Review Board. If the person understands that revocation will occur if they fail to abide by the court's conditions, the person will be more likely to continue taking medication.

- Periodic monitoring is often effective. Community restoration orders can require a release of information between the court, CMHP, and current treatment providers.
    - If the person is being placed in a residential treatment facility or other supervised level of care, medication adherence will be tracked by the prescribing practitioner.
    - Persons who are placed in more independent settings can often receive daily medication administration and tracking through Assertive Community Treatment (ACT) teams. ACT utilizes community-based outreach strategies and is intended for clients that have been unwilling or unable to participate in traditional outpatient treatment.
    - Information concerning a person's adherence to the prescribed medication regimen can be reviewed periodically at hearings or at the CMHP's request, and the court can remind the person of the treatment expectations and, where appropriate, of the conditions of the community restoration.
    - For instance, administration of long-acting injectable antipsychotic medications is easily verifiable through the outpatient psychiatric practitioner. If the person is on oral medications and expected to take them

independently, a clinician could meet with the patient weekly to assess for signs that the patient has stopped medications and is regressing. For some medications, periodic blood draws may be considered to help assess if the patient remains adherent and at therapeutic levels.

- If the court has additional concerns, community restoration orders may also include conditions that require the CMHP to create a safety plan to be enacted if the person stops taking medications. This may include assessment by a mobile crisis team to see if the person requires a higher level of care.
- A guardian may be appointed, who may consent to the medications on the person's behalf.
- The person may be placed in a facility which may administer medications despite refusal, though such facilities are few and openings are rare.
- A court may issue a Sell order for a person in the community. OSH recognizes that courts and community members often do not like this option. But many persons will take medications if a court orders them to do so.