

Serious Mental Illness, Guardianship, & Access to Treatment

Jason Musgrove

Public Policy Coordinator

The Full Path Through Care

1. Recognizing the crisis
2. Seeking help
3. Entering treatment
4. Planning discharge
5. Continuing care in the community

Where does the process stop working for the person who needs help?

Serious Mental Illness in Oklahoma

- 6.6% of Oklahoma adults
 - Approximately 1 in 15
- 5.8% nationally
- Serious mental illness substantially interferes with or limits major life activities.

The Role of Caregivers

Families and trusted supporters may:

- Recognize changes and warning signs
- Share treatment history
- Help with appointments & medication
- Provide housing or transportation

A care plan needs to reflect what support is actually available.

Oklahoma's Guardianship Standard

Clear and convincing evidence

Incapacity or partial incapacity

Less restrictive alternatives

Are they feasible and adequate?

Authority limited to actual needs

Preserve self-reliance and independence

The Gap Families Describe

What a family may observe	What the system must determine
Deterioration over time	Whether the legal criteria are met
Repeated crises or hospitalizations	What intervention is authorized
Difficulty meeting basic needs	What care is clinically appropriate
Difficulty maintaining treatment	What services are available

What happens after a family is told the person does not qualify?

Guardianship & Involuntary Treatment

Separate legal processes

- A diagnosis does not automatically establish incapacity.
- A guardianship order has a defined scope.
- Involuntary treatment has separate criteria and procedures.

The Courtney Smith Act

Established a specific process involving:

- A general guardian
- A court order for inpatient mental health treatment
- A further order for retrieval and transportation
- A gravely disabled ward in an unsheltered environment
- Additional statutory conditions

How has this process worked in practice?

What the Research Tells Us

Research	Finding
Cochrane review of compulsory treatment	No clear difference in several major outcomes compared with voluntary care or brief supervised discharge
Study of sustained outpatient commitment	Favorable outcomes for some participants when paired with intensive treatment

The services provided alongside a legal order matter.

These studies examine outpatient or community treatment, not the Courtney Smith Act.

Discharge Planning Requirements

Oklahoma Medicaid's adult inpatient psychiatric rule requires:

- A summary of the hospitalization and condition at discharge
- Follow-up and aftercare recommendations
- Specific appointment information
- Documentation in the medical record

Can the person actually follow the plan?

This rule applies to covered adult members ages 21-64.

What Happens at 2 in the Morning?

Before discharge:

- Does the appropriate guardian or support person know?
- Is transportation arranged?
- Is the destination available and expecting the person?
- Can the person obtain medication and follow-up care?

What happens when the expected support is unavailable?

Notification depends on applicable law, guardian authority, consent, and patient preferences.

Information the Study Could Request

Area	Information to examine
Guardianship	Petitions, outcomes, alternatives, and follow-up
Treatment	Involuntary admissions, readmissions, and connections to community care
Discharge	Overnight releases, notification, transportation, medication access, and appointments
Lived experience	Accounts from people receiving care and those supporting them

What Happens After Treatment?

Where does the process work?

Where does communication break down?

What happens to the person afterward?

Does the person expected to help know someone is coming home?