



INFOGUIDE

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COMMUNITY TREATMENT ORDERS

Disclaimer: This INFOGUIDE is intended for use as general information and is prepared for purposes of convenience only. It is not to be relied upon as legal advice or legal authority. If you have inquiries as to legal proceedings, or if you would like more detailed information regarding legislation, you should consult a lawyer.

What is a Community Treatment Order?

- A Community Treatment Order ("CTO") is a doctor's order for a person to receive treatment or care and supervision in the community. The treatment or care and supervision is based on a community treatment plan which outlines the medications, medical appointments and other aspects of care the doctor believes is necessary to allow the person to live in the community rather than remain in the hospital.
- The community treatment plan is developed by the doctor, the person (or the substitute decision-maker if there is one) and any other people or organizations that will assist the person in the community. If the person fails to meet his/her obligations contained in the plan, the doctor may take certain steps, discussed below.

How is a person placed on a CTO?

- A CTO requires a doctor's order and the person's consent. To give consent, the person must be capable under the law regarding consent to treatment. If the person is found "incapable of consenting" under the law, and has a substitute decision-maker (SDM), the SDM must consent to the CTO. The SDM may still consent to the CTO even if the incapable person disagrees.

How long does a CTO last?

- A CTO can last for up to six months. After this time, it expires unless a physician renews it. The CTO can be renewed at any time it is still in effect, or within a month of its expiry.

Can anyone be placed on a CTO?

- No. The purpose of CTOs is to provide persons who would otherwise remain in hospital or return to hospital with enough support and supervision that they can remain in the community.

What are the conditions or criteria for being placed on a CTO?

- A person can only be placed on a CTO if certain rules or conditions, specified by law, are met. All of the following six conditions must be met:
 1. The person must have a serious mental illness **AND**:
 - During the past three years the person must have been a patient in a psychiatric facility two or more times, or for a total of 30 days or more, **OR**
 - The person must have previously been on a CTO.
 2. A community treatment plan must have been developed with the input of the person or his/her SDM, the doctor and any others involved in his/her care.
 3. The doctor has examined the person in the 72 hours before the plan is entered into and believes:
 - That the person is suffering from a mental illness that requires continuing treatment or care and supervision while living in the community,
 - If the person is not currently a patient in a psychiatric facility, he/she would meet the conditions for a psychiatric assessment (Form 1),
 - If the person does not receive continuing treatment or care and supervision in the community, it is likely, because of his/her mental illness, that he/she will cause serious bodily harm to him/herself or someone else, or he/she will experience substantial mental or physical deterioration or physical impairment,
 - The person is able to comply with the plan, and
 - The detailed treatment or care and supervision are available in the community.
 4. The doctor has talked to all the people who are named in the community treatment plan.
 5. The doctor is satisfied that the person and his/her SDM have consulted with a rights adviser and been informed of the person's legal rights.
 6. The person or his/her SDM have consented to the plan.

What is the process for a CTO?

- The doctor must first determine whether or not the person is capable of consenting to the CTO. If found incapable, the doctor will give the person a

written notice (Form 33). If the doctor finds the person incapable of consenting to treatment at an earlier time, the person may not be given the Form 33 again.

- If found incapable, the person may speak with the doctor about that decision and/or ask the Consent and Capacity Board to review the doctor's decision.
- After the finding of capacity/ incapacity, the doctor will begin developing the community treatment plan. Either the person (if capable) or the SDM will assist in developing the plan. Even if incapable, the person may discuss issues of his/her treatment and supervision with his/her SDM and doctor. The doctor will also discuss the plan with anyone else who may be named in the plan — this may include social workers, other doctors, and other support services in the community.
- Once the plan is developed, the person will be given a Form 49 (Notice of Intention to Issue or Renew a CTO) and a copy of the community treatment plan. A rights adviser will contact the person to give information regarding his/her rights and obligations under the plan and his/her options for reviewing the plan if he/she chooses to do so. If an SDM has consented to the plan, he or she will also receive rights advice.
- The doctor will then examine the person to determine whether or not he/she meets the criteria (as described above) for issuing a CTO.
- The person (or his/her SDM) will then be asked to consent to the CTO. When the CTO is issued, the person will receive a copy of the Form 45 (CTO) and a copy of the community treatment plan.

What are a person's rights when considered for a CTO?

- A CTO is CONSENT based. A community treatment plan is treatment (as defined under law) and so the doctor must obtain informed consent. The person or SDM must consent to the CTO.
- If the doctor finds the person incapable to consent to a CTO, he/she may ask that the Consent and Capacity Board review the doctor's decision.
- The person (and SDM if there is one) must be informed of his/her rights and obligations by a rights adviser before the CTO is issued.
- The person (and SDM if there is one) may consult with a lawyer before and after a CTO is issued.
- The person, or anyone on his/her behalf, may ask that the Consent and Capacity Board review the CTO if there are any concerns once it is issued, (by completing a Form 48).

Can a person (or SDM) change his/her mind after consenting to a CTO?

- Yes. If the person consented to the CTO, he/she can withdraw the consent. If the SDM consented, then he or she can withdraw the consent. If the consent

is withdrawn, the doctor must review the person's condition within 72 hours to decide if he/she can live in the community without the CTO.

- If the doctor determines that the person cannot live in the community without the CTO, and the person has revoked his/her consent to the CTO, the doctor may place the person on a Form 1 (application for psychiatric assessment). While on a Form 1, the person is detained in a psychiatric facility for assessment.

Can the doctor change his/her mind about the need for the CTO?

- Yes. On his or her own, or on the person's (or SDM's) request, the doctor can review the person's condition to determine whether he/she could live in the community without the CTO. If the physician determines that the CTO criteria no longer apply, the CTO can be cancelled.

What happens if the person does not comply with the CTO?

- If the person does not follow through with his/her community treatment plan, the doctor must try to contact him/her and remind him/her of his/her responsibilities under the plan. If there is an SDM, the doctor may call him/her and inform him/her of the situation. The doctor must make every effort to help the person meet his/her responsibilities under the CTO.
- If the doctor still believes that the person is not complying with his/her obligations, the doctor may issue an "order for examination" (Form 47). This means that the doctor can have the police bring the person to him/her for an assessment. After the assessment the doctor can issue a new CTO, detain the person in a psychiatric facility for an assessment or release him/her.

Questions?

If you have questions, contact your local Patient Advocate or Rights Adviser or call the central office of the Psychiatric Patient Advocate Office at 1-800-578-2343.