Franklin County Alcohol, Drug and Mental Health Services Board

OUTPATIENT COMMITMENT GUIDELINES

Updated 09/18/2018

ELIGIBILITY

1. The person suffers from a mental illness as defined in ORC §5122.01 (A).

2. The person is “a mentally ill person subject to court order”. As defined in 5122.01 (B):

(1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;

(2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;

(3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person’s basic physical needs because of the person’s mental illness and that appropriate provision for those needs cannot be made immediately available in the community;

(4) Would benefit from treatment for the person’s mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person.

3. The person is considered likely to decompensate without continuing treatment.

4. The person’s history of noncompliance with outpatient treatment has significantly contributed to occurrence of psychiatric hospitalization. (This may be waived for those with no prior history of mental illness or for those who have had no community living experience within the past three years.)

5. The person expresses the preference to live in the community.

6. The person has the resources and ability to comply with the treatment plan.

7. The ordered treatments are able to be delivered by the outpatient system.

8. The person demonstrates an understanding of the expectations and the consequences of noncompliance.

9. The ordered treatment can be monitored effectively by the case manager and/or other service providers.

10. For continuation of involuntary outpatient commitment, clear benefit to the person as evidenced by improvement in the psychiatric condition must be demonstrated in addition to the above criteria.

INITIAL OUTPATIENT COMMITMENT PROCESS

The outpatient commitment process is initiated after the person has been committed to an inpatient setting. During this time, close observation assists in determining the appropriateness of outpatient commitment while assuring the safety of the person and others. The Franklin County ADAMH Adult Clinical Manager is the respective designee for the Chief Clinical Officer and will work in consultation with the Clinical Director, Chief Clinical Officer and the Vice President of Clinical Services.

The following steps should be taken to initiate an outpatient commitment order:

1. Persons should be identified while they are hospitalized under current **involuntary** inpatient commitment. Treatment staff, either inpatient or outpatient, should discuss outpatient commitment with the person’s inpatient attending psychiatrist.

2. The hospital treatment staff and community treatment staff develop the outpatient treatment plan with input from the person. The plan is signed by the person, outpatient treatment staff, and both the inpatient and outpatient psychiatrist.

1. In place of a completed outpatient treatment plan, Twin Valley Behavioral Healthcare may submit a Consent for Participation in Outpatient Commitment. This document attests to the community treatment provider and the person’s understanding of the Outpatient Commitment requirements.

3. The signed treatment plan or Consent for Participation in Outpatient Commitment along with the completed “**Request for Outpatient Commitment**” form (Attachment 1) are sent to the attention of the Adult Clinical Manager at the Franklin County ADAMH Board.

4. If the Franklin County ADAMH Board Chief Clinical Officer or their designee agrees that outpatient commitment is appropriate, he/she notifies the hospital and the community provider of the decision then submits the appropriate forms to the Franklin County ADAMH attorney and Franklin County Probate Court.

5. Probate court will conduct a hearing and amend the Order of Commitment to reflect the continuation of treatment on an outpatient status. The person is then discharged from the hospital.

MONITORING

1. Ongoing monitoring of treatment compliance and the person’s response is expected of the outpatient treatment staff.

2. A formal treatment review will be completed monthly and documented on the “**Monthly Outpatient Commitment Status Report”** form (See “Attachment 2”). The case manager, the case manager’s supervisor, and treating outpatient psychiatrist submit the completed form to either the provider medical director or clinical director for approval. The approved form is submitted to the Franklin County ADAMH Board Adult Clinical Manager.

3. If the outpatient treatment psychiatrist decides the person no longer meets criteria for outpatient commitment, the psychiatrist or the provider’s medical director submits this decision in writing to the Franklin County ADAMH Board Adult Clinical Manager. The Chief Clinical Officer or their designee will review and appropriately notify the Franklin County Probate Court and the outpatient commitment order is vacated.

4. Whenever a person is substantially noncompliant with the treatment plan, services should be reviewed by the case manager and treating physician. Monitoring contact should be intensified in effort to improve treatment compliance.

CONTINUING OUTPATIENT COMMITMENT PROCESS

1. Outpatient commitment orders typically expire at the end of either 90 days or 2 years.

1. To continue an Order of Commitment on outpatient status the outpatient treating psychiatrist must submit the **“Mandatory Report for Continued Civil Commitment Pursuant to ORC §5122.15(H) form** (See “Attachment 3”) at least twenty-one days (21) before the expiration date of the most recent commitment to the ADAMH Board Adult Manager.
2. If the Franklin County ADAMH Board Chief Clinical Officer or their designee agrees that outpatient commitment should continue, he/she then submits the appropriate forms to the Franklin County ADAMH attorney and Franklin County Probate Court.
3. If the Franklin County ADAMH Chief Clinical Officer or their designee disagrees, consultation may occur with the outpatient treating provider. The decision to allow the Outpatient Commitment Order to expire is that of the Franklin County ADAMH Chief Clinical Officer or their designee.

TRANSFERRING TO A MORE RESTRICTIVE SETTING

(RC §5122.15)

1. Non-compliance with treatment, without any change in behavior, is not sufficient reason for transfer to an inpatient setting. However, when the non-compliance is accompanied by a change in behavior indicative of evidence of decompensation, rapid transfer to a more structured setting may be a means of averting a more serious crisis. Every reasonable and appropriate effort should be made to transport the person to the inpatient setting in the least conspicuous manner possible.

2. The determination as to whether the person is in need of further evaluation for possible inpatient treatment is made by the treating psychiatrist. The Franklin County ADAMH Chief Clinical Officer or their designee is available for consultation to assist in making this determination. If the person is consenting to this further evaluation, the person can be escorted to NetCare by a case manager or other provider staff member.

3. If the person is refusing the evaluation and represents an immediate danger to self or others, the local law enforcement agency should be contacted for assistance in transporting the person to NetCare.

4. If the person is refusing the evaluation, is not presenting an immediate danger to self or others, but is exhibiting clear, concrete signs of mental health relapse with potential risk of harm to self or others, the following process should be followed:

1. The person’s attending physician or an agency physician will pink slip the consumer to Netcare.
2. If the evaluation at NetCare determines that the person meets criteria for return to a more restrictive environment, the person may be hospitalized.
3. A hearing is required within 5 days after the person’s transfer to the hospital if and only if the person requests a hearing by signing the **“Hearing Demand/Waiver”** form. The person may forgo a hearing by signing the **“Consent to Transfer from Outpatient Treatment to Inpatient Treatment”** and the **“Hearing Demand/Waiver”** forms. (See “Attachments 4 & 5”)

When there is a hearing, the ADAMH Board must supply a witness to testify about the facts that led to the transfer to the hospital and the reasons the person needs inpatient treatment. The witness should be able to explain how the “determination” was made to transfer the person to the hospital. The witness should be the client’s case manager or a provider staff member who is directly familiar with the person. Medical testimony concerning the person’s condition will also be required, but will usually be supplied by the court-appointed psychiatrist.

5. The Franklin County ADAMH Board Chief Clinical Officer or their designee must be notified immediately of all transfers to a more restrictive setting, whether consenting or non-consenting. He/she then notifies the Franklin County ADAMH attorney, who in turn notifies the Franklin County Probate Court (by Motion).

6. If the person “consents” to the transfer back to the more restrictive setting, this **does not** automatically make the person a “voluntary” patient. The hospital will notify the Franklin County ADAMH Board Chief Clinical Officer or their designee and outpatient provider medical director or clinical director when a person admitted from outpatient commitment applies for Voluntary Status and provide them the opportunity to indicate any concerns regarding the consumer’s application for voluntary status prior to the hospital accepting the voluntary application.