

POLICY AND PROCEDURE

<u>POLICY TITLE:</u> Outpatient Treatment Over Objection (OTOO)	<u>POLICY #:</u> 08
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u>
<u>RELATING POLICIES:</u> <u>Delaware Commitment Laws</u> http://delcode.delaware.gov/title16/c050/index.shtml Comprehensive Behavioral Health Clinics http://dhss.delaware.gov/dhss/dsamh/treatment.html	<u>REFERENCE:</u>
<u>DATES REVIEWED:</u> 07/19/19	<u>DATES REVISED:</u>
<u>APPROVED BY:</u>	<u>NOTES:</u>

I. **PURPOSE:** It is the purpose of this policy to provide specific guidelines to providers contracted with the Division of Substance Abuse and Mental Health (DSAMH) on the requirements for treating clients on Outpatient Treatment Over Objection (OTOO).

II. **POLICY STATEMENT:** It is the policy of DSAMH to require that designated contracted providers of services comply with the requirements for OTOO, Delaware’s civil commitment process.

Pursuant to Delaware Code, Title 16, Chapter 50, the court may involuntarily commit a client to inpatient treatment or OTOO, if the client meets the eligibility criteria. The client is a person with mental illness who refuses voluntary inpatient treatment, or lacks the capacity to knowingly and voluntarily consent to treatment. The client presents as a danger to self or others, and all less restrictive alternatives have been considered and been determined to be clinically inappropriate at the time of the court hearing.

DSAMH, through its contracted providers, is responsible for ensuring provision of services and supports to fully implement the OTOO. The court is notified if these services are not available. DSAMH maintains the civil commitment list, which sent to designated community providers, upon request.

III. **PROCEDURES:** DSAMH, through the Eligibility and Enrollment Unit (EEU) maintains the civil commitment list for distribution to its contracted providers. The EEU updates the list weekly when receiving hearing results from the Department of Justice. A client can be placed on OTOO while in inpatient treatment at a psychiatric hospital. Prior to discharge, the client is referred to a community provider that accepts OTOO clients.

The identified providers of these types of services must comply with this policy:

- Community Behavioral Health Outpatient Treatment (CBHOT)
- Community Psychiatric Support and Treatment (Includes ACT and ICM)
- Group Homes

A client that is inpatient may be placed on OTOO and involuntarily enrolled in PROMISE services, when presumptive eligibility criteria is met.

1. If a client is being referred to PROMISE, a copy of the OTOO order from the court should be submitted with the application. This is especially important if the client refuses to sign the release of information.
2. The EEU will complete the brief screen and submit the client's information to the PROMISE Assessment Center for that county and notify the Clinical Supervisor of the OTOO status.
3. Once the PROMISE assessment is completed and the EEU authorizes services for the appropriate level of care, EEU staff will also notify the provider of the OTOO status. For example, if a client is on OTOO and referred to an ACT team, EEU staff will notify the ACT team of the OTOO status as well as the next hearing date.

If a client is being referred to one of the CBHOTs and not PROMISE:

1. The inpatient facility is responsible for scheduling the intake with the community provider. When the client is being referred, the hospital should notify the community provider, via the approved electronic referral system. The referral should include the OTOO status, the next scheduled hearing, and any other required information including, but not limited to, name, date of birth, insurance status, address, phone number, and reason for admission.
2. Inpatient hospital staff will make an intake appointment with a community provider as soon as possible when the client is nearing discharge. It is recommended to have the appointment with five days to ensure compliance. Prior to discharge, each client will be provided with a written discharge summary. The summary should include the provider contact information, date of appointment, and date of the OTOO hearing.

IV. **RESPONSIBILITIES:**

1. EEU will require OTOO providers to report every other month on their assigned OTOO clients. This report should include a six-month hearing calendar and the following for each client:
 - Is the client attending their appointments?
 - If not, what steps have been taken to locate and engage the client?
 - If the client cannot be located, has the court been notified so that a *capias* can be issued OR is it the prescriber's intention to request the OTOO status be dismissed?
 - What is the next hearing date and who is testifying?
2. Providers are required to physically go to court for OTOO clients, regardless of the client's engagement in treatment. If the provider reports the client has not been engaging in treatment, but is uncomfortable with requesting a dismissal of OTOO status, the court will issue a *capias*.