


Division of Substance Abuse and Mental Health
POLICY AND PROCEDURE

<u>POLICY TITLE:</u> Outpatient Treatment Over Objection (OTOO)	<u>POLICY #:</u> DSAMH008
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u> 07/19/2019
<u>RELATED POLICIES:</u> DSAMH031 EEU Involuntary Placement Process DSAMH033 EEU Red Flags Process	<u>REFERENCE:</u> http://delcode.delaware.gov/title16/c050/index.shtml Comprehensive Behavioral Health Clinics http://dhss.delaware.gov/dhss/dsamh/treatment.html
<u>DATES REVIEWED:</u> 10/03/2022 08/30/2023 10/21/2024	<u>DATES REVISED:</u> 08/10/2022 08/09/2023 08/21/2024
<u>APPROVED BY:</u>  1B71C05196B24CA... <u>DATE APPROVED:</u> 10/28/2024 10:27 AM PDT	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

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 and 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 a civil commitment list, which may be sent to designated community providers, upon request.

III. DEFINITIONS:

“**OTOO**” means outpatient treatment over objection. Treatment may include medication and case management.

IV. SCOPE: This policy applies to DSAMH-contracted providers who have clients that fall under the definition of OTOO and have the capabilities to support clients with OTOO.

V. PROCEDURES:

- A. DSAMH, through the Eligibility and Enrollment Unit (EEU) maintains a civil commitment list for distribution to its contracted providers. A client can be referred to an OTOO provider while in inpatient treatment at a psychiatric hospital. Prior to discharge, the client is referred to a community provider that accepts OTOO clients.
- B. The identified contracted providers of these types of services must comply with this policy:
 - 1. Community Behavioral Health Outpatient Treatment (CBHOT)
 - 2. Community Psychiatric Support and Treatment (Includes ACT and ICM)
 - 3. Group Homes
- C. 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 must 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.
 - 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.
- D. If a client is being referred to one of the CBHOTs and not PROMISE:
 - 1. The inpatient psychiatric providers are responsible for scheduling the intake with the community provider. When the client is being referred, the inpatient psychiatric provider must notify the community provider, via the approved electronic referral system. The referral must 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. The inpatient psychiatric provider will make an intake appointment with a community provider within five days of discharge. Prior to discharge, the inpatient psychiatric provider must give the client a written discharge summary. The summary must include the community provider’s contact information, date of appointment, and date of the OTOO hearing.
- E. Community Provider’s Responsibilities:
 - 1. Community providers are required to appear for OTOO clients, as mandated by court, regardless of the client’s engagement in treatment.
 - 2. If the client is not engaging in treatment, the community provider is required to notify the court (See DSAMH033 EEU Red Flags Process).

VI. POLICY LIFESPAN: This policy supersedes previous distributions of this policy as detailed in dates

revised. This policy will be reviewed annually.

VII. RESOURCES: N/A