

NJAMHAA Member IOC Providers Share Successes and Helpful Advice

The Division of Mental Health and Addiction Services (DMHAS) recently held a conference in an effort to alleviate providers' concerns about applying to become Involuntary Outpatient Commitment (IOC) service providers, as well as to educate court system employees and others who would be involved with IOC. The conference included presentations by the first six IOC providers – all of which are NJAMHAA members – who shared lessons learned, which will be incorporated into the next Request for Proposals (RFP), and helpful advice for others who are considering providing IOC services.

In the FY 2014 budget, \$2.4 million is dedicated to expanding IOC, according to Roger Borichewski, Assistant Director, Office of Prevention, Early Intervention and Community Services, DMHAS. The RFP will be released in early FY 2014.

Many Successes Are Achieved through Customized Programs, Individualized Services

The first six IOC programs are all designed slightly differently to meet the unique needs of their clients and adjust to particular situations in their counties, such as lack of public transportation, and few and geographically spread out facilities, as is the case in Warren County. It is clear that the programs are well designed, in light of the numerous successes that have been achieved. Following are highlights that were shared during the conference:

* ***Mental Health Association of Essex County (MHAEC)***: One client was homeless for 10 years, visited emergency rooms 80 times in six months and was admitted to short-term care facilities (STCFs) 18 to 20 times. The individual is no longer homeless, has been out of hospitals and STCFs, and is participating in the IOC program five days each week, according to Manuela Garcia, Program Director.

In addition, fewer than half of MHAEC's IOC clients were re-hospitalized one time and only one client was re-hospitalized twice. Of clients who were homeless, 20 percent are now in supportive housing, 40 percent are in boarding homes and 20 percent are living with family members. Furthermore, there have been few arrests among IOC clients and all of these crimes were only misdemeanors, compared to the clients' histories of more numerous and more serious crimes prior to receiving IOC services.

Garcia stated that the IOC program works because of the “black robe effect” (fear of judges), consumer choice, increased support (includes guidelines provided before attending court hearings, explaining treatment plans which makes clients more willing to sign them) and intense monitoring.

To help foster clients' engagement, the MHAEC staff calls its program Assisted Outpatient Treatment Services (AOTS). The program was launched on September 4, 2012 and enrolled its first client on October 4th. The IOC staff develops treatment plans with screening, STCFs and other referral source staff. The program has already served 33 individuals and is currently serving 30, of whom 85 percent have co-occurring mental illnesses and substance use disorders. The program receives as many as 20 referrals each month. “Individuals who need hospitalization or long-term care are not appropriate for IOC,” Garcia noted.

* ***Family Guidance Center of Warren County (FGCWC)***: A woman with paranoid schizophrenia and a history of noncompliance is now taking injectable medication, is stabilized and enrolled in college, announced Elizabeth Cruickshank, Supervisor/Clinician.

Also among FGCWC clients, hospitalizations and arrests have been reduced; interest has been renewed in pursuing education (GED and college) and employment; and confidence and independence have been enhanced, as evidenced by the clients' increased use of public transportation, adherence to medications and treatment goals, and involvement with their families.

This program is currently serving 30 people, despite the challenges of having few resources that are long distances apart. The county has no STCFs, no involuntary mental healthcare units and one 16-bed voluntary unit, which will be closing). There is also limited public transportation, so the FGCWC staff drives a significant amount of time (average one hour each way) to conduct assessments, appear at court hearings and perform other tasks. Teleconferencing helps and is often used for assessments in connection with a screening center. The technology and collaboration with screening staff, as well as provision of individualized services, are major factors in the clients' successes, according to Cruickshank.

* **Trinitas Regional Medical Center:** Although a person with borderline personality disorder, substance abuse and depression had not yet succeeded with substance abuse treatment, she began to participate in a mental health program three days per week and is now in school, stated Linda Reynolds, MA, LCSW, Program Director. "It's important to measure successes incrementally. The small victories can be the most important," Reynolds stressed.

Trinitas is unique in having a 24/7 operation. The hospital also has its own STCF and Psychiatric Emergency Screening Services, which facilitate collaboration among providers and tracking of patients' progress. The staff can also hold court hearings in the hospital's outpatient unit, which is a more comfortable environment for the patients. Another positive factor for patients is the inclusion of peer advocates on the treatment team. "Consumers are more likely to speak with peers than case managers," Reynolds said. Others agreed on the value of peer providers during their presentations and they all peers on their IOC teams.

The program at Trinitas can serve as many as 80 individuals at one time and is currently serving about 27 patients, Reynolds said. The program structure has facilitated engagement of patients, including the more challenging ones, involvement with families and significant others, and collaboration with community agencies.

"Stable housing is key to maintaining psychiatric stability," Reynolds said. She noted that IOC may need to be tried multiple times with the same clients. "It's important to help staff with managing stress and frustration," she advised.

More helpful advice came from Kim Veith, LCSW, Director of Clinical Services, **Ocean Mental Health Services**, which has the newest IOC program, Community Outpatient Assisted Services and Treatment (COAST). "To help overcome anxiety about referring individuals to an IOC program, think of the alternative without IOC: discharge without follow-up," Veith said. "IOC gives us a way to watch people who tend to be dangerous and give them the support they need. Without IOC, they would likely stop taking their medications and may become imminently dangerous in a short period of time." Unfortunately, discharge without follow up can lead to a cycle of multiple short term care hospitalizations, which can be costly, and unnecessary for the client when there exists the possibility of stabilization and treatment in the least restrictive environment with IOC.

The program began on February 1, 2013. To date, the program has received 15 referrals, served eight and currently has five enrolled. The program, which has a maximum capacity is 50, is a

blended program: it provides direct services and also brokers services to fill the gaps. Most referrals are from screening, according to Veith.

In this short period of time, OMHS already has at least one success story to share. One consumer started in early April. He had been previously diagnosed with Schizoaffective Disorder and was hospitalized many times for addiction issues and multiple suicide attempts. Presently, he is receiving treatment for alcoholism, and had been sober for 45 days at the time of the conference, stated Lynn Mazur, LCSW, Program Director.

Veith emphasized that collaboration with the Civil Division of the County Superior Court, the local hospital system, and the screening center is essential and noted that the process must be clear and flexible. “The referral process can be confusing and it’s a culture shift. For example, IOC criteria aren’t black and white like they are for screening,” When the consumer is in the ED setting, the screener and screening center psychiatrist can think about danger in the foreseeable future, not just imminent danger. The foreseeable future part of the statute is open to broader interpretation, and that’s where the culture shift can begin to occur. Those who present with imminent dangerousness to self ,others, and property should be kept safe in a restrictive setting, but those who may become dangerous in the foreseeable future, should be considered for IOC. Veith said. “Some psychiatrists and program staff find the court setting to be intimidating, although this is improving,” she added.

At the **Lester A. Drenk Behavioral Care Center**, a client had an adverse reaction to medications, became psychotic and was hospitalized. She has been back in IOC since November 2012 and shared her own success story: “The staff helped me be productive and deal with everyday situations. As a result of IOC, the length of my hospitalization was reduced and I’m learning to focus more on the positive. The peer staff is amazing. They helped me to complete a WRAP [Wellness and Recovery Action Plan] and I’m engaging socially,” she wrote.

To date, the Drenk Center has served 23 clients, all of whom completed WRAPs, a tool that enables them to identify triggers of their mental illness symptoms and specify how they would like to be supported (e.g., medications or not; hospitalization or not; people to contact) when their symptoms are too intense for them to communicate their preferences. Three individuals have been successfully discharged from IOC. One of the clients had previously not adhered to medications or other treatment; now he *wants* to go to the program according to Rebecca Errickson, IOC Case Manager and Screener. All of the programs’ clients are in treatment (individual counseling, partial hospital program or intensive outpatient program), In addition, 65 percent are linked with other case management programs and 39 percent are taking long-acting, injectable medication, which assists with adherence and, therefore, recovery. Over the past year, the clients from this program accounted for less than 1 percent of the individuals at screening centers, according to Errickson.

Like Trinitas, **Jersey City Medical Center (JCMC)** has its own screening center, STCF and many other services. “We try to get physicians and screeners to consider IOC rather than STCF or inpatient care,” said Linda Sacco, PhD, Vice President, Behavioral Health Services. The program’s focus and key elements of success are Wellness and Recovery and consumer choice. “We work with consumers to change the conditions of court orders based on compliance, progress, needs and preferences, and we refer our clients to providers of their choice when appropriate,” Dr. Sacco explained. “IOC commits the system to the consumers more than committing the consumers to the system.”

JCMC currently has 17 IOC clients. Nine of these individuals are in partial hospitalization, two are in outpatient, one attends a different day program, one is in a Program for Assertive Community Treatment and four are pending, awaiting determination of criminal charges.

One of JCMC's clients was previously out of jail or hospitals for an average of four months before returning. Now, he has been out of institutions since October. "I learned that I'm smart, that I have a good personality and that I need my medication or I go off the wall," he said in a recorded interview that was shared at the conference. Without the IOC order, he knows he would be back on the street and dealing drugs, according to Dr. Sacco.

As with All Behavioral Health Care, the Successes Make the Challenges Worthwhile

Operating an IOC program is important: it must promote health, public safety and liberty. It could also be quite challenging clinically, legally and collaboratively, according to Bruce David, DO, JD, from MHAEC. Clinically, he said that providers must incorporate these factors into treatment plans start with accurate assessments, which need to include comprehensive psychiatric interviews, review of records (inpatient, outpatient, criminal) and analysis of risk factors of dangerousness. Assessments must also include psychiatric and medical diagnoses, adherence barriers (e.g., cultural, medication side effects), and precipitants and signs of decompensation. Legal requirements are an understanding of the statute and its definition of dangerousness, and application of the clinical condition to the legal standard. Collaboration is essential with all team members, outside providers and the court system. With outside providers, the focus should be on discharge planning, beginning at the time of admission. IOC staff should explain to outpatient care providers the need to schedule treatment sessions earlier and more frequently and emphasize that the IOC staff must be informed if a client leaves early or does not arrive for an appointment. With the court system, IOC providers should promote therapeutic jurisprudence, which means that everything and everyone involved with IOC (providers and the court) must promote treatment, according to David.

Clearly, there are several challenges associated with operating IOC programs. However, the successes already achieved and others that are likely to occur make it worthwhile, as is true with other behavioral health programs.