

**Western Highlands Network
Communication Bulletin #45**

July 20, 2006 – Updated November 27, 2007

Outpatient Commitment (OPC) Policy & Procedures

Purpose: To insure that consumers placed on Outpatient Commitment (OPC) to Western Highlands Network (WHN) are provided services needed to maintain safety to the consumer and the community and to comply with the legal statutes.

Policy: WHN's goal is to assure that consumers on OPC to WHN and our designees are provided with clinically appropriate services and follow-up efforts to insure safety to the consumer and the community. WHN will monitor designee outpatient compliance with random event checks of consumer contact and retrospective reviews of consumer's records to assure provider compliance and quality of care.

Definitions: Designated Provider – A provider of the WHN who has been listed with the Clerk of Court as a designee of WHN for the purpose of monitoring the consumers OPC.

Procedure:

Consumers placed on Outpatient Commitment (OPC) are likely to be individuals with high-risk behaviors about whom there is also a concern regarding treatment compliance. The goal is to assure that a strong effort is made to provide appropriate follow-up for consumers on OPC. The following procedure applies to follow-up by designated providers for consumers who are on OPC to WHN (some text has been paraphrased from the NC States Laws):

1. OPC to WHN will be coordinated through the Care Coordination Unit as a part of the emergency/crisis care continuum. The OPC - Care Coordinator (OPC-CC) is designated to maintain a spreadsheet on all consumers on OPC. This team member will receive the original OPC order sent to WHN, gather needed identification information, authorize needed services, log the information and then mail the order to the designated provider. OPC-CC will gather the needed demographic and provider information and mail a copy of the order to the provider assigned by the OPC-CC. Providers are assigned WH101 Codes to locate and open consumers as indicated. Consumers of Concern may require a face to face with the treatment team if they demonstrate high risk behaviors to themselves or the community and phone contact does not assure OPC-CC of adequate provider follow up. The OPC-CC will then monitor provider compliance, no less than bi-weekly, throughout the entire OPC. OPC-CC who sees a pattern with a provider on poor follow-up will suggest to the Crisis Continuum Manager removal of that provider from the available OPC provider list. This is typically 90 days for a mental health commitment and 180 days for a substance abuse commitment. In addition review of consumer records may be done concurrently during the OPC and retrospectively on a quarterly basis to ensure quality of care.
2. In general, we strongly discourage referral of consumers on outpatient commitment to providers who have a small practice where aggressive care management and follow-up is not readily available for non-compliant consumers. When a consumer on OPC is assigned to a provider who is unable to provide aggressive follow-up for non-compliance, that provider must notify the OPC-CC promptly of this non-compliance by mail and e-mail. This notification must include the client's last known address and phone number and any information related to the consumer's location. The OPC-CC will then authorize an outreach provider to follow-up with the client. The outreach provider will take the follow-up measures described below.
3. If the consumer informs his or her current provider that the consumer is moving to another county in the WHN area and wants to receive services from a new provider, the original provider requests the consumer

to contact the LME to arrange a case responsible transfer located within the new county with the new provider. If the consumer is moving to a new county but staying with the same provider organization then the consumer's new contact should be arranged by the current provider (i.e., A consumer with XX Provider is moving from Buncombe County to Henderson County and continues to receive services from XX). As outlined in Paragraph 5.g. below, the law requires any move from one county or another must be done through the court and a hearing should be requested for OPC transfer to the new county.

4. Many consumers are placed on OPC by a judge at a hearing when they are discharged from inpatient care. OPC can also be initiated during the involuntary commitment process by a MD on the first evaluation after the initial petition. In the latter case, the evaluating MD can check the Outpatient Commitment box in Section 111-Recommendation for Disposition, on the Examination and Recommendation to Determine Necessity for Involuntary Commitment form (Attachment D). The MD must complete the name and address of the proposed outpatient treatment center or physician. The initial evaluating MD must also give the client an appointment time and date for the follow up visit with the outpatient provider. The Initial Petition (Attachment E) and the First Evaluation (Attachment D) must be returned to the Clerk of Court prior to the follow-up appointment with the proposed provider.

If the consumer fails to show for the follow-up appointment the proposed provider must attempt follow-up and, if that fails, may have the client picked up for evaluation using the Request for Transportation Order and Order (Outpatient Fails to Appear for Pre-hearing Examination AOC-SP-224) (Attachment Cb). (See below)

The proposed provider's MD must complete another Examination (Attachment D) to determine if the consumer continues to meet the criteria for OPC. If the consumer is still in need of a OPC, the proposed provider/clinician will attend the hearing where the judge decides whether or not to continue the OPC. The MD for the proposed provider may also need to attend the OPC hearing for face-to-face testimony. This OPC hearing is held within ten days of the initial evaluation.

Of course, if the consumer shows up for the follow up appointment and no longer meets the criteria for OPC, the MD may sign the Change of Commitment form (Attachment A) and follow the mailing instructions outlined in Section 5.b. of this document.

5. **Basic OPC follow-up requirements:** All Consumers discharged from inpatient care must be seen face to face within 5 working days of discharge. This applies to consumers placed on OPC as well. The designated provider will provide assertive follow-up as described below for consumers on OPC:

- a. The designated provider will conduct outpatient face-to-face assessment and follow-up treatment with the consumer at the level clinically appropriate to the consumer's needs and condition. Some consumers may need daily contact while others may need weekly contact. No consumer shall be seen less than once every two weeks unless they are in a 24 hour supervised (FCH, Group Home) setting and are stable. If the provider feels the consumer needs to be seen less than bi-weekly, then a MD must review the need to continue the OPC and document the contact.

- b. If the provider feels that the consumer no longer meets the criteria to continue the OPC, then the MD can sign a Change of Commitment form (Attachment A) and send one copy to the Clerk of Court in the county the order dictates (which is the county of supervision) and one to the OPC-CC who will log the termination of commitment. *

- c. If the consumer fails to comply or clearly refuses to comply with all or part of the prescribed treatment, and the consumer continues to meet commitment criteria, the provider shall make all reasonable efforts to solicit the consumer's compliance. These efforts should be documented in a letter to the court by the clinician. The provider should complete a new Examination and Recommendation for Involuntary Commitment (signed by the MD/PhD - Attachment D). These two documents, along with the clinician's letter, should be sent to the Clerk of Court where the commitment is being supervised along with a Request for Supplemental Hearing (Outpatient Clearly Refuses to Comply with Treatment AOC-SP-221) form (Attachment F). A copy of the Request for Supplemental Hearing (Attachment F) should be sent to the OPC-CC.

d. If the consumer fails to comply but does not clearly refuse to comply, (i.e., the consumer has a pattern of scheduling appointments but does not show up) the provider may request the court to order the consumer taken in to custody for the purpose of a face to face evaluation. This is done by completing a Request for Transportation Order and Order (Outpatient Fails but Does Not Clearly Refuse to Comply with Treatment AOC-SP-220) (Attachment C).

e. If the consumer is non-compliant and cannot be located for a pick up order, then the following reasonable professional efforts should be made by the provider:

1. Reasonable effort is defined as documentation of at least one of the following **within 72 hours (not including holidays/weekends)** of the initial missed appointment: (1) a visit with the consumer in his/her home or (2) a rescheduled office appointment that the individual keeps or (3) a phone conversation with the individual about the services being offered or (4) at least three attempts to contact the individual *at* his or her last known address.

2. If the three attempts are unsuccessful these efforts should be documented in a letter to the Clerk of Court in the supervising county and a Change of Commitment form (attachment A) should be completed. A copy of both these forms should be sent to the Clerk of Court and a copy of the Change of Commitment (Attachment A) should be sent to the OPC Access Worker. *

f. If the consumer moves to another state, a Change of Commitment form (Attachment A) are completed and sent to the Clerk of Court. A duplicate copy of the form should be sent to the OPC-CC. The relevant facts are then documented in the consumer's chart.

g. If the consumer on OPC intends to move or has moved to another county within the state, the provider shall request that the Clerk of Court in the county where the OPC is supervised to schedule a hearing. The MD/PhD should fill out a new Examination and Recommendation for Involuntary Commitment (Attachment D) and send it to the Clerk of Court with a completed Request for Hearing (Attachment B). A copy of the Request for Hearing form should be sent to the OPC Access Worker.

h. Twenty days prior to the expiration of the OPC the clinician should review the case with a MD and determine if the consumer still meets the criteria for OPC and whether it needs to be extended. If the consumer has been compliant and no longer meets the criteria then a Change of Commitment form (Attachment A) can be signed at the expiration of the commitment and sent to the Clerk of Court and a copy to the OPC-CC.

If the provider feels the consumer continues to meet the criteria for the OPC and a rehearing is needed, then the MD/PhD will need to complete an Examination and Recommendation for Involuntary Commitment (Attachment D). The clinician should send it with a Request for Hearing form (Attachment B) to the Clerk of Court and a copy of the Request for Hearing to the OPC-CC.

i. If a consumer on OPC is involuntarily committed to an inpatient facility on a new petition, then the OPC is terminated and a Change of Commitment form (Attachment A) should be sent to the Clerk of Court and the OPC-CC.

* If the consumer is initially committed as a result of conduct resulting in the consumer being charged with a violent crime, including a crime involving as assault with a deadly weapon, and the respondent (consumer) was found incapable of proceeding, a hearing must be scheduled to make any changes in the commitment. When there is doubt about the reason for the initial commitment, the Clerk of Court should be contacted for clarification.

