New Jersey Psychiatric Association

A District Branch of the American Psychiatric Association

Involuntary Outpatient Commitment (IOC)

History and Program Goals

While IOC has been in effect in New York under Kendra's Law since 1995, it has only been implemented in New Jersey since 2012, first as a pilot program in Essex County and now effective in all 21 counties.

The program is intended for adults with serious mental illness who are unlikely to participate voluntarily in the recommended community behavioral health treatment and be able to live safely in the community without supervision.

Goals of the program are to improve adherence to treatment, decrease involuntary hospitalizations or length of stay, and avoid incarceration, violent behavior and suicide. While education is provided by the IOC team to increase insight, the ultimate goal is to help the individual experience a prolonged and productive out of hospital existence so he or she can begin to understand the importance of medication adherence, even though they may never fully believe it is needed.

Legal Process

The laws for involuntary outpatient commitment found at N.J.S.A. 30:4-27.1 et seq. provide the authority for a judge to order a patient who is identified as a danger to oneself or others resulting from mental illness to comply with outpatient treatment that is recommended by a team of inpatient providers. This form of commitment is considered the "least restrictive alternative." Dangerousness for outpatient commitment is defined as "in the foreseeable future" in distinction from the inpatient criteria of "imminent" dangerousness.

While attendance to treatment program and court hearings are an IOC condition of release from the hospital or jail to the community, the IOC Judge cannot force medication if the individual has capacity to make that decision. Non-compliance and subsequent clinical recurrence of symptoms leads to screening and involuntary inpatient hospitalization if that criteria is are met. The court ordered treatment plan is reviewed every three months in order to make revisions specific to each patient's needs.

IOC Program Completion

"Discharge", or graduation as it is frequently called, occurs after a period of twelve to eighteen months without any "involuntary" hospitalizations. When voluntary hospitalizations occur, the patient remains enrolled and the IOC team participates in the discharge plan back to the community in order to help address factors that may have contributed to the hospitalization.

Alternatively, "administrative discharge" occurs when factors other than serious mental illness become more prominent, i.e. Medical hospitalizations that are serious and chronic; long term rehab for substance use; continuous elopements out of state where case managers are unable to physically meet with the patient. The latter requires police notification since technically the patient is deemed dangerous and mentally ill on a conditional discharge into the community.

Criteria for Program Participation

Referrals can be made by the emergency screening program, any inpatient psychiatric facility, any jail/prison, and any community-based psychiatrist. Referred individuals must be:

- Adults over the age of 18;
- Seriously mentally ill;
- Unlikely to adhere to treatment and live safely in the community without supervision; and must also have a history of more than two involuntary hospitalizations, incarcerations or dangerous behavior as a result of mental illness; and
- Refuse treatment or lack the capacity to accept treatment voluntarily;

The individuals referred are generally those that respond well to medication while they are inpatient but are not compliant once discharged. It is not appropriate to refer individuals with any serious neurologic conditions or behavioral issues resulting from intellectual disabilities or severe personality disorders if no other serious mental illness is present.

IOC Treatment Team

The treatment team consists of:

- **Program Director:** receives and reviews referrals, keeps court documents up to date, organizes and coordinates meetings with inpatient, outpatient, family or others involved in patient care. Testifies occasionally when administrative issues occur.
- **Psychiatrist:** Usually Forensic trained since the evaluations are Future Dangerousness Assessments. The team psychiatrist is not distinct from the treating doctor. The treating doctor is the psychiatrist the person is receiving services from in the community. They may be part of the same agency, but they would typically not be part of the IOC team so that the person is able to engage with a long-term provider that will continue with them after they are discharged from IOC). The team psychiatrist's, role is to evaluate the patient while in the hospital, jail, group home other program setting to assess for appropriateness of treatment, advocate for the patient in the community, and provide testimony at court hearings.
- **Case Manager:** This team member has a master's degree. The Case Manager has Aat least two or more weekly contacts with the patient to assess clinical symptoms and any complications in the community interfering with stability. Each case manager is expected to take calls twenty-four hours daily for emergencies. Patients are provided with cell phones if they do not already possess one for this emergency purpose.

Team meetings include weekly reviews of clinical data on each patient in the program. Decisions to modify treatment plans are made during these meetings. Team members will meet with the patient if needed to address any acute issues. Additionally, the team and specifically the psychiatrist meets with each patient the week of the court hearing to update clinical information, i.e. medication changes, and to perform a mental status examination prior to testifying.

Each court date can have from five to fifteen patients on the court calendar. The psychiatrist testifies on each case with the patient present. The defense attorney will question the ongoing necessity for IOC while county counsel will present evidence in support of the program placement. The Judge will hear the evidence and decide on the facts presented whether to continue or dismiss the case.

Conclusion

The desired outcome for IOC is to successfully guide the chronic mentally ill patient through the first eighteen months post discharge by giving extra support in the community and to monitor clinically for any changes BEFORE the patient decompensates. The American Psychiatric Association position is that IOC/AOT can be a useful intervention for patients with severe mental illness when the initial outpatient commitment period is 180 days.

Ideally, involuntary outpatient commitment is a temporary condition. One hopes that after an extended period of enforced adherence to treatment, a patient will recognize that treatment is helpful and worth continuing. After discharge from IOC, it is recommended that the patient continue treatment without the court order. The transition from enforced adherence to voluntary compliance gives the patient and enormous feeling of satisfaction and confidence. The support system established in the community carries the patient forward to a more autonomous life with longer enduring periods of stability.