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North Sound Behavioral Health Organization

Section 1500 – CLINICAL: Mental Health Intensive Outpatient Program (IOP) for Adults

Authorizing Source: DSHS PIHP and North Sound BHO Contract

Cancels:

See Also:

Providers must comply with this policy & may develop individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 1/18/2017

POLICY #1567.00

SUBJECT: MENTAL HEALTH INTENSIVE OUTPATIENT PROGRAM (IOP) FOR ADULTS

PURPOSE

To define the mental health Intensive Outpatient Program (IOP) including service components and standards for admission and discharge from the program.

Mental Health IOPs are unique and different from standard individualized treatment in that the programs aim to serve individuals primarily in the community or home. Frequency of contact is emphasized to enhance stability, and the long-term goal is to provide maximum community integration for the individual.

POLICY

The IOP is a home and community-based mental health treatment program which provides a multi-disciplinary treatment team approach for those individuals who have been assessed to be in greatest need of this service. Team members' work together to provide intensive, coordinated and integrated treatment as described in an individual's Resiliency/Recovery Plan. A primary goal of Intensive Outpatient Services is to avoid more restrictive levels of service, such as psychiatric inpatient hospitalization or residential placement, and to increase the individual's level of independence and efficacy in managing their recovery.

WASHINGTON STATE DIVISION OF BEHAVIORAL HEALTH AND RECOVERY HIGH INTENSITY TREATMENT STANDARDS

Basic elements of IOP are consistent with the core requirements of the Washington State Division of Behavioral Health and Recovery (DBHR) modality definitions for High Intensity Treatment and must include, but are not limited to:

1. Treatment available upon demand, based on the individual's need. Treatment intensity varies among individuals and for each individual across time.
2. Access to services is available twenty-four hours per day, seven days a week.
3. The individual to staff ratio for this service is no more than 15 individuals to 1 staff member.
4. Treatment team is composed of the individual, mental health care providers under the supervision of a Mental Health Professional (MHP), and other relevant persons as determined by the individual (e.g. family, guardian, friends, neighbor, etc), and/or other community members including pastors, physician, probation or parole officers, CD counselors, etc.

PROCEDURES

The IOP admission criteria are designed to identify individuals with severe and persistent mental illness that seriously impairs their functioning in community living and who meet state-wide Access to Care Standards.

The purpose of IOP admission standards is to ensure individuals with severe mental illness receive the necessary intensity and array of services. Providers of these services shall ensure that individuals admitted to these programs are not inappropriately discharged or inadequately served.

Providers with mental health IOP will develop policies and procedures which outline their specific referral processes. Mental health IOPs are available to individuals served by all North Sound Behavioral Health Organization (BHO) contracted providers and IOP will give equal access to individuals receiving services from any of these provider agencies.

REFERRAL PROCESS FOR IOP

For individuals in a current treatment episode:

The individual and their current outpatient clinician will discuss which IOP the individual wishes to be referred to. Clinician will consult the policy and procedure and/or IOP manager of the agreed upon agency for specific referral instructions.

For individuals not in a current treatment episode:

1. Referring party assists the individual in calling VOA Access or the Behavioral Health Agency (BHA) of their choice to schedule a routine outpatient intake evaluation (assessment). The individual is encouraged but not required to request this intake at the agency that operates the mental health IOP where they wish to enroll.
2. Once the individual receives an intake assessment and the clinician doing the assessment believes the individual may be eligible for IOP services, the assessment clinician will discuss with the individual which IOP the individual would prefer to be referred.
3. The assessment clinician will consult the policy and procedure and/or IOP manager of the agreed upon IOP program for specific referral instructions.

ADMISSION CRITERIA

Individuals considered for the IOP will meet the following criteria:

1. A current LOCUS/CALOCUS level of 3 or higher;
AND
2. The individual experiences continuous high service needs due to mental illness as demonstrated by at least two of the following:
 - A. Moderate to high use of psychiatric hospitals (e.g., in the past year: two or more admissions of more than 72 hours in duration, or thirty or more total days, or a single stay of 21 or more days).
 - B. Persistent, recurrent, or severe major mental health symptoms.
 - C. Co-occurring substance use disorder of significant duration (greater than six months).
 - D. Recent and/or recurrent criminal justice involvement.
 - E. Significant difficulty meeting basic survival needs, currently residing in substandard housing, or homelessness.
 - F. At imminent risk of becoming homeless (e.g. repeated evictions and/or currently on eviction notice)
 - G. Residing in a supervised community residence and clinically assessed to be able to live in a more independent living situation if intensive services are provided.
 - H. Requiring more intensive services to avoid residential placement.

- I. History of medication non-adherence and/or not participating in treatment.

AND

3. The individual experiences significant functional impairments due to mental illness as demonstrated by at least one of the following conditions:
 - A. Significant difficulty in consistently performing the range of practical daily living tasks required for basic functioning at home and/or in the community.
 - B. Persistent or recurrent difficulty performing age appropriate daily living tasks except with significant support or assistance from others such as friends, family or relatives.
 - C. Significant difficulty maintaining important and/or supportive relationships with others.
 - D. Significant difficulty maintaining a safe living situation (e.g. excessive hoarding; consistently unsanitary conditions due to uncollected garbage, food scraps and other waste material).

Though individuals must meet these minimum standards to be eligible for the program, meeting these standards does not guarantee admission to the program. Approval will be granted based on an assessment of acuity and availability. Space availability will be managed by the agency providing the service, as described in the agency's policy and procedure.

If there are no openings or if eligibility is not met, the individual will continue to be entitled to ongoing medically necessary outpatient services and the clinician will continue to work with the individual in a manner that best meets their needs and/or refer to another appropriate service program.

When referred individuals are not admitted to IOP, the provider should consult policy #1005.00, Notice Requirements to determine if/how a notice must be sent.

SERVICE COMPONENTS OF THE IOP

1. Services must minimally, based on the individual's service needs, include the following **core components**:
 - A. Assessment;
 - B. Recovery planning;
 - C. Comprehensive Community Support;
 - D. Counseling/psychotherapy;
 - E. Service coordination;
 - F. Assessment of need for crisis intervention;
 - G. Symptom assessment and management;
 - H. Assessment of need for medication and monitoring;
 - I. Dual-diagnosis assessment/referral;
 - J. Supported employment;
 - K. Social/interpersonal relationship and leisure-time skill training;
 - L. Group treatment; and
 - M. Medication management.
2. Individuals enrolled in IOP will have access to other mental health treatment modalities as medically necessary.
3. Individual contacts shall be made available outside the outpatient clinic or day support setting. The majority of services are provided in the setting natural to the individual including home, work, and residential or other community locations.
4. IOP services are ongoing services and not emergency services.

5. The IOP clinicians are the primary program staff responsible for the support of IOP individuals. They provide coordination with community resources and other systems involved with the enrolled individual. They work in coordination with both Emergency Services and DMHPs as situations arise with individuals in IOP programs in which the IOP Team needs additional resources.
6. When individuals enrolled in IOP are incarcerated, the IOP team will collaborate with jail mental health professionals. Whenever possible, IOP will visit enrolled individuals who are incarcerated. They will coordinate around current needs and assist in release/discharge-planning.

IOP RECOVERY PLANNING

1. Recovery planning should follow Policy #1551.00, Resiliency/Recovery Plans (Individual Service Plans). Recovery Plans shall be developed in collaboration with the individual and the family or guardian, as desired by the individual, and shall identify individual's goals and strengths, as well as issues/problems, and use therapeutic standards to set specific measurable long and short-term goals and establish specific approaches and interventions necessary for the individual to meet these goals. Services will be designed to support individuals in self-management of their illness.
2. The team's intensity varies among individuals and for each individual across time. Symptoms and functioning will be continuously addressed by the team. The Recovery Plan shall be adjusted as there are changes in the individual's condition, and reflect documentation of frequency and location of contact with the individual. The written Recovery Plan will be reviewed and revised on an ongoing basis as needed and at a minimum every 6 months.
3. The recovery planning process will include a global alert that will be completed and entered in the IS system, identifying the individual as an IOP participant and listing the team contact(s) to improve coordination of services between the clinicians, Crisis Line, and Emergency Services.
4. Ongoing need for this service modality will be reassessed at least every six months and documented in the clinical record. The method of this reassessment will be described in the IOP services policy and procedure for each program.

DISCONTINUATION OF IOP SERVICES

Intensive outpatient programs should refer to policy #1540.00 – Discharge from Treatment for policy and procedure surrounding discharge from services. However, in keeping with the specific goals of intensive outpatient treatment, IOP discharges should differ from standard discharge policy as follows:

1. Transitions to less intensive services should be carried out when individuals:
 - A. Successfully reach their established goals in this modality and no longer meet Intensive Outpatient Services criteria described above.
 - B. Demonstrate a higher level of community integration and baseline functioning over time.
 - C. Demonstrate an ability to function in some role areas (i.e., work, social and self-care) without ongoing assistance from the program, without significant relapse when services are withdrawn.
2. Individuals enrolled in IOP services will typically require greater re-engagement efforts than the minimal guidelines listed in Policy #1540.

ATTACHMENTS

None