NORTHERN NEVADA ADULT MENTAL HEALTH

POLICY AND PROCEDURE

SUBJECT: INTENSIVE OUTPATIENT PROGRAM (IOP) SERVICE PLAN AND REFERRAL PROCESS

NUMBER: NN-PC-PL 24

ORIGINAL DATE: 11/18/10

REVIEW/REVISE DATE:

APPROVAL: Rosalyne Reynolds {s} , Agency Director

I. PURPOSE

The purpose of this policy is to describe the duties, responsibilities, and scope of services provided by the Intensive Outpatient Program (IOP) to Northern Nevada Adult Mental Health (NNAMHS) consumers. Consumers who are discharged from inpatient hospitalization, or consumers who are currently involved in outpatient services, with a high acuity level of mental illness and low acuity level of substance abuse can receive a time-limited enhancement of services focused on maintaining stability in the community through the Intensive Outpatient Program.

III. REFERENCES

NN-PC-AS-01-Outpatient Services Assessment

NN-PC-PL-02 – Outpatient Service Plan

NN-PC-PL-25—Intensive Outpatient Admission/Discharge Criteria

MHDS 4.031-Treatment Plan and Treatment Team

MHDS 4.038- Person-Centered Service Planning

II. POLICYIt is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to provide services to individuals in the least restrictive environment and to provide support to each consumer in achieving stability in the community through services provided in IOP services to the consumer.

IV. PROCEDURES

1. PROGRAM GOALS:

- To reduce hospitalizations
- To reduce jail detentions
- To increase medication compliance
- To attain and maintain mental stability
- To enhance individual recovery goals
- To improve natural supports
- To improve opportunities for self-management.

2. PROGRAM COMPONENTS: The IOP includes the evidence-based practices of illness management and recovery, relapse prevention, medication management and health education, participation in self-help support groups, leisure and social skills.

3. PROGRAM STRUCTURE: The IOP program includes therapeutic groups, psycho-educational groups, and recreational activities 3-days a week for a 12-week program. Minimal opportunities for NNAMHS-provided transportation for consumers to attend group may be available.

4. PROGRAM STAFF: The IOP consists of the following staff:

- IOP Coordinator
- Registered Nurse (from Outpatient Medication Clinic)
- Mental Health Counselors
- Psychologists

- Doctoral Student-Psychology
- Bachelor Level-Psychology
- Psychiatrists/Prescribers
- Licensed Clinical Social Worker
- Consumer Service Assistant
- Vocational Rehabilitation Counselor

5. REFERRAL PROCESS

a. Upon discharge from Dini-Townsend, the Social Worker/discharge planner will inform consumers who meet admission criteria about the program, including a review of the IOP Group Guidelines with the consumer, and make a referral for the consumer to IOP.

b. The discharge worker will complete the IOP Referral Form (attached) and forward to the individual specified at the top of the form. When considering a referral, staff is asked to consult admission criteria policy.

c. The most optimal referral is made with the consumer who is still inpatient and who will be evaluated for admission to IOP while still hospitalized.

d. The discharge worker will refer the consumer to all appropriate services at NNAMHS and will notify the consumer that the referral to the IOP does not guarantee admission to the program.

e. Referrals from NNAMHS sources other than DIni-Townsend Hospital shall be made on the referral form which is sent to the designated individual listed on the form.

f. Upon receipt of the referral form designated IOP staff, will do the following:

- Review the referral and contact information
- Contact the referral source for clarification related to any aspect of the referral.
- Review the consumer's medical record and clinical information

- Contact the consumer to arrange a meeting time for an interview

g. Once IOP staff has met the consumer, the information gathered will be evaluated and a decision regarding admission will be made.

h. If the consumer is not accepted for IOP services, the individual will be referred back to services he/she is currently receiving.

6. PARTICIPANT EXPECTATIONS: Participants are expected to do the following:

- Agree to abide by the IOP guidelines
- Meet with their prescriber/psychiatrist at least once per month while enrolled in the IOP.
- Meet with the RN weekly. The RN will be accessible each morning.
- Attend one Psycho-educational Group and one Process Group per day

7. PROGRAM TOPICS: At a minimum, the following topics will be addressed in the process and psyho-educational Groups:

- Self-efficacy
- Personal Responsibility
- Social Support and Social Skills
- Psychiatric Stabilization
- Self-Esteem
- Health Education
- Difficult/Important Life Themes

8. TEAM RESPONSIBILITIES

a. All program staff will meet for up to 1 hour weekly to share information about the consumer's participation in the program, clinical issues,

progress towards completion of treatment goals, and new referrals to the program.

b. During the week the program staff will use e-mail to address progress, concerns, or programming needs to the IOP staff membership as a whole.

c. A treatment plan will be developed with each consumer enrolled in the program by the IOP Coordinator or the designated IOP contact therapist prior to the consumer starting group services.

See Referral Attachment, below

INTENSIVE OUTPATIENT PROGRAM Referral

Your Name: _____PH#_____Dept:_____

REFERRAL FORM---please email to Tom Lavin

**Before making this referral:

1. Does the client meet the admission criteria? (See Attachment)
2. Has the client read and agreed to the IOP group guidelines? (See Attachment)
3. Is the client currently in Psychology Services? If not, just make the referral.
   If yes, go to psychology progress notes to get the name of the clinician working with the client, and contact him/her to discuss referral to IOP. Based on your conversation, make the IOP referral or follow another clinical path. If there is a difference of opinion that is not resolved, contact Tom Lavin [email or x82143], who will work with you, the psychologist and Dr. Kambiz on a resolution.

CONSUMER'S Full NAME: _____

CONSUMER'S ADDRESS: _____

_____

CONSUMER'S TELEPHONE NUMBER (s)_____

REASON FOR THE REFERRAL TO IOP: (Check as many as apply)

( ) Step down needed from inpatient care to outpatient care to prevent de-compensation of gains made during hospitalization.

( ) Consumer is in outpatient care at NNAMHS and needs higher level of care that may prevent hospitalization or decompensation

( ) Other: _____

Please list the NNAMHS Services that the consumer is currently engaged in:
_____

Please describe the community services the consumer is currently engaged in:
_____

On a scale of 1 to 5, with 1 being low and 5 being high, what is the consumer's level of motivation to participate fully in the IOP? [Circle one]

1. 2. 3. 4. 5.