

# Proposed Solution Strategy for Working Group 1: Involuntary Medication Orders (IMO) Quality Improvement Project (QIP) IMO-QIP

## **Background and Issue(s):**

Since the 1800s, there has been a cycle in the history of our country regarding the over-utilization of state hospitals and subsequently their overcrowded, under-resourced conditions. Data from the Department of State Hospitals (DSH) shows that referrals and waitlist, capacity, and Incompetent to Stand Trial (IST) patients served have been increasing from 2014 to present, with an anomaly in 2020 that resulted in a decrease due to the pandemic. Data also shows an increase in the number of criminal justice contacts. Over half of this population was unsheltered at the time of the original offense. In addition to being unsheltered, their underlying mental health conditions are untreated, with almost half of the IST population having had no mental health services in the 6 months leading to their arrest. About 25% of ISTs stay in prison. The number one barrier to diversion is lack of stabilization on medications. As such, the goal of Workgroup #1, *Early Access to Treatment and Stabilization for Individuals Found Incompetent to Stand Trial (IST) on Felony Charges*, is to identify short-term solutions to provide early access to treatment and stabilization in jail or via Jail Based Competency Treatment programs in order to maximize re-evaluation, diversion or other community – based treatment opportunities and reduce length of stay.<sup>1</sup>

Based on the September 21, 2021, workgroup discussions, it appears that the concept of court-ordered Involuntary Medication Orders (IMOs) is not well-understood by justice system partners, and that the actual language in the orders might be too prescriptive and inadvertently adding to the confusion. In sum, there is a lack of understanding and knowledge about IMOs, including the administration of medications. Some counties have already worked with DSH to refine the language for implementing IMOs. For example, in San Luis Obispo County, after reviewing California Penal Code Section 1368, the jails were able to confirm that they had authority to implement IMOs before individuals formally entered into the Mental Health Diversion program. DSH worked with the county to broaden the language and provide the understanding that the medication is necessary to restore an individual to competency. Once the IMO is in place, most individuals quickly stabilize, thus having a rapid benefit to improve their behavioral health condition. Also, having the order in place often motivates individuals to voluntarily comply as they understand they will be receiving medication either way.

## **Actionable ideas or solutions:**

A short- to medium-term strategy could be to implement a DSH IMO Quality Improvement Project (IMO-QIP). An IMO Statewide Survey could be conducted to better understand if and how IMOs are being established and implemented in each county. The survey results, coupled with research on promising and best practices for IMOs, could be used to develop a QIP project that includes:

- Educational Webinars

- Promising and Evidence-based Practices Compendium and Implementation Toolkit

- Training and Technical Assistance (single-county, regional learning collaboratives, etc.)

The Educational Webinars would focus on the purpose, importance and benefits of IMOs, provide a high-level overview of effective IMO implementation strategies, as well as provide information to dispel IMO myths and misunderstandings. The Compendium and Toolkit would include sample IMO language for court orders that has been refined and is currently being used by counties who have already completed related quality improvement efforts (with input/guidance from DSH). It would also serve as a compilation and resource guide on best practices in implementing IMOs, including strategies for administering medications to individuals who continue to refuse such treatment even after IMOs are in place.

Additionally, the Educational Webinars and Compendium and Toolkit can incorporate information and examples of the use and benefit of peers, long-acting injectables, and how to transfer individuals who are restored into diversion programs to maintain stabilization and transition to community-based treatment. The Toolkit would also include guidance for engaging in Continuous Quality Improvement principles and practices. All of this information would then be used to develop a Training and Technical Assistance Plan to implement the Compendium and Toolkit, ranging from direct one-on-one county assistance to regional or State collaboratives, depending on county needs and the information being disseminated.

For this project, DSH could secure a Contractor that would be responsible for engaging IMO subject matter expertise and other related resources to conduct the Statewide Survey, develop the Compendium and Toolkit, and develop and implement a Training and Technical Assistance Plan. County justice system partners would then commit to participating in the IMO-QIP as part of a grant program, making the necessary system changes and capturing the data needed to track project outcomes.

## **Resources:**

The DSH IMO-QIP Contractor and county justice system partner grants could be funded using a portion of the \$75 million one-time General Fund allocation to provide competitive grants for increased infrastructure targeted to justice-involved individuals with a serious mental illness who are deemed IST. Once the IMO-QIP is complete, existing criminal justice and behavioral health resources can be used for ongoing maintenance and operations.

**IMO-QIP Outcomes Data:**

Ideally, statewide IMO data would be captured and reported to a central location for analysis and reporting, with data elements being identified and defined as part of the project design/methodology.