

Case Scenario

Mateo is 40 years old with a history of psychosis and PTSD for which he has been prescribed medication. He has a history of stopping his medication and relying on marijuana and stimulants from an online prescription provider. He is unemployed and currently living alone in a hotel paid for by his family.

During the past year, Mateo was subject to two separate IVC custody orders.

- Leading up to the first IVC case, he stopped taking his medication and a few days later got in his mother's car and drove erratically through the neighborhood, up into neighbors' yards where children live, crashing through bushes, narrowly missing large trees, and yelling "you better watch out!"
- His second IVC case began after he ceased taking his medication, began having visual and audio hallucinations, and the police found him wandering aimlessly in a busy roadway suffering dehydration and malnourishment requiring hospitalization.

In each IVC case, the magistrate and first examiner concluded that Mateo met the criteria for commitment. In each case, he proceeded to a 24-hour facility, where the second examiner concluded he met the inpatient commitment criteria. Each time, however, he was discharged before having a commitment hearing. No commitment order was issued.

Ten days ago, Mateo stopped taking his medication for mental illness and began to experience visual and audio hallucinations. More recently, he ceased eating and bathing. He is increasingly suspicious of his family and thinks, based on a dream, that his stepfather is abusing his mother. He says he plans to cut his stepfather's throat when his stepfather is sleeping.

Once again, Mateo is taken to a 24-hour psychiatric hospital under the IVC process and is scheduled for discharge. He has a documented history of declining prescribed treatment.

Does Mateo meet the new outpatient commitment standard?

1. Does Mateo have a mental illness?
2. Is he capable of surviving safely in the community without posing a danger to others when engaged in treatment for mental illness?
3. Based on his psychiatric history, is he in need of treatment to prevent further disability or deterioration that would predictably result in dangerousness?
4. Does his mental status or the nature of his illness limit or negate his ability to seek or comply with treatment voluntarily?
5. Does he have a history of declining or not adhering to prescribed treatment?
6. Has he had repeated involuntary inpatient psychiatric hospitalizations?
7. Is he scheduled to be discharged from an inpatient hospital or released from a jail or prison?