

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT DMH Hypothermia Policy		
POLICY NUMBER 340.1A	DATE JUN 21 2012	TL# 170

Purpose. To update the procedures for the Department of Mental Health (DMH) and Mental Health Rehabilitation Services (MHRS) Providers to assist in the District effort to save lives and prevent serious injury that can be caused by a person's extended exposure to severe winter weather conditions, and to identify and treat those individuals in need of mental health services.

Applicability. Applies to DMH and all certified MHRS Providers.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate MHA offices.

Implementation Plans. A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.*

Policy Dissemination and Filing Instructions. Managers/supervisors of the DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must ensure that this policy is filed in the DMH Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

ACTION

REMOVE AND DESTROY

DMH Policy 340.1

INSERT

DMH Policy 340.1A



Stephen T. Baron
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 340.1A	Date JUN 21 2012	Page 1
	Supersedes DMH Policy 340.1, same subject, dated April 22, 2002		
Subject: DMH Hypothermia Policy			

1. **Purpose.** To set forth procedures for the Department of Mental Health (DMH) and Mental Health Rehabilitation Services (MHRS) Providers to assist in the District effort to save lives and prevent serious injury that can be caused by a person's extended exposure to severe winter weather conditions, and to identify and treat those individuals in need of mental health services.

2. **Applicability.** Applies to DMH and all certified MHRS Providers.

3. **Authority.** Mayor's Order 2001-161, D.C. Hypothermia Procedures, dated October 31, 2001; and D.C. Hospitalization of the Mentally Ill Act of 1965, as amended, 78 Stat. 44, D.C. Official Code § 21-521.

4. **Definitions.**

4a. **Hypothermia.** A life threatening condition occurring when a person's body temperature falls below 95 degrees Fahrenheit due to exposure to cold and wet conditions. The District's hypothermia season begins November 1 and extends through March 31, and may be expanded if hypothermia conditions occur before or after the hypothermia season. In the District of Columbia, hypothermia conditions exist when the temperature and/or wind-chill is expected to be 32 degrees Fahrenheit or lower.

4b. **Hypothermia Alert.** A notification from the Homeland Security and Emergency Management Agency (HSEMA) to specified District agencies when the temperature and/or wind chill is expected to fall to 32 degrees Fahrenheit.

5. **Background.** Hypothermia is a dangerous condition, and a person with substance abuse problems or mental illness who is exposed to cold weather may be unaware of the risks of hypothermia or that his or her body temperature has fallen to the point of danger. At times, a person at risk of becoming hypothermic will voluntarily accept help, but sometimes they must be helped involuntarily (See Section 7b below).

MHRS providers are primarily responsible for monitoring the health and safety of their consumers at all times. For those consumers who are chronically homeless, known to live outside, and/or are at particularly high risk of exposure to hypothermic conditions, MHRS providers must conduct health and welfare checks to ensure the safety of consumers during hypothermic conditions. Also see Section 8a below.

6. **Policy.** DMH shall work with other agencies throughout the District to identify vulnerable people living in exposed, unprotected areas and provide immediate access to shelter and mental health services when needed during the hypothermia season; and provide assistance to MHRS providers to supplement their efforts to monitor consumers who may be at high risk of exposure to hypothermic conditions, upon request.

7. Preparation/Coordination of Outreach Activities. In accordance with the Mayor's Order 2001-161, DMH will work in a collaborative effort with other District agencies to perform outreach services to vulnerable people on the streets. The services provided by various District agencies shall include the following:

7a. Identification of available hypothermia shelter sites, operation of the 24-hour Shelter Hotline, and provision of transportation to homeless shelter sites as needed.

7b. When necessary, collaboration with the Metropolitan Police Department (MPD) to ensure that the FD-12, emergency psychiatric assessment process under the Ervin Act and the public intoxication statute are appropriately applied to ensure that vulnerable persons are taken out of the elements to a place of safety during severe weather conditions.

Note: Only a physician or qualified psychologist of the person, an accredited officer-agent of DMH, or law enforcement officer authorized to make arrests in the District of Columbia may complete and sign a Form FD-12, Application for Emergency Hospitalization.

7c. If a person requires services pursuant to the Ervin Act, he or she shall be transported by an officer from the police department, or others as appropriate, to an emergency or non-emergency medical facility for appropriate crisis intervention, medical assessment, or other supportive services.

7d. If a person has been diagnosed as chemically dependent and requiring medical detoxification, the individual shall be transported to an appropriate facility for assessment and treatment as clinically warranted.

8. DMH Roles and Responsibilities.

8a. **DMH certified MHRs Providers** shall:

(1) Conduct health and welfare checks of consumers who are at risk of hypothermia during hypothermic conditions, utilizing harm reduction techniques, emergency or contingency planning, as well as actively working on immediate social service needs/housing goals.

(2) Call the Access Helpline for referral assistance or request assistance from outside entities (i.e., Hypothermia Hotline, Homeless Outreach Program [HOP], Mobile Crisis Services (MCS), MPD, Fire or Emergency Medical Services) to further supplement their efforts to monitor the safety of their consumers.

(a) Alert the HOP or MCS if they are aware of a consumer who may be in need of outreach services as described in 8b(1) below; or in need of urgent or emergency psychiatric service if there is not an officer-agent available at the MHRs provider to prepare an FD-12; or

(b) Call the 24-hour Shelter Hotline (1-800-535-7252) for transportation to hypothermia shelter sites, as needed, or to request blanket distribution and welfare checks for vulnerable people living outside.

8b. DMH Comprehensive Psychiatric Emergency Program (CPEP) shall:

(1) Provide outreach workers from the HOP to assist vulnerable people on the streets during the hypothermia season (e.g., provide warm clothing and blankets, warm food and beverages, hypothermia education, coordinate access to crisis services, and conduct mental health assessments, when appropriate). Mobile Crisis will provide similar services when needed.

(2) Provide assessment and mental status examination of people brought to CPEP and provide or arrange for transport to the Saint Elizabeths Hospital, crisis beds, other psychiatric hospitals, Addiction Prevention and Recovery Administration (APRA), or hypothermia shelters as appropriate.

(a) The CPEP admitting psychiatrist shall personally perform a mental status examination upon the arrival of a person brought to CPEP. This examination may not be performed by anyone other than a psychiatrist or psychiatry resident supervised by a psychiatrist.

(b) For People with Suspected Mental Illness who are on the Street.

- Individuals may be brought to CPEP voluntarily or involuntarily for assessment and stabilization and will be provided a psychiatric assessment, a medical screening, and discharge planning (e.g., psychiatric hospitalization, crisis services, APRA referral, or other outpatient referrals) as appropriate.
- Individuals brought involuntarily must meet the criteria and have the appropriate documentation stipulated under D.C. Official Code § 21-521, Emergency Hospitalization.
- Individuals requesting transfer to a shelter will be provided assistance with transportation (as appropriate) either through MCS, case manager assisted transport, hypothermia van when available, or by providing Metro bus tokens.
- Individuals who are intoxicated or medically compromised may require a medical clearance before a CPEP admission.

8c. Extended Services Provided to the Homeless.

(1) Mental health providers shall work with their homeless consumers and their advocates to identify appropriate housing plans and other service needs.

(2) The HOP shall work closely with homeless providers, holding case conferences and serving as a safety net to prevent consumers from falling through the cracks, and participate in monthly meetings with other District agencies to identify high-risk individuals who may be at risk of hypothermia or in need of services during extreme weather (also see Section 8b(1) above).

(3) Saint Elizabeths Hospital shall ensure appropriate outplacement of homeless consumers.

9. **Memorandum of Agreement (MOA)**. DMH shall participate with other District agencies in the annual review of a MOA that outlines the coordination of the District's service delivery to the homeless during the hypothermia season.

Approved By:



Stephen T. Baron (Date)
Director, DMH