

**Department of Behavioral Health
TRANSMITTAL LETTER**

SUBJECT DBH Hypothermia Policy		
POLICY NUMBER DBH Policy 340.1	DATE AUG 06 2014	TL# 261

Purpose. This policy was generally updated and converted from a Department of Mental Health (DMH) policy to a Department of Behavioral Health (DBH) policy, and expands the applicability from Mental Health Rehabilitation Services (MHRS) providers to DBH certified providers with a human care agreement.

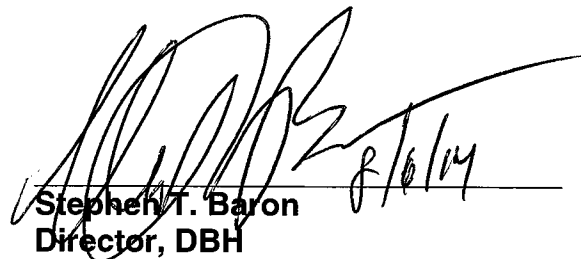
Applicability. Applies to DBH and all certified DBH providers with a human care agreement (referenced as DBH provider in this policy).


Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. This policy is effective immediately.

Superseded Policies. This policy replaces DMH Policy 340.1A, same subject, dated June 21, 2012.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff are familiar with the contents of this policy.


Stephen T. Baron
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 340.1	Date AUG 06 2014	Page 1
	Supersedes DMH Policy 340.1A, same subject, dated June 21, 2012		
Subject: DBH Hypothermia Policy			

1. **Purpose.** To set forth procedures for the Department of Behavioral Health (DBH) and DBH providers to identify and treat those individuals in need of behavioral health services during hypothermia and cold emergency alerts to assist in the District's effort to save lives and prevent serious injury that can be caused by extended exposure to severe winter weather conditions.

2. **Applicability.** Applies to DBH and all certified DBH providers with a human care agreement (referenced as DBH providers in this policy).

3. **Authority.** Department of Behavioral Health Establishment Act of 2013; D.C. Hospitalization of the Mentally Ill Act of 1965, as amended, 78 Stat. 44, D.C. Official Code § 21-521; and Mayor's Order 2001-161, D.C. Hypothermia Procedures, dated October 31, 2001.

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.

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 or below.

4c. **Cold Emergency Alert.** HSEMA activates the Cold Emergency Alert when the temperature falls, or is forecasted to fall, to 15 degrees Fahrenheit including wind chill or below, or 20 degrees Fahrenheit, including wind chill, and one or more of the following conditions exists:

- Steady precipitation for 60 consecutive minutes
- Ice storms and/or freezing rain
- Snow accumulation of 3 inches or more
- Sustained winds of more than 10-15 miles per hour
- A wind chill below 0 degrees Fahrenheit
- other meteorological conditions or threats as determined by HSEMA

5. **Background.** In the District of Columbia, hypothermia conditions exist when the temperature and/or wind-chill is expected to be 32 degrees Fahrenheit or lower. 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.

Hypothermia is a dangerous condition, and a person with substance use 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 are not able to appreciate the severity of risk as a result of their mental illness and must therefore be assessed for emergency evaluation (See Section 8a(3) below).

DBH 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, DBH providers must conduct health and welfare checks in an effort to monitor their safety. Also see Section 8a below.

6. **Policy.** DBH shall work with other agencies throughout the District to identify vulnerable people living in exposed, unprotected areas and assist in locating appropriate shelter and behavioral health services when needed during the hypothermia season. Upon request, DBH will also provide assistance to DBH providers to supplement their efforts to monitor consumers who may be at high risk of exposure to hypothermic conditions.

7. **Preparation/Coordination of Outreach Activities.** In accordance with the Mayor's Order 2001-161, DBH will work in a collaborative effort with other District agencies (i.e. District of Columbia Department of Human Services [DHS], Executive Office of the Mayor [EOM], Department of Health [DOH], Metropolitan Police Department [MPD], and Homeland Security Emergency Management Agency [HSEMA]) to perform outreach services to vulnerable people on the streets. The key to successful outreach operations starts with planning and coordination before the sudden onset of hypothermia season.

8. **DBH Roles and Responsibilities.**

8a. **DBH 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. Treatment planning shall include safety care plans for hypothermia and cold emergency season.

(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.

(3) 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 DBH provider to prepare an FD-12; or

(4) 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. **DBH Comprehensive Psychiatric Emergency Program (CPEP)** shall:

(1) Provide outreach workers from MCS and 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, assist in transporting to a shelter or warming site/bus and/or the provision established by the District of Columbia for the Cold Weather Alert, coordinate access to crisis services, and conduct mental health assessments, when appropriate).

(2) Provide assessment, mental status examination, medical screening and appropriate post-crisis discharge planning (e.g., return to the community, psychiatric hospitalization,

crisis services, referral to substance use Assessment and Referral Center [ARC], or other outpatient referrals) for people brought to CPEP.

- Individuals who are reasonably believed to be a danger to self or others as a result of a mental illness who are brought to CPEP for emergency evaluation, must meet the legal criteria and have the appropriate documentation required under D.C. Official Code § 21-521, in order to be involuntarily admitted.
- Individuals requesting transfer to a shelter or warming site will be provided assistance with transportation (as appropriate) either through MCS/HOP, 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.

(3) Provide or arrange for transport to crisis beds, hospital's psychiatric or medical unit, appropriate facilities for substance use assessment and treatment, or designated hypothermia shelters/warming sites as appropriate.

8c. Extended Services Provided to the Homeless during Hypothermic Conditions.

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

(2) DBH providers shall work with DBH to provide information on homeless consumers linked to a CSA or ACT team, and provide CPEP with the consumer's last known locations and/or risk factors.


(3) If necessary, DBH shall identify and recruit additional Officer-Agents from the existing list of eligible DBH Officer-Agents to ensure capacity for FD-12, emergency psychiatric assessment process under the Ervin Act.

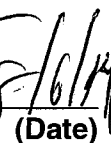
(4) HOP shall work closely with homeless providers to serve as a safety net to ensure continuity of care of consumers. As applicable, HOP will participate in meetings with other District agencies to identify high-risk individuals who may be at risk of hypothermia or in need of services during extreme weather.

(5) Saint Elizabeths Hospital, DBH contracted hospitals, and substance abuse residential and withdrawal management programs shall ensure appropriate outplacement of homeless consumers as part of their discharge plan.

9. **Inquiries.** Questions regarding the contents of this policy should be addressed to the Comprehensive Psychiatric Emergency Program (CPEP) at 202-673-9300.

Approved By:


Stephen T. Baron
Director, DBH


(Date)