

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Psychiatric Residential Crisis Stabilization Bed Self-Discharge and Against Medical Advice		
POLICY NUMBER DBH Policy 525.3	DATE SEP 10 2019	TL# 328

Purpose. To describe the psychiatric residential crisis stabilization bed (PRCSB) facility discharge procedures for adult Mental Health Rehabilitation Services (MHRS) consumers who self-discharge or leave the facility against medical advice (AMA).

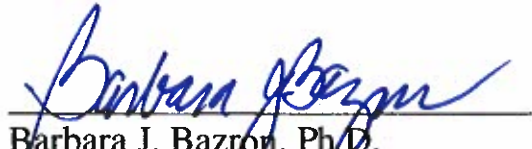
Applicability. Applies to Department of Behavioral Health (DBH) PRCSB facility providers and consumers who receive MHRS; consumers who receive substance use disorder treatment services in a similar setting are addressed in another policy.


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

Effective Date. This policy is effective immediately. Questions regarding this policy may be addressed to DBH through the provider agency's Network Development Specialist.

Superseded Policy. DMH Policy 525.3 Residential Crisis Bed Self-Discharge and Against Medical Advice Discharge Procedures, dated November 6, 2008.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Please contact Ana Veria at ana.veria@dc.gov or Keri Nash at keri.nash@dc.gov for a Microsoft Word version of this policy. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.


Barbara J. Bazron, Ph.D.
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 525.3	Date SEP 10 2019	Page 1
	Supersedes DMH Policy 525.3 Residential Crisis Bed Self-Discharge and Against Medical Advice Discharge Procedures, dated November 6, 2008		
Subject: Psychiatric Residential Crisis Stabilization Bed Self-Discharge and Against Medical Advice Procedures			

1. **Purpose.** To describe the psychiatric residential crisis stabilization bed (PRCSB) facility discharge procedures for adult Mental Health Rehabilitation Services (MHRS) consumers who self-discharge or leave the facility against medical advice.

2. **Applicability.** Applies to Department of Behavioral Health (DBH) PRCSB facility providers and consumers who receive MHRS.

3. **Authority.** Department of Behavioral Health Establishment Amendment Act of 2013; Title 22-A, DCMR. Chapter 34, Mental Health Rehabilitation Services.

4. **Background.** Consumers who leave PRCSB facilities against medical advice risk significant adverse health effects and may expose themselves and/or others to harm. This policy details procedures that help ensure that consumers who wish to discharge themselves are aware of the implications of doing so.

5. **Definitions.**

5a. **Access Helpline (AHL),** Tel. #1 (888) 793-4357. This is DBH's 24-hour, seven-day-a-week telephone line that is staffed by behavioral health professionals who can refer a caller to immediate help or ongoing care. It can activate mobile crisis teams to respond to adults and children who are experiencing a psychiatric or emotional crisis and are unable or unwilling to travel to receive behavioral health services.

5b. **Against Medical Advice (AMA).** When a consumer leaves a PRCSB facility against the expressed advice of the facility's qualifying practitioners, medical, or clinical personnel.

5c. **Clinical home.** The assigned core services agency (CSA)/Community-Based Intervention (CBI) provider/Assertive Community Treatment (ACT) provider certified by DBH to provide a single point of access and accountability for diagnostic assessment and treatment planning.

5d. **Consumers.** For purposes of this policy, refers to individuals who are age eighteen (18) or older receiving mental health services.

5e. **Comprehensive Psychiatric Emergency Program (CPEP).** A twenty-four hour/seven day a week operation that provides emergency psychiatric services, mobile crisis services and extended observation beds for individuals 18 years of age and older.

5f. Psychiatric Residential Crisis Stabilization Bed (PRCSB). DBH contractors who provide twenty-four (24) hour, seven (7) days a week, voluntary, unlocked facility used to treat and stabilize acute psychiatric symptoms that, if not stabilized, may result in consumer requiring higher levels of care.

5g. Self-Discharge. When a consumer leaves a PRCSB facility without notice or does not return from a planned community activity within twenty-four (24) hours.

6. Policy

6a. During intake and throughout treatment, PRCSB providers shall encourage consumers to remain in the residential setting, explain the discharge procedures, and detail the risks of premature departure.

6b. Consumers who leave without notice or do not return from a planned community activity within twenty-four (24) hours, or leave a PRCSB facility AMA, may be discharged if the procedures in § 7b or 7c below are followed.

6c. The clinical home of the consumer shall provide follow-up/care coordination to ensure that the consumer is connected to service based on assessment and level of care.

7. Procedures

7a. General Procedures.

(1) Providers shall conduct an assessment upon admission to evaluate the risk of the consumer leaving the facility before treatment is completed.

(2) Providers shall incorporate the results of the risk assessment in the Plan of Care and ensure that clinical staff adhere to the appropriate levels of observation and supervision.

(3) PRCSB providers shall:

a. Make every effort to engage, support and redirect consumers who state a wish to leave the facility before the planned discharge date and time; and

b. Encourage the consumer to remain in the crisis service until the planned discharge.

7b. Consumer Self-Discharge Procedures.

(1) If a consumer leaves a PRCSB without notice or does not return from a planned community activity as expected, the PRCSB provider shall complete the following steps:

a. If more than one (1) hour has elapsed since the consumer's expected arrival and the consumer has failed to return to the facility, the facility clinical staff will complete an assessment to determine risk of consumer harm to self or others based on treatment record review and observations from the last contact with the consumer.

(2) If the consumer is assessed to be imminently at risk of harm to self or others, the PRCSB provider will:

- a. Attempt to contact and locate the consumer and any person(s) identified by the consumer as contacts as soon as the one-hour of absence has elapsed. If unsuccessful in locating the consumer, complete steps 2(b)-2(f) of this section.
- b. Notify the consumer's clinical home of the concerns about risk.
- c. Notify CPEP and AHL to write an FD-12 application for emergency hospitalization and deploy the crisis response team. Also, call the Metropolitan Police Department (MPD) to file a missing person report or to request FD-12, if needed (in coordination with CPEP and AHL).¹
- d. Notify the Comprehensive Psychiatric Emergency Program (CPEP) of consumer's impending presentation at CPEP.
- e. Document notifications and efforts to contact or locate the consumer.
- f. Complete an Unusual Incident Report in accordance with DBH Policy 480.1A, Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs).

(3) If the consumer is assessed to not be at imminent risk of harm to self or others, the PRCSB provider will:

- a. Attempt to contact the consumer and any person(s) identified by the consumer as contacts. If unsuccessful in locating the consumer, complete steps 3(b)-3(f) of this section.
- b. Notify the consumer's clinical home.
- c. Notify the DBH Access Helpline.
- d. Call MPD to file a missing person report if ordered by the PRCSB provider psychiatrist.
- e. Document notifications and efforts to contact/locate the consumer.
- f. Follow DBH incident reporting².

(4) If the consumer returns to the facility within twenty-four (24) hours, the facility provider will document the incident and discontinue the self-discharge procedures.

¹ https://go.mpdonline.com/GO/GO_308_04.pdf

² Complete an Unusual Incident Report in accordance with DBH Policy 480.1A, Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs).

(5) A PRCSB provider may request a new psychiatric evaluation, if clinically indicated, and may need to adjust the consumer's treatment plan regarding levels of observation and supervision.

(6) The PRCSB provider shall also notify the clinical home, CPEP, the AHL, and, if applicable, MPD, of the consumer's return to the facility.

7c. AMA Discharge Procedures.

(1) If a consumer states a desire to leave or attempts to leave a PRCSB facility AMA, the provider shall complete the following steps:

a. Facility staff will encourage, support and redirect the consumer to stay at the PRCSB facility long enough to speak with the facility psychiatrist or the clinical supervisor on shift.

b. The psychiatrist or the clinical supervisor shall advise the consumer of the risks and potential consequences of terminating treatment before completing the full course of treatment.

c. The psychiatrist or clinical supervisor will assess the consumer for risk of harm to self or others.

d. Follow §7b (2) above when a consumer leaves the PRCSB facility.

e. The clinical home of the consumer shall provide follow-up/care coordination to ensure that the consumer is connected to service based on assessment and level of care.

(2) If the consumer is assessed not to be at imminent risk of harm to self or others, the PRCSB provider shall:

a. Ask the consumer to sign the AMA release form (Exhibit 1), which releases the PRCSB provider from responsibility for the consumer's decision to leave AMA.

b. If the consumer will not sign the form, the facility staff will document that the consumer was presented the form, advised of the risks of leaving AMA, and record the consumer's reasons for not signing the AMA form.

c. Notify the consumer's clinical home of the AMA discharge.

d. Notify the DBH Access HelpLine of the consumer's AMA discharge.

e. Document notification efforts and summarize interventions.

f. Complete an Unusual Incident Report in accordance with DBH Policy 480.1A, *Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs)*, if the consumer refuses to stay and leaves the facility.

g. Consumers who complete the AMA process will be discharged by the facility provider under the category "AMA Discharged."

h. The clinical home of the consumer shall provide follow-up/care coordination to ensure that the consumer is connected to service based on assessment and level of care.

8. Related References.

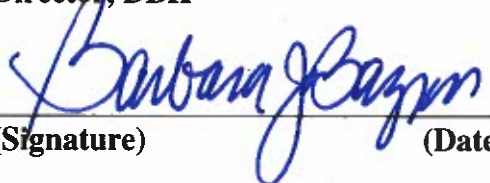
DBH Policy 480.1A, Reporting Major Unusual Incidents (MUIs) and Unusual Incidents (UIs).

9. Exhibits.

Exhibit 1 – Release Against Medical Advice Form

Approved By:

**Barbara J. Bazron, Ph. D.
Director, DBH**

 9/10/19
(Signature) (Date)

Release Against Medical Advice Form

I, _____, acknowledge that I have been:

Consumer's Name (Print)

- Counseled by the psychiatric residential crisis stability bed facility.
- Encouraged to remain and complete treatment.
- Advised of the specific risks and potential consequences of terminating treatment early, including but not limited to:

I have been advised of and understand the follow-up actions recommended by my mental health care provider at my clinical home which include:

I hereby release the psychiatric residential crisis bed facility and its staff of all responsibility for any ill effects brought about by my failure to continue treatment as recommended.

Consumer's (or Guardian) Signature

Date

Facility Staff Member's Signature

Date

Please see next page for additional documentation.

Release Against Medical Advice Form

If the consumer will not sign above, the facility staff shall:

1. Document the consumer's verbatim statement about why he or she wants to leave AMA:

2. Document the facility's attempts to contact the psychiatrist or clinical supervisor immediately, as applicable:

3. Document the information shared with the consumer about the risks of AMA discharge and his or her response

Facility Staff Member's Signature and Title

Date