

Department of Mental Health  
**TRANSMITTAL LETTER**

<b>SUBJECT Administrator-On-Call</b>		
<b>POLICY NUMBER</b> <b>DMH Policy 620.1C</b>	<b>DATE</b> <b>APR 14 2008</b>	<b>TL#</b> 100

**Purpose.** Minor changes have been made to update the policy. Section 4b has been revised to update the list of those who serve as DMH Administrator-On-Call.

**Applicability.** Applies DMH-wide (DC Community Services Agency [DCCSA], Saint Elizabeths Hospital, and the Mental Health Authority [MHA]); and to all private core services agencies (CSAs), private hospitals, and contractors. This policy also applies to DMH certified sub-providers and specialty providers (See Section 7b(1) in the policy).

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

**Implementation Plans.** A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this 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 for following 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 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 620.1B**, dated  
September 29, 2006

**INSERT**

**DMH Policy 620.1C**

  
\_\_\_\_\_  
Stephen T. Baron  
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 620.1C	Date APR 14 2008	Page 1
	Supersedes 620.1B, Administrator-On-Call, dated 09/29/06		
Subject: Administrator-On-Call			

1. **Purpose.** To establish an Administrator-On-Call (AOC) policy and procedure for the Department of Mental Health (DMH), and to set forth requirements and guidance for AOC policies at the provider level.

2. **Applicability.** Applies DMH-wide (DC Community Services Agency [DCCSA], Saint Elizabeths Hospital, and the Mental Health Authority [MHA]); and to all private core services agencies (CSAs), private hospitals, and contractors. This policy also applies to DMH certified sub-providers and specialty providers (See Section 7b(1) below).

3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001.

4. **Definitions/Abbreviations.**

4a. Administrator-On-Call (AOC) – an individual designated to represent leadership of the applicable agency for the purpose of responding, during non-regular duty hours, to incidents of an emergency nature. AOCs shall be designated at the provider level (e.g., DCCSA, Saint Elizabeths Hospital, private CSAs, etc.) and at the MHA level.

4b. Mental Health Authority Administrator-On-Call (MHA AOC) – A DMH senior administrator at the MHA level designated by the DMH Director to represent him/her when an emergency situation occurs during non-regular duty hours (i.e., evenings, nights between the hours of 5:00 p.m. and 8:00 a.m., weekends, and holidays). The individuals that have been designated to act as MHA AOC are: DMH Chief of Staff; DMH Chief Clinical Officer; Deputy Directors of the Office of Accountability (OA), and the Office of Programs and Policy (OPP); and the Chief of Administrative Operations.

4c. Emergency – Any incident which presents an immediate hazard to the health, welfare, safety, or security of consumers, staff, or visitors, or that can cause significant damage to property, i.e., disruption of utilities, major structural damage, fire, or bomb threat.

4d. Providers – Those providing direct care and support to consumers (i.e., DCCSA, private CSAs, Saint Elizabeths Hospital, private hospitals and contractors).

4e. Private Hospitals – Those private hospitals in the District of Columbia that have arrangements with DMH for provision of services to DMH consumers.

4f. CSAs – DMH certified Core Services Agencies

4g. MHA – Mental Health Authority of the DMH

4h. CEO – Chief Executive Officer/Executive Director

**5. Policy.** A MHA AOC will be available at all times after normal business hours to provide direction in the case of an emergency; to ensure that appropriate and timely notification of DMH and District officials occurs; and to respond, as necessary, to other matters requiring MHA intervention and/or decision.

**6. Responsibilities and Procedures.**

6a. Provider Level. When an emergency (see Section 4c above) situation occurs after regular business hours that is beyond the capacity of the provider level AOC or CEO to resolve/approve, the MHA AOC should be contacted by calling the DMH Access Helpline at 1(888)793-4357 for intervention/approval. Private CSAs, private hospitals, and contractors need only contact the MHA AOC when the emergency is consumer related or consumer services will be negatively affected.

6b. MHA AOC Immediate Actions.

(1) **Evaluate** the situation and work towards a resolution, notify the DMH Director/designee, other responsible DMH manager(s), or initiate emergency response procedures, when appropriate.

(2) **Report** all unusual incidents to the Office of Accountability in accordance with DMH Policy 480.1A.

(3) **Refer** all requests for information from the media to the DMH Legislative/Public Information Officer (PIO) or designee for a response the next business day or immediately, depending on the situation. Additionally, any unusual incidents or occurrences that might attract media attention should be reported to the PIO.

(4) **Ensure** that any relevant information is shared with the affected parties.

(5) **Document** all calls received and the actions taken as AOC in compliance with the protocol included in Exhibit 1.

6c. MHA AOC General Responsibilities.

(1) **Ensure** that involved CSAs, Saint Elizabeths Hospital, private hospitals, and contractors follow their policies regarding AOC, unusual incidents, fire and evacuation plans, bomb threat procedures, and the Departmental and District government-wide emergency response plans, and report any deviation to the Provider Relations Division and the Office of Accountability.

(2) **Adhere** to AOC scheduling by the DMH Chief of Staff, and contact the Chief of Staff to approve or assist with AOC coverage arrangements if you should become unavailable to perform AOC duties.

6d. DMH Chief of Staff.

(1) **Create** and **distribute** the MHA AOC schedules.

(2) **Ensure** that a current telephone list is maintained and distributed to the MHA AOCs. This list will include the home, cell, and pager numbers of all MHA AOCs and the DMH Director.

(3) **Ensure** that the DMH Access Helpline has a current copy at all times of all MHA AOC home, cell, and pager numbers as well as the current schedules.

(4) **Work** with Provider Relations Division to ensure that all providers are aware of the AOC procedures and schedules.

**7. Specific Guidance.**

7a. Provider Organizations. Develop an AOC policy that addresses the following:

- (1) Individuals responsible for coverage;
- (2) Hours of coverage;
- (3) Frequency of coverage and rotation;
- (4) Definition of emergency;
- (5) Procedures for contacting the provider level AOC in the event of an emergency;
- (6) Provider level administrator-on-call responsibilities as well as responsibilities for other staff;
- (7) Procedures for contacting the MHA AOC, if necessary; and
- (8) Specifications for ensuring that all staff and contractors, as applicable, are familiar with your agency AOC policy.

7b. CSAs (DCCSA and private CSAs). In addition to 7a(1-8) above, ensure that your AOC policy addresses the following:

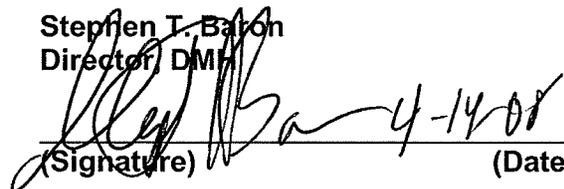
- (1) Specifications for ensuring that all sub-providers and specialty providers have a procedure by which to contact the **MHA AOC and the** CSA AOC in the event of an emergency. Sub-providers and specialty providers **will also** contact the MHA AOC directly.
- (2) Specifications for ensuring that all staff, sub-providers, and specialty providers are familiar with the CSA AOC policy.

**8. Related References.**

DMH Policy 480.1A, DMH Major and Unusual Incident Reporting Procedures

**Approved By:**

Stephen T. Baron  
Director, DMH

  
\_\_\_\_\_  
(Signature) 4-14-08  
\_\_\_\_\_  
(Date)

**Department of Mental Health**  
**Administrator-On-Call Protocol**

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Name of Consumer: \_\_\_\_\_

Name of Home/Agency/Facility: \_\_\_\_\_

Caller Name: \_\_\_\_\_ Caller Phone Number: \_\_\_\_\_

Location of Caller: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow Up: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This documentation is used to record the actions and resolutions provided by the MHA AOC.

\_\_\_\_\_  
AOC Signature

Copy To: DMH Director  
DMH Chief of Staff  
DMH Chief Clinical Officer  
Deputy Director, Office of Accountability  
Deputy Director, Office of Programs and Policy  
Chief of Administrative Operations  
Program Reporting the Incident  
AOC Protocol Book