

Department of Mental Health  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> Residential Crisis Bed Self-Discharge and Against Medical Advice Discharge Procedures		
<b>POLICY NUMBER</b> DMH Policy 525.3	<b>DATE</b> NOV 06 2008	<b>TL#</b> 110

**Purpose.** To prescribe the residential crisis bed facility discharge procedures for adult consumers who self-discharge or leave the facility against medical advice (AMA).

**Applicability.** Applies to each residential crisis bed facility provider that has an arrangement with the Department of Mental Health (DMH) to provide crisis beds to DMH adult consumers, and to admitted consumers who leave the facility before the planned discharge date and/or time.

**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 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**

None

**INSERT**

DMH Policy 525.3

  
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Stephen N. Baron  
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 525.3	Date NOV 06 2008	Page 1
	Supersedes None		

**Subject: Residential Crisis Bed Self-Discharge and Against Medical Advice Discharge Procedures**

1. **Purpose.** To prescribe the residential crisis bed facility discharge procedures for adult consumers who self-discharge or leave the facility against medical advice (AMA).

2. **Applicability.** Applies to each residential crisis bed facility provider that has an arrangement with the Department of Mental Health (DMH) to provide crisis beds to DMH adult consumers, and to admitted consumers who leave the facility before the planned discharge date and/or time.

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

4. **Background.** Consumers who leave residential crisis bed facilities against medical advice or who self-discharge without prior notice risk significant adverse health effects and may expose others to harm. This policy provides a consistent approach to ensure that consumers who wish to discharge themselves are aware of the implications of doing so.

5. **Policy.**

5a. Residential crisis bed facility providers must encourage consumers to remain in the crisis service, explain the discharge procedures, and explain the risks of premature departure during intake and throughout treatment.

5b. Consumers who leave a residential crisis bed facility against medical advice, or leave without notice and/or do not return from a planned community activity within twenty-four (24) hours, may be discharged if the procedures in Section 7b or 7c are followed, as applicable.

6. **Definitions.**

6a. Against Medical Advice (AMA). When a consumer states a desire and leaves a residential crisis bed facility against the expressed advice of the facility psychiatrist.

6b. Residential Crisis Bed Facility. A 24/7, voluntary, un-locked facility used to treat and stabilize acute psychiatric symptoms that may result in consumer use of higher levels of care including hospitalization if not stabilized.

6c. Self-Discharge. When a consumer leaves a residential crisis bed facility without notice and/or does not return as expected.

6d. Consumers. For purposes of this Policy, "consumers" refers to individuals age eighteen (18) or older receiving mental health services.

**7. Responsibilities and Procedures.****7a. General Responsibilities.**

- (1) All consumers admitted to a residential crisis bed facility must have a risk assessment screening upon admission to evaluate the risk of the consumer leaving the facility before treatment is completed.
- (2) All consumers who are assessed to be at risk of leaving the residential crisis bed facility before treatment is completed should have an Individual Service Specific Plan (ISSP) completed by facility clinical staff which clearly identifies appropriate levels of observation and supervision.
- (3) Residential crisis bed facility providers must make every effort to engage, support and re-direct consumers who state a wish to leave the facility before the planned discharge date/time and encourage the consumer to remain in the crisis service until the planned discharge, or to plan an early discharge even if it is against medical advice.

**7b. Consumer Self-Discharge Procedures.**

- (1) **If a consumer leaves a residential crisis bed facility** without notice or does not return from a planned community activity as expected, the facility provider will 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.
  - (b) **If the consumer is assessed to be imminently at risk** of harm to self or others, the residential crisis bed facility provider will:
    - (1) Attempt to contact/locate the consumer and any person(s) identified by the consumer as contacts. If unsuccessful in locating the consumer, complete steps 2-6 of this section.
    - (2) Notify the consumer's clinical home of the concerns about risk.
    - (3) Call the Metropolitan Police Department (MPD) to file a missing persons report and/or to request FD-12 (application for emergency hospitalization) assistance if appropriate.
    - (4) Notify the Comprehensive Psychiatric Emergency Program (CPEP) and the DMH Access Helpline's Clinical Supervisor of the situation.
      - Other possible notifications could include Homeless Outreach Team, Adult Protective Services, and Fire/Emergency Services Street Call Program.
    - (5) Document notifications and efforts to contact/locate the consumer.
    - (6) Complete an Unusual Incident Report in accordance with DMH Policy 480.1A.

(c) **If the consumer is assessed to not be at imminent risk** of harm to self or others, the residential crisis bed facility provider will:

- (1) Attempt to contact the consumer and any person(s) identified by the consumer as contacts. If unsuccessful in locating the consumer, complete steps 2–6 of this section.
- (2) Notify the consumer's clinical home.
- (3) Notify the DMH Access Helpline's Clinical Supervisor.
- (4) Call MPD to file a missing persons report if ordered by the facility psychiatrist.
- (5) Document notifications and efforts to contact/locate the consumer.
- (6) Complete an Unusual Incident Report in accordance with DMH Policy 480.1A.

(2) Consumers who do not return to the facility within twenty-four (24) hours will be discharged by the facility provider under the category "Self-Discharged" after the self-discharge procedures are completed.

(3) 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.

- A residential crisis bed facility provider may request a new psychiatric evaluation if clinically indicated, and may need to adjust the consumer's ISSP regarding levels of observation and supervision.

#### 7c. **Against Medical Advice Discharge (AMA) Procedures.**

(1) **If a consumer states a desire to leave or attempts to leave** a residential crisis bed facility against medical advice, the residential crisis bed facility provider will complete the following steps:

- (a) Facility staff will encourage, support and re-direct the consumer to stay at the residential crisis bed facility long enough to speak with the facility psychiatrist or the clinical supervisor on shift.
- (b) The psychiatrist and/or the clinical supervisor will advise the consumer of the risks and potential consequences of terminating treatment before receiving the full course of treatment.
- (c) The psychiatrist and/or clinical supervisor will assess the consumer for risk of harm to self or others.

(d) **If the consumer is assessed to be at imminent risk of harm** to self or others, the residential crisis bed facility provider will:

- (1) Write an FD-12 application for emergency hospitalization or call MPD to request FD-12 assistance if appropriate.
- (2) Notify the Comprehensive Psychiatric Emergency Program (CPEP) of the consumer's impending presentation to CPEP.

- (3) Notify the consumer's clinical home of the possible involuntary FD-12 emergency hospitalization and transport to CPEP.
- (4) Notify the DMH Access Helpline's clinical supervisor of the situation.
  - Other possible notifications could include the Homeless Outreach Team, Adult Protective Services, and the Fire/Emergency Street Calls Program.
- (5) Document notification efforts and summarize interventions.
- (6) Complete an Unusual Incident Report in accordance with DMH Policy 480.1A, if the consumer refuses to stay and leaves the facility.

(e) **If the consumer is assessed not to be at imminent risk** of harm to self or others, the residential crisis bed facility provider will:

- (1) Ask the consumer to sign the AMA release form (Exhibit 1, attached) which releases the facility provider from responsibility for the consumer's decision to leave the residential crisis bed facility against medical advice (AMA).
- (2) 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 electing not to sign the AMA form.
- (3) Notify the consumer's clinical home of the AMA discharge.
- (4) Notify the DMH Access Helpline's clinical supervisor of the consumer's AMA discharge.
- (5) Document notification efforts and summarize interventions.
- (6) Complete an Unusual Incident Report in accordance with DMH Policy 480.1A if the consumer refuses to stay and leaves the facility.

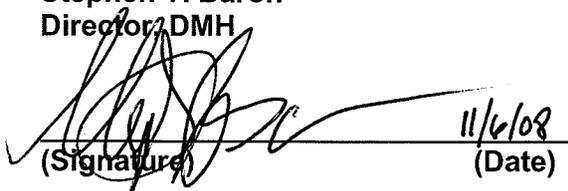
(2) Consumers who complete the AMA process will be discharged by the facility provider under the category "AMA Discharged."

**8. Related References.**

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

**Approved By:**

**Stephen T. Baron**  
Director, DMH

  
(Signature) 11/6/08  
(Date)

