

A Washington State Behavioral Health Agency that provides voluntary SUD or Withdrawal Management Treatment

Policy/Procedure

Title:	Transfer or discharge of a person without the person's consent	Number:
References:	RCW 71.24.847 WAC (TBD)	
Contact:		
Effective Date:		
Approved:		

Policy Statement:

It is the intent of the facility to reduce forced patient discharges from treatment, to ensure that patients receive access to care that is consistent with clinical best practices and, in the case of an unplanned discharge, that the patient is provided with support to ensure a safe transfer and discharge.

Policy Scope: (Insert name here) that provides voluntary SUD or Withdrawal Management Treatment recognizes the need to create and implement policy and procedures regarding situations in which the agency transfers or discharges a person without the person's consent, therapeutic progressive disciplinary processes used by the agency, and procedures to assure a safe transfer and discharge when the person is discharged without the person's consent.

Key Definitions:

Consent – To agree and/or approve of the decision/action.

Involuntary – A person transferred or discharged from the facility by the agency without the person's consent.

Voluntary – A person released themselves from the facility prior to a clinical determination that they had completed treatment.

[Consider adding other definitions for your facility if desired]

Procedure:

1. At admission all clients will receive and sign a consent to treat form that includes behavioral expectations and consequences of violation of the expectations: (facilities may wish to reference WAC 246-337-075 Resident rights)

Behavioral Expectations include:

[Develop a list of behavioral expectations for example:

- All persons are to remain free of all recreational drug or alcohol use.
- All persons are expected to engage in individual and group activities unless specifically excused by the treatment team.
- All persons are expected to respect the confidentiality of the other clientele and staff
- All persons are to refrain from engaging in interpersonal physical activity while in treatment (Ex. Engaging in sexual contact with another person.)]

Consequences of violation of expectations:

Violation of any of these expectations will result in an effort to maintain therapeutic benefit by engaging in progressive intervention (see progressive intervention process below). Aggressive, dangerous, severe violations or unsuccessful progressive intervention may result in an administrative discharge which is a discharge that occurs prior to the therapeutic completion of treatment and may not be voluntary.

2. Voluntary Discharge:

- Any person may request a voluntary discharge at any time.
- Persons requesting voluntary discharge must be asked to sign a form requesting/agreeing to a voluntary discharge.
- An elopement will be considered a voluntary discharge.

3. Factors that may contribute to an involuntary discharge or transfer:

- [Develop a list of factors for example:
 - A persons' need for medical care that cannot be safely provided by the facility.
 - An unsuccessful course of progressive intervention (See below).
 - The persons meets clinical (ASAM) criteria for a higher level of care
 - The person has made threats of violence or been violent to staff and/or other persons in treatment.
 - The person has exhibited behaviors/made remarks of a derogatory, disrespectful and/or harassing nature to others in treatment.
 - According to the treatment team and not the person, the person has successfully completed the course of treatment as evidenced by the treatment plan.
 - A person may be asked to sign release form for leaving against program advice and have the option of non-consent on the form.
 - A person is found to be intentionally disruptive to the therapeutic milieu.]

Progressive intervention:

All interventions will be clearly and timely documented in the persons clinical record.

1.The person will be approached by [insert who or what level of staff person(s)] regarding the behavior observed, verbally reminded of facility expectations and the consequences of not following the expectations. They will be provided with an opportunity to discuss the incident with their primary counselor.

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2. The person will be approached [insert who or what level of staff person(s)] regarding the behavior observed, reminded of facility expectations and consequences of not following the expectations. They will be provided with a copy of their signed agreement to the expectations, asked if they would re-commit to the expectations and provided with an opportunity to initial agreement/disagreement to commitment to the expectations. The person will be provided with an opportunity to discuss the incident with their primary counselor, and, at that time, a behavior contract will be created. If found in disagreement to adhere to the expectations, an administrative discharge may ensue.

3. The person and their ongoing violation of expectations will be staffed by the clinical team to determine if sufficient criteria for administrative discharge or transfer have been met. Once a decision has been made the person will be approached and told that due to continued violation of rule they will be discharged.

Procedures to ensure safe transfers and discharges that occur without consent:

1. If the person is being transferred to another facility, the clinical team will coordinate with the receiving facility to ensure continuity of care. All relevant medical records, treatment plans, and communication will be provided to the receiving facility.
2. Persons transitioned before completion of treatment goals and objectives will receive a referral sheet that identifies how to access other treatment programs and services.
3. An effort will be made and documented to reach the person within 5 business days to assess functioning and provide support/information.
4. Prior to discharge, the person will be informed of the timeline and procedures for re-admission.
5. If there is medication, the person will be provided with the appropriate amount of medication/prescriptions to ensure they are able to re-establish medication treatment post discharge.

Additional:

Policies for facilities providing medications including Methadone for OUD.

Policy regarding how medication assisted treatment works within the administrative discharge. Is it somewhere in the process of filing these reports that people are made aware of where their medication is coming from so they can go the following day or that day depending on when they are discharged? Is there provision to provide transportation to an individual receiving MAT services to the clinic once they are released? Many people attend treatment from out of town and have no resources to continue medication if they are excused.

if an individual is administratively discharged from an inpatient treatment facility, the facility should have a duty to notify the clinic that is providing medication. That way a pathway can be determined on how to continue services for an individual until arrangements can be made for whatever their path forward looks like.

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