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Model Policy Background:

This model policy template was developed in accordance with [RCW 71.24.847](#) based on sample policies submitted and in consultation with behavioral health care providers and other interested parties. It is a resource for licensed or certified behavioral health agencies providing voluntary inpatient or residential substance use disorder treatment services or withdrawal management services, excluding hospitals, as specified in the law.

“A Washington State Behavioral Health Agency that provides voluntary Substance Use Disorder (SUD) or Withdrawal Management Treatment”

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

Policy Statement:

It is the intent of [Insert agency name here] 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 agency name here] provides voluntary residential [specify one or both: substance use disorder or withdrawal management treatment] and 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]

A. Behavioral Expectations include: [Develop a list of behavioral expectations for example:]

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

B. Consequences of violation of expectations:

- I. 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).
- II. 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:

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

3. Involuntary Discharge:

- A. Factors that may contribute to an involuntary discharge or transfer include:[Develop a list of factors]
 - I. A persons' need for medical care that cannot be safely provided by the facility.
 - II. An unsuccessful course of progressive intervention (See below).
 - III. The person meets clinical (ASAM) criteria for a higher level of care.
 - IV. The person has made threats of violence or been violent to staff and/or other persons in treatment.

- V. The person has exhibited behaviors and/or made remarks of a derogatory, disrespectful and/or harassing nature to others in treatment.
- VI. According to the treatment team and not the person, the person has successfully completed the course of treatment as evidenced by the treatment plan.
- VII. A person may be asked to sign a release form for leaving against program advice and have the option of non-consent on the form.
- VIII. A person is found to be intentionally disruptive to the therapeutic milieu.

4. Progressive intervention:

A. All interventions will be clearly and timely documented in the person's clinical record.

I. First incident. The person will be -

- a. Approached by [insert who or what level of staff person(s)] regarding the behavior observed;
- b. Verbally reminded of facility expectations and the consequences of not following the expectations;
- c. They will be provided with an opportunity to discuss the incident with their primary counselor.

II. Second incident. The person will be

- a. Approached by [insert who or what level of staff person(s)] regarding the behavior observed,
- b. Verbally reminded of facility expectations and consequences of not following the expectations;
- c. They will be provided with a copy of their previously 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;
- d. 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;
- e. If found in disagreement to adhere to the expectations, an administrative discharge may ensue.

III. Third incident. The person and their ongoing violation of expectations will be –

- a. Reviewed by the clinical team to determine if sufficient criteria for administrative discharge or transfer have been met;
- b. Once a decision has been made the person will be approached and told that due to continued violation of rule they will be discharged.

5. Safe transfers and discharges that occur without consent:

- A. 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 prior to or at time of patient arrival to the new facility.

- I. Persons transitioned before completion of treatment goals and objectives will receive a referral sheet that identifies how to access other treatment programs and services.
 - II. Prior to discharge, the person will be informed of the timeline and procedures for re-admission.
 - III. 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.
 - IV. An effort will be made and documented to reach the person within 5 business days to assess functioning and provide support/information.
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References

- 1) [RCW 71.24.847: Transfer of clients—Policy and statistic reporting.](#)
- 2) Enter link WAC rule here when available
- 3) [WAC 246-337-075: Resident Rights](#)
- 4) Enter any additional policies or references utilized within policy to create it.

Notes to BHA - Additional items to consider including in your policy:

- Policies specific to facilities providing medications including Methadone for OUD.
- Policies regarding how an administrative discharge may be safely completed with a person receiving Medication Assisted Treatment (MAT).
- A policy regarding a provision to provide transportation to an individual receiving MAT services to the clinic once they are released.