



Standard Operating Procedure – SUD Program Transfer, Discharges and Service Termination

SOP Instructions

Upon admission to the program, the client will be informed of these conditions.

When the program determines that a client is no longer having his/her needs met in a particular service or level of care, an interdisciplinary staffing is called.

This staffing is to determine if a transfer to another Alluma program is appropriate or if discharge with referral to other services or level of care is appropriate.

- The client's progress is reviewed at least weekly to determine addition to or revision of the treatment plan and criteria for continuing care.
- The counselor, professional, or practitioner will facilitate the process to ensure continuity of care.
- The counselor, professional, or practitioner will communicate the discharge criteria to the client during the treatment planning process by providing for the client an oral description of discharge criteria and also providing the same information in written form, including what types of behaviors will constitute a staff-requested discharge and what will constitute a staff-approved discharge, and the client will sign the treatment plan to acknowledge notification of this process.

If a client is under an order for commitment:

Employees will follow guidelines as identified in the Commitment Act and notify the appropriate agencies. See Commitment Procedure (9530.6465-SII02). Also note MN Statue253b.16 Subd.2 Notification of discharge.

- Prior to the discharge or provisional discharge of any committed person, the head of the treatment facility shall notify the designated agency and the client's spouse or health care agent, or if there is no spouse or health care agent, then an adult child, or if there is none, the next of kin of the client, of the proposed discharge.
- The notice shall be sent to the last known address of the person to be notified by certified mail with return receipt.
 - The notice shall include the following:
 - the proposed date of discharge or provisional discharge;
 - the date, time and place of the meeting of the employees who have been treating the client to discuss discharge and discharge planning;
 - the fact that the client will be present at the meeting; and
 - the fact that the next of kin or health care agent may attend that staff meeting and present any information relevant to the discharge of the client.
 - The notice shall be sent at least one week prior to the date set for the meeting.

The primary counselor, professional, or practitioner will first contact collateral service providers (doctor, social worker, or psychologist) to discuss the nature of the concerns, with signed authorization from the client to release the information.

The primary counselor, professional, or practitioner will bring to the team staffing all data supporting the nature of the concern, the responses of the collateral contacts, and will present this information to the members of the team.

- Data will include the multidimensional assessment, treatment plan, severity of issues, and weekly client and employee progress reviews.

The interdisciplinary team will work together and recommendations will be made based on the consensus of the team.

- Mental health professional or psychiatrist may be consulted if the counseling team needs additional input or clarification.

The primary counselor, professional, or practitioner will share the recommendations with the client. If the client is willing to transfer, the employee will facilitate this by:

- making the referral to the new program;
- contacting funding source(s) if necessary;
- obtaining authorization to release information from the client if referral is to an outside agency; and
- sending a copy of the treatment plan and discharge summary to the new program, counselor, professional, or practitioner.

Individual unable to be served by program/employee initiated transfer of care:

In accordance with the Admissions (Service Initiation) Policy, individuals unable to be served by the program for reasons of health, behavior, or criminal activity include:

- Those with severe withdrawal symptoms requiring acute stabilization or medical monitoring.
- Those that are determined to be a current danger to themselves or others (i.e. active homicidal or suicidal ideation or intent, inability to control violence or aggression toward others).
- Those that have cognitive impairments that would significantly limit their ability to benefit from or participate in the program, even at a modified level (those with a diagnosis of Moderate or Severe Mental Retardation).
- Those that have medical conditions requiring continuous monitoring by licensed medical personnel.
- Those who are predatory offenders as indicated by notification of Level II or Level III National Sex Offender Registry status.
- Those requiring a higher level of substance abuse treatment than can be provided by the program (Risk Level III in dimension 4, 5, 6 of the ASAM patient placement criteria).

If service initiation is denied or if termination of services becomes necessary for any of the above reasons or for reasons related to health, behavior, or criminal activity, Alluma will work with the individual and his or her referral source to assist the client in locating a facility that provides the appropriate level of care required by the client.

This assistance may include, but is not limited to accessing the local emergency room as a means of gaining medical clearance to access to the Community Behavioral Health Hospitals or Regional Treatment Centers updating the current substance use assessment. Utilizing the ASAM 6 dimensions and Minnesota Matrix of Care to determine appropriate level of care or helping the client to arrange for an intake appointment with area treatment providers known for meeting those specific needs.

Employees shall obtain the necessary releases of information to provide the referral source or potential future referral programs with the information relative to the reason the individual was deemed inappropriate for services within Alluma.

In addition to the above, all procedures possible within the client-initiated transfer of care shall be followed, and deviations to this shall be documented as such within the client file.

Discharge with Employee Approval

When a client is discharged with employee approval, the discharge will follow the criteria as listed:

- Client meets all of the discharge criteria as determined for the assigned program and client progress.
- Client participated in the development of the treatment plan and was active and involved in his/her own treatment.
- Client satisfactorily completed all goals and objectives as outlined in the individual treatment plan to the best of his/her ability.
- Client participated in ongoing reviews throughout treatment.
- Client demonstrated improvement in relevant dimensions.
- Client achieved a period of sobriety in treatment.
- Client participated in the development of an aftercare plan based on individual needs to support recovery.

If some goals are not met, it will be noted in the client's record and in the discharge summary with the reasons and plan for completion of those tasks.

All employees requested service terminations will describe why the discharge is warranted before discharging the client.

Discharge against Employee Advice or at Employee Request

Discharge may result following a clinical staffing due to:

- client left the program without notice;
- client became unwilling to complete the program;
- client refused saliva or urine testing;
- client demonstrated an inability to refrain from use of illicit mood-altering substances after repeated interventions while in the program;
- client refused a recommended transfer and was unwilling to meet the program's requirements;
- client was disrupting the treatment process including intrusive behaviors toward staff and group members, bullying and any conduct that could be dangerous or intimidating to self, others and employees.

If a client disappears, documented attempts to contact the client must be made for up to 30 days in an attempt to resolve the client's issues.

A client may be discharged from the Substance Use Disorder program after three unexcused absences and staff has made documented attempts to contact the client to determine the whereabouts of the individual.

If contact is made with the client, the client will be invited back for an individual session to see if his/her issues can be resolved. **If the client chooses not to return, the staff will work with the client to assess the client care needs and other resources.**

In cases where the client is deemed to be a possible danger to oneself or others, his/her collateral providers and family will be notified immediately. If no one is available, contact will be made to 911 and/or crisis intervention.

If there is reason to believe the client intends imminent harm to another individual and has identified a plan of intent, employees must attempt to contact the intended person and employee has a "duty to warn". Employee will follow up with local law enforcement.

If a client has committed a crime on the premises against the program or employee, the appropriate law enforcement agency must be contacted, releasing only information pertinent to the crime.

A discharge summary will be completed by the primary counselor, professional, or practitioner reflective of the above situation(s), including prognosis, within one week of discharge for mental health services and within 5 days for substance use disorder services. 30 days for clients who don't reschedule and cannot be reached or rescheduled. All reasons for the discharge will be outlined in the discharge summary.

- If the client moves to a different level of care even if they are engaged in services, SUD staff need to discharge them within 5 days (preferably that day). In addition, DAANES needs to be updated immediately.
- If someone is not engaged in treatment, SUD staff will discharge them if there are no sessions kept within 90 days of the last session with staff.
- If a client moves and opts to stop treatment with us or transfer treatment to another provider. SUD staff will discharge them within 5 days (preferably that day).

Immediate threats of harm or situations in need of immediate medical attention:

If the denial of service initiation or the termination of services is related to an immediate threat of harm to the individual receiving services or to any individual or if a situation requires immediate medical intervention, Alluma employees will immediately notify 911 to ensure that immediate and appropriate services are received.

Further, if an individual leaves the premises against medical advice and appears to be a danger to self or others, 911 shall immediately be called and provided with the circumstances of the incident, including the patient status of the individual, the staff person's assessment of the individual to be a potential danger to himself or others, that individual's name and

address, and that individual's last known whereabouts, including the mode of transportation used to leave the facility if known and the direction that he or she was heading at the time that they left in this state.

Documentation Requirements:

- Inform the client, parent or guardian, and other workers (if applicable) of discharge. This could occur face to face, via phone call or discharge letter. Make sure there is a note of face-to-face conversation or phone conversation. If you send a discharge letter, please attach copy in to the client's file.
- Complete Discharge Summary noting the reason for discharge. (i.e. Completion of services and goals met on their treatment plan, they moved out of the service area, or they are non-compliant with services, etc.)