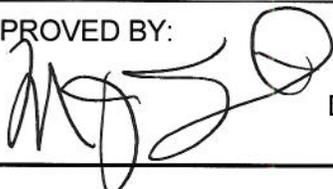




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT MUTUAL AND UNILATERAL TERMINATION OF MENTAL HEALTH SERVICES	POLICY NO. 202.30	EFFECTIVE DATE 01/24/2014	PAGE 1 of 5
APPROVED BY:  Director	SUPERSEDES 02/15/06	ORIGINAL ISSUE DATE 02/15/06	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To establish uniform processes for the mutual and unilateral termination of mental health services by the Los Angeles County-Department of Mental Health (LAC-DMH; Department) for a client receiving services from the Department. In addition to the procedures below, programs with enrollment requirements, such as Full Service Partnerships, shall follow established policies and procedures for disenrollment, including obtaining central office approval.

DEFINITIONS

- 2.1 **Inactive Client:** A client who has not been seen in the last 180 days or for whom services have been terminated requiring the closing of a clinical record.
- 2.2 **Mutual Termination of Services:** The termination of mental health services provided to a client by an LAC-DMH provider when the client agrees with the termination.
- 2.3 **Primary Contact:** A practitioner who holds primary responsibility for coordination of services to a client.
- 2.4 **Unilateral Termination of Services:** The termination of mental health services by an LAC-DMH provider against the wishes of a client.

POLICY

- 3.1 DMH encourages clients to achieve their recovery goals in the least intensive setting (including through alternative community resources and/or more appropriate primary care providers and peer support) and encourages staff to communicate to clients early in the treatment relationship as clinically indicated



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that LAC-DMH services will be terminated when all treatment goals have been realized or the Department has no further effective treatment to offer.

3.2 The decision to terminate services shall be based on a comprehensive needs assessment. The plan for termination of services should be integrated into the objectives on the Client's Treatment Plan. Termination of services shall be based upon:

3.2.1 Careful consideration of the client's attainment of recovery goals;

3.2.2 Clinical indications and full justification;

3.2.3 Actions guided by and conforming to LAC-DMH Code of Organizational Conduct Ethics and Compliance (CCEC) (Reference 1);

3.2.4 A process that is in accordance with the rights afforded by LAC-DMH Policy #202.9, "[Beneficiary Problem Resolution Process](#)" (Reference 2), and;

3.2.5 The provisions for continuity of care as indicated.

PROCEDURE

4.1 Termination of services shall be based on one or more of the following criteria after reviewing the Client Treatment Plan and consultation with the Program Head, and/or treatment team as indicated:

4.1.1 The client's treatment goals have been met;

4.1.2 Further services would not produce additional benefits;

4.1.3 The client's mental health needs can be met in a lower level of mental health care, e.g., through an alternative community resource or primary care provider;



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- 4.1.4 Service is not indicated following routine screening and assessment procedures;
 - 4.1.5 The necessary expertise or services to meet the client's needs are not available;
 - 4.1.6 A situation exists where effective services cannot be provided to the client;
 - 4.1.7 The client is unwilling to participate in necessary payment, billing, or reimbursement procedures to enable the provider to be reimbursed for the services provided;
 - 4.1.8 The client requests termination of services; and/or
 - 4.1.9 The client does not keep scheduled appointments for 60 or more days and does not communicate with the Primary Contact to explain the reasons for the inability to keep appointments. Additionally, attempts by staff to contact the client to determine his/her intent to continue services have been unsuccessful.
- 4.2 If one of the criteria in Section 4.1 is met, a clinical review of the case should be conducted to determine the clinical or administrative appropriateness of termination of services and the anticipated acceptance of the recommendation by the client. If it is anticipated that the client will not have objections to the termination, the following steps shall be taken and documented.
- 4.2.1 The client and Primary Contact shall meet to discuss termination. The discussion shall include the following information:
 - 4.2.1.1 The client shall be given the rationale for a recommendation of termination of services initiated by the Primary Contact.
 - 4.2.1.2 The client's responses to the recommendation shall be considered, and the client shall be apprised of the next steps in the process.



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- 4.2.1.3 A reasonable timeframe for the termination of services shall be proposed.
- 4.2.1.4 Appropriate referrals shall be provided to a client needing further mental health treatment.
- 4.2.1.5 Contact information for obtaining general health care or mental health care shall be provided to clients that do not currently need further mental health services.
- 4.2.2 A services completion note shall be entered in the client's clinical record.
- 4.2.3 The client's episode shall be closed in the Information System (IS) or placed on inactive status when the Integrated Behavioral Health Information System (IBHIS) becomes available.
- 4.3 In addition to the steps taken in Section 4.2, the following steps shall be taken and documented when the termination of services is unilateral:
 - 4.3.1 During the development of a plan for unilateral termination of services, the Program Manager shall consult with supervising clinical and administrative staff and the Patients' Rights Office.
 - 4.3.1.1 Clinical Risk Management should be consulted if clinical risk issues are identified and if County Counsel consultation may be indicated.
 - 4.3.2 If the client is a Medi-Cal recipient, he/she shall be issued a Beneficiary Appeal Rights on Provider Action, a copy of which shall be sent to the Patients' Rights Office per DMH Policy #202.9, "Beneficiary Problem Resolution Process" (Reference 2).
 - 4.3.3 When indicated, the client shall be referred to another mental health service provider.



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- 4.3.4 If the client refuses to pursue treatment from another provider, he/she should be informed in writing about any risks of discontinuing services, e.g., the effects of not having access to medications.
- 4.3.5 When it is anticipated that the consequences of the termination of services would be substantial, further consultation shall be sought by the Program Manager from the Regional Medical Director, Medical Director, and Clinical Risk Management staff.
- 4.3.6 If difficulty is encountered in finding a suitable agency for referral, the LAC-DMH Clinical District Chief and Deputy Director shall be consulted for assistance.
- 4.3.7 Unilateral termination of services for clients at risk of self or other-directed harm, or for clients who are not stabilized on medication, should only occur after rigorous examination of the circumstances and a complete clinical evaluation. In this case, the treatment team and Program Manager should seek a consultation from the supervising clinical and administrative staff, and Clinical Risk Management in order to obtain a consultation with County Counsel if indicated.

REFERENCES

1. DMH Code of Organizational Conduct, Ethics and Compliance (CCEC)
2. DMH Policy #202.9, "Beneficiary Problem Resolution Process"

POLICY SPONSOR

Office of the Medical Director