



# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT</b> <b>MUTUAL AND UNILATERAL          TERMINATION OF MENTAL HEALTH          SERVICES</b>	<b>POLICY NO.</b>  <b>202.30</b>	<b>EFFECTIVE          DATE</b> <b>02/15/06</b>	<b>PAGE</b>  <b>1 of 4</b>
<b>APPROVED BY:</b>  Director	<b>SUPERSEDES</b>	<b>ORIGINAL          ISSUE DATE</b>	<b>DISTRIBUTION          LEVEL(S)</b> <b>2</b>

## PURPOSE

- 1.1 To establish uniform processes for the mutual and unilateral termination of mental health services by the Department of Mental Health (DMH) for a person receiving services from the Department, hereafter referred to as "individual." In addition to the procedures below, programs with enrollment requirements, such as AB 2034, Assertive Community Treatment (ACT) Programs and Mental Health Services Act Full Service Partnerships, shall follow established policies and procedures for disenrollment, including obtaining central office approval.

## DEFINITION

- 2.1 "Mutual Termination of Services" means the termination of mental health services provided to an individual by a DMH provider when the individual agrees with the termination.
- 2.2 "Unilateral Termination of Services" means the termination of mental health services by a DMH provider against the wishes of an individual.

## POLICY

- 3.1 DMH encourages individuals to achieve their recovery goals in the least intensive setting (ideally through community providers and peer support) and encourages staff to communicate to individuals as early in the treatment relationship as clinically indicated that 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 and the plan for termination of services should be integrated into the individual's recovery goals. Termination of services shall be based upon:
  - 3.2.1 Careful consideration of the individual's attainment of recovery goals;
  - 3.2.2 A determination that termination is clinically indicated and fully justified;
  - 3.2.3 Actions guided by and conforming to DMH Policy #100.1, "DMH Code of Ethics";



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT:</b>  <b>MUTUAL AND UNILATERAL          TERMINATION OF MENTAL HEALTH          SERVICES</b>	<b>POLICY NO.</b>  <b>202.30</b>	<b>EFFECTIVE          DATE</b>  <b>02/15/06</b>	<b>PAGE</b>  <b>2 of 4</b>
---	--	---	----------------------------------

3.2.4 A process that is in accordance with the rights afforded by DMH Policy #202.9, “Beneficiary Problem Resolution Process”, and

3.2.5 The provisions for continuity of care as indicated.

### **PROCEDURE**

4.1 The mutual termination of services shall be based on one or more of the following criteria:

4.1.1 After reviewing the individual’s treatment plan the provider determines that:

- 4.1.1.1 The individual’s recovery goals have been met;
- 4.1.1.2 Further services would not produce additional benefits;
- 4.1.1.3 The individual’s mental health needs can be met in a lower or alternative level of mental health care, e.g. through a community medical provider;
- 4.1.1.4 Service is not indicated following routine screening and assessment procedures;
- 4.1.1.5 The necessary expertise or services to meet the individual’s needs are not available;
- 4.1.1.6 A situation exists where effective services cannot be provided to the individual; and/or
- 4.1.1.7 The individual is unwilling to participate in necessary payment, billing or reimbursement procedures to enable the provider to be reimbursed for the services provided.

4.1.2 The individual requests termination of services.

4.1.3 The individual does not keep scheduled appointments for 60 or more days nor contacts the provider regarding reasons for inability to keep appointments, and attempts by staff to contact the individual to determine his/her intent to continue services have been unsuccessful.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT:</b>  <b>MUTUAL AND UNILATERAL TERMINATION OF MENTAL HEALTH SERVICES</b>	<b>POLICY NO.</b>  <b>202.30</b>	<b>EFFECTIVE DATE</b>  <b>02/15/06</b>	<b>PAGE</b>  <b>3 of 4</b>
---	--	--	----------------------------------

- 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 individual. If it is anticipated that the individual will not have objections to the planned termination, the following steps shall be taken and documented.
- 4.2.1 The individual and primary staff shall meet to discuss termination.
    - 4.2.1.1 The individual shall be given the rationale for a recommendation of termination of services initiated by the provider.
    - 4.2.1.2 The individual's responses to the recommendation shall be considered and the individual shall be apprised of the next steps in the process.
    - 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 an individual needing further mental health treatment.
    - 4.2.1.5 Contact information for obtaining general health care or mental health care shall be provided to individuals that do not currently need further mental health services.
  - 4.2.2 A discharge summary note shall be written and filed in the individual's medical record according to DMH Policy #104.9, "Clinical Documentation."
  - 4.2.3 The episode shall be closed in the Information System (IS) according to DMH Policy #104.5, "Closing of Service Episodes."
- 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 Bureau and Clinical Risk Manager.
  - 4.3.2 If the individual is a Medi-Cal recipient, he/she shall be issued a Notice of Action and a copy shall be sent to the Patients' Rights Office per DMH Policy #202.9, "Beneficiary Problem Resolution Process."



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT:</b> <b>MUTUAL AND UNILATERAL TERMINATION OF MENTAL HEALTH SERVICES</b>	<b>POLICY NO.</b> <b>202.30</b>	<b>EFFECTIVE DATE</b> <b>02/15/06</b>	<b>PAGE</b> <b>4 of 4</b>
---	------------------------------------	--	------------------------------

- 4.3.3 When indicated, the individual shall be referred to another mental health service provider
- 4.3.4 If the individual 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 Manager.
- 4.3.6 If difficulty is encountered in finding a suitable agency for referral, DMH management staff may be consulted for assistance.
- 4.3.7 Unilateral termination of services for individuals at risk of self-harm or harm to others, or for individuals 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 Manager and consider obtaining a consultation with County Counsel.

### **REFERENCES**

DMH Policy #100.1, "Department of Mental Health Code of Ethics"  
DMH Policy #104.5, "Closing of Service Episodes"  
DMH Policy #104.9, "Clinical Documentation: Medi-Cal and Other Non-Medi-Cal/Medicare Payor Sources"  
DMH Policy #202.9, "Beneficiary Problem Resolution Process"  
DMH Notice of Action  
Guidelines of the Canadian Psychiatric Association CMH Tapper, BM, ChB, MA

### **REVIEW DATE**

This policy shall be reviewed on or before February 2008.