

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER
POLICY AND PROCEDURE MANUAL

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Policy 611 – Withdrawal Options

I. ADMINISTRATIVE WITHDRAWAL

Administrative withdrawal is an involuntary withdrawal or administrative discharge from pharmacotherapy. The schedule of withdrawal may be brief, less than 30 days, if necessary.

The SHCMHC OBMAT program shall develop and implement policies and procedures for the involuntary termination from treatment that includes and describes the rights of the patient and the responsibilities and rights of the program.

Administrative withdrawal may result from any of the following:

- Non-payment of fees – The SHCMHC OBMAT program shall make every effort to consider all clinical data, including patient participation and compliance with treatment prior to initialing administrative withdrawal for non-payment. If the patient has a history of compliance and cooperation with treatment, the program shall document every effort to explore alternatives to administrative withdrawal with the patient prior to onset of withdrawal. If necessary and unavoidable, the schedule of withdrawal shall follow protocols and guidelines of approved authorities.
- Disruptive or adverse effect conduct – Disruptive conduct or behavior considered to have an adverse effect on the program, clinical staff or patient population of such gravity as to justify the involuntary withdrawal and discharge of a patient. Such behaviors may include violence, threat of violence, dealing drugs, diversion of pharmacological agents, violation of peer confidentiality, repeated loitering, and failure to follow treatment strategy objectives or noncompliance with program rules, policies and procedures resulting in an observable, negative impact on the program, staff and other patients.
- Incarceration or other confinement – The SHCMHC OBMAT program will work with law enforcement and corrections personnel in order to avoid mandatory withdrawal whenever possible.
- The SHCMHC OBMAT program shall document in the patient’s treatment plan and chart all efforts regarding referral or transfer of the patient to a suitable, alternative treatment program.
- Female patients shall have a negative pregnancy screen prior to the onset of administrative withdrawal.

The SHCMHC OBMAT program shall have in place a detailed relapse prevention plan developed by the counselor in accordance with approved national guidelines and in conjunction with the patient. The prevention plan shall be given to the patient in writing prior to the administration of the final dose of medication.

II. MEDICAL WITHDRAWAL

Medical withdrawal occurs as a voluntary and therapeutic withdrawal in accordance with approved national guidelines. In some cases the withdrawal may be against the advice of clinical staff or against medical advice.

The SHCMHC OBMAT program shall supply a schedule of dose reduction well tolerated by the patient.

The SHCMHC OBMAT program shall offer supportive treatment, including increased counseling sessions and referral to a self-help group or other counseling provider as appropriate.

If the patient leaves the SHCMCH OBMAT program abruptly against medical advice, the program may re-admit the patient within 30 days without a formal reassessment procedure. However, the program must perform a physical assessment and a biopsychosocial assessment upon re-admission after 30 days of departure. The program shall document attempting to assist the patient with any issues which may have triggered his or her abrupt departure.

The SHCMHC OBMAT Program shall develop and implement policies and procedures for the continuing care of each patient following the last prescription given and for re-entry to maintenance treatment if relapse occurs or if the patient should reconsider withdrawal.

Female patients shall have a negative pregnancy screen prior to the onset of medically-supervised withdrawal.

The SHCMCH OBMAT program shall have in place a detailed relapse prevention plan developed by the primary counselor in accordance with approved national guidelines and in conjunction with the patient. The prevention plan shall be given to the patient in writing prior to the administration of the final dose of medications.