



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

**NOTICE OF ADOPTION
INTERPRETIVE STATEMENT**

Title of Interpretive Statement: Release of Voluntary Individuals from Inpatient Behavioral Health Settings | Number: OCHS-04-23-21

Issuing Entity: Department of Health, Health Systems Quality Assurance, Office of Health Systems Oversight

Subject Matter: Release of Voluntary Individuals from Inpatient Behavioral Health Settings

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Interpretive Statement

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<i>Title:</i>	Release of Voluntary Individuals from Inpatient Behavioral Health Settings	<i>Number:</i> OCHS-04-23-21
<i>References:</i>	RCW 71.05.050 , RCW 71.05.020 , WAC 246-322-170	
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This interpretive statement describes how the Department of Health (department) interprets RCW [71.05.050](#) as it applies to all inpatient behavioral health settings including all hospitals and residential treatment facilities. The statement was developed by the department in consultation with partners at the Health Care Authority in an effort to help ensure that licensees providing inpatient behavioral health services are compliant with state law when responding to voluntary individuals who are seeking immediate release from inpatient care.

Background:

Voluntarily admitted individuals who request release from inpatient behavioral health services are required to be released ‘immediately’ according to [RCW 71.05.050](#). The only exception is when the individual, at the time of the request for release, is exhibiting behaviors that could qualify the individual for involuntary detention. In that case, the facility may briefly hold the individual only long enough to contact and have a designated crisis responder (DCR) respond for further evaluation in accordance with [chapter 71.05](#) RCW. Otherwise, once requested, the statute directs an individual’s release to be expedited by the facility and may not be protracted by the operational convenience or other interests of the facility. RCW [71.05.050](#) protects individual civil rights and it is critical that facilities carefully monitor their staffs’ compliance with this law. Facility policies should provide direction to staff at each step of the process for a release requested by a voluntary individual.

Standards for Policies and Procedures:

The department expects all policies, procedures, forms, and practices relating to this discharge process by any licensed facility providing inpatient behavioral health services to meet the following standards:

Timeliness:

In order to meet the immediacy requirement of RCW [71.05.050](#)(1), any policy that addresses the facility’s procedure when discharging voluntarily admitted individuals who are requesting release should direct staff to complete the process, including an assessment and possible consultation

with a DCR, promptly and without undue delay, regardless of the time of day or day of the week. The process from the point of the individual's initial request to their release or referral to a DCR should take a matter of hours.

Documentation:

Policies should set clear and specific expectations for staff to timely and thoroughly document all key information at every step, especially if it is to support the facility's preliminary determination to hold the individual pending further assessment by a DCR.

- Staff should be directed to document all relevant observations such as when (time and date) and how the individual initially requested release; and how the individual presented at the time of the request, such as the individual's specific remarks, psychiatric symptoms, behaviors, any indications of cognitive impairment, change in status, etc. An assessment tool incorporated into a facility's policy is one method for a facility to ensure adequacy and consistency.
- Staff should also be directed to clearly document when and how a DCR consult was initiated and any substantive exchanges between staff and the DCR, as well as when, and if, the DCR authorized the individual be further detained for a subsequent DCR investigation.
- Finally, staff should document any reason for delay in processing a discharge requested by an individual.

Assessments:

A facility's policy should direct that any professional staff (as defined by RCW [71.05.020](#) (42)) available at the time of the individual's request to be released immediately conduct any pre-release assessment for the limited purpose of determining whether a more comprehensive assessment by a DCR is needed. A DCR should not be contacted unless the facility has documented reasonable grounds to believe that the individual may meet the criteria for a limited involuntary detention.

The policy should designate by title which staff positions may conduct a pre-release assessment. The policy should be consistent with RCW [71.05.020](#) and may not require, for example, that the assessment be performed exclusively by a 'psychiatric provider', attending physician or ARNP. The policy may require that any release requested by an individual be immediately communicated to appropriate third parties, such as an attending physician/provider, facility management, or the individual's relatives, but this cannot unduly delay the response to the release request. The policy may not require consultation or approval by such third parties as a prerequisite to release to the extent this prevents immediate release. For example, requiring a physician's consultation, assessment, or discharge order cannot serve to delay the immediate release of a voluntary individual.

The policy may not require that the scope of an assessment be so comprehensive as to supplant that of a DCR. The assessment should be timely and based on the symptoms or behaviors the individual presents at the time of their request for release. All staff should be directed by the policy to immediately bring a request for release by any voluntarily admitted individual to the attention of professional staff to efficiently facilitate an appropriate response.

Discharge Planning:

With regard to safe discharge planning requirements, such as WAC [246-322-170](#) for psychiatric hospitals, the department acknowledges inpatient behavioral health facilities have general

planning requirements at discharge, but when a voluntarily-admitted individual requests release from inpatient behavioral health services, then statutory requirements to honor these requests by facilitating an expeditious release become the imperative. More specifically, WAC [246-322-170](#) and other related rules, must be interpreted in a manner that is consistent with RCW [71.05.050](#). Consequently, a facility's policy cannot require a voluntary individual be detained against their will while staff plan for continuity of care, a suitable discharge location, or complete similar arrangements.

Engagement with individuals:

The policy may direct staff to engage in a discussion with the individual regarding early release, or seek the individual's completion of 'against medical advice (AMA)' or other 'early discharge' related paperwork, but these steps should not serve to postpone the pre-release assessment or otherwise violate the immediacy requirement under the law. The policy should direct staff at all times to engage with the individual seeking release in a way that acknowledges that individual's fundamental right to refuse further care from the facility. Staff should be trained to take care to avoid remarks or conduct that may be reasonably viewed by the individual as threatening, intimidating, coercive, or that otherwise gives the impression that the individual, once admitted, loses the right to immediately leave the facility at their request. For example, staff should not convey to the individual that a DCR must be contacted in any release requested by an individual and should avoid discussing potential financial ramifications of an 'AMA discharge', as this may not be accurate information and is a matter between the individual and their insurance provider.

Following the specific guidance in this interpretive statement and aligning policies, procedures, and practices that are enacted when an individual requests to be released will help ensure that facilities providing inpatient behavioral health services are compliant with state law and doing their utmost to protect the civil rights of individuals.