



STATE OF CONNECTICUT
Department of Mental Health & Addiction Services



Commissioner's Policy Statement and Implementing Procedures

SUBJECT:	Elopement Policy (Escape & Unauthorized Absence)
P & P NUMBER:	Chapter 6.11
APPROVED:	Miriam Delphin-Rittmon, Commissioner Date: 10/15/2015
EFFECTIVE DATE:	October 15, 2015 <i>Miriam Delphin-Rittmon</i>
REVISED:	10/17/2011, Replaced Commission Policy Statement #60 Patient's Away without
REFERENCES:	<p>17a-684 Emergency treatment, grounds, application, procedure, detention and release. Rights after commitment.</p> <p>17a-522 Re-commitment of escaped persons.</p> <p>17a-566 Certain convicted persons to be examined. Report and recommendation.</p> <p>17a-580 Psychiatric Security Review Board.</p> <p>17a-699 Order of treatment for alcohol or drug dependency of convicted person</p> <p>52-146f (2) Consent not required for disclosure, when.</p> <p>53a-169 Escape in the first degree: Class C felony.</p> <p>53a-171 Escape from custody: Classification.</p> <p>54-56d Competency to stand trial</p>
FORMS AND ATTACHMENTS:	

STATEMENT OF PURPOSE: The purpose of this policy is for the DMHAS to enact the proper and appropriate procedures for maintaining the safety of patients, staff and others at all times.

POLICY: It is the policy of the Department of Mental Health and Addiction Services (DMHAS) that the Department shall take responsibility for individuals placed in its inpatient facilities for treatment regardless of voluntary or involuntary status. Patient's who have eloped that is, absent themselves from the treatment modality without permission, are interrupting their treatment. This interruption is detrimental to the patient, and shall be viewed as a serious matter. It is the responsibility of the DMHAS to respond appropriately in the event of an elopement of patients with various legal statutes.

DEFINITION:

- I. Elopement is defined as:
 - A. The absence of any legally committed or voluntary patient from an inpatient unit or grounds of the DMHAS facility without permission.
 - B. The failure of any patient to appear at any activity, therapy assignment, work or other appointment or the departure of such patient from those areas without permission.
 - C. The failure of any patient to return to the unit at curfew or at another stipulated time from limited grounds privileges, therapeutic activities, or an authorized leave.

- II. There are two types of Elopements:
 - A. ESCAPE: This category is applicable to the unauthorized absence of:
 - 1. a patient committed to the DMHAS by the Superior Court system;
 - 2. a patient whose presence within a facility of the DMHAS is the result of a correctional/penal transfer regardless of the DMHAS status;
 - 3. a patient under the jurisdiction of the Psychiatric Security Review Board.

 - B. UNAUTHORIZED ABSENCE: This category is applicable to the absence of:
 - 1. a patient committed to the DMHAS by the probate court system;
 - 2. a patient committed to the DMHAS under a PHYSICIAN'S EMERGENCY CERTIFICATE (MHCC-3);
 - 3. a patient admitted voluntarily (MHCC-2).

PROCEDURE:

- 1. Any person discovering a patient has eloped shall immediately notify the head nurse on the unit. The head nurse shall immediately notify the DMHAS police at the facility where the elopement has occurred, the physician in charge of the patient, or the on call physician when applicable. The DMHAS police shall immediately notify the CEO of the facility. Those individuals involved in reporting the incident shall have access to and knowledge of the patients' legal status, clinical status and circumstances surrounding the elopement.

- 2. The DMHAS police at the facility shall institute a search of the immediate area with a member of the nursing staff of the unit, unless such search is deemed inappropriate because of the circumstances of the elopement.

- 3. If it has been determined that a patient has escaped from a DMHAS facility, the DMHAS police from that facility shall issue a teletype and pursue legal charges.

4. In the case of a voluntary patient, the Attending Psychiatrist/On-call Physician shall determine if the patient is a danger to self or others or gravely disabled. As quickly as possible, the Physician may confer with other staff members if there is any uncertainty regarding the patient's dangerousness. Once the Physician has determined the patient's clinical status, he/she shall contact the CEO and advise the CEO or designee, as to whether the patient is dangerous to self or others or gravely disabled. If it has been determined that a patient is dangerous to self or others or gravely disabled, a teletype shall be issued by the DMHAS police at the facility. If a patient has been determined to not be dangerous to self or others or gravely disabled, the DMHAS police at the facility shall not issue a teletype.
5. In the case of a probated patient or a patient on a Physician's Emergency Certificate (PEC) the Attending Psychiatrist/On-call Physician shall determined the patient's clinical status, and shall contact the CEO of the facility. A teletype shall be issued for all probated patients and PEC'd patients.
6. Upon notification, the Police Chief/Captain will determine if any other measures are warranted as it relates to the teletype process, and efforts to locate and return the patient.
7. The DMHAS Police will develop and maintain procedures regarding AWOLS.
8. The facility CEO and head nurse shall access all up to date information on the individual that has eloped and prepare a notification document that contains the following information:
 - a brief summary of what occurred, the date, time, place of the incident, and the assigned unit(s) of the person(s) involved;
 - the names of the person(s) involved and their relationship to the facility(e.g., patient, staff, visitor);
 - the age, gender, legal status, privilege level, diagnosis, and clinical status (current level of dangerousness as determined by the Attending Psychiatrist/On-call Physician at the time of the incident) of the person(s) involved;
 - external notifications that may be needed (identified through consultation with the Attending Psychiatrist/On-Call Physician) such as next of kin, conservator, probation officer, significant others, other agencies, etc; and,
 - immediate actions taken and follow-up steps in process.
9. a. The CEO, head nurse and attending physician shall determine if any external notifications may be needed such as next of kin, conservator, probation or parole officer, warnings to identified individuals at risk, significant others, other agencies, etc. If notification to a family member or conservator of person is permitted, the CEO of the facility shall notify the family or conservator of the elopement. The family member or conservator of person shall be given information regarding CGS 29-1f (Silver Alert). Under this statute, missing clients who are 65 or older or clients age 18 and over if mentally impaired can only be reported to law enforcement by the person's relative, guardian, conservator, attorney-in-fact appointed by the missing person in accordance with chapter 7, any health care representative

appointed by the missing person in accordance with section 19a-576 or a nursing home administrator, as defined in section 19a-511.

9. b. DMHAS may file a missing person report for a Silver Alert when-

(1) Pursuant to C.G.S. 146(2), the treating psychiatrist determines the missing person poses a substantial risk of imminent physical injury to themselves or others,

AND

(2) In situations where there is a Conservator of Person, the facility will obtain consent, preferably written, in order to file the report. For all others, the DMHAS Commissioner can authorize the filing of said report.

Note: A report will be filed on any missing patient who falls under Sec. II A – Escape.

The DMHAS Chief of Police will oversee the process for filing.

10. When notifying family members, the Attending Psychiatrist/On-call Physician may deem it appropriate to explain legal options if the elopement patient is on voluntary status.

Note: The Attending Psychiatrist should remember that the probate court may issue a warrant for a patient's apprehension under C.G.S. 17A-498. Under section (d), the Probate Court may issue a warrant, " If the respondent refuses to be examined by the court appointed physicians as herein provided, the court may issue a warrant for the apprehension of the respondent and a police officer for the town in which such court is located or if there is no such police officer then the state police shall deliver the respondent to a general hospital where the respondent shall be examined by two physicians one of whom shall be a psychiatrist, in accordance with subsection (c) of this section." In addition, C.G.S. 17a-503 authorizes police to directly take into custody for examination, a person whom they have reasonable cause to believe is mentally ill and dangerous to him/her or others or gravely disabled and in immediate need of care and treatment...."The officer shall execute a written request for emergency examination detailing the circumstances under which the person was taken into custody and such request shall be left with the facility. The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502."

11. Depending on the circumstances, any elopement may be a critical incident. Based on hospital critical incident procedures, the following types of patient elopement are considered critical incidents:

- those under the jurisdiction of the PSRB;
- those confined under 54-56d C.G.S.;
- DOC transfers;
- PEC admissions;
- those deemed legally incompetent; and
- voluntary patients deemed dangerous to self, others or gravely disabled.

a. In the event that the Elopement is designated a critical incident the CEO of the facility shall ensure the completion of the DMHAS Critical Incident Report.

12. The CEO or designee.

- a. The CEO or designee of the facility will assume responsibility for notification by telephone as soon as possible, followed by written notification, to:
 - (1) the Commissioner / Chief Operating Officer
 - (2) the Director of Forensic Services, if appropriate.
 - (3) the Executive Director of the PSRB, if appropriate.
 - (4) the Forensic Liaison person.
 - (5) the court which originally ordered the patient committed to the DMHAS.
 - (6) all appropriate official agencies (federal, state, or local) in relation to warrants, detainers, etc., on the patient.
 - (7) the correctional facility having ultimate custodial responsibility for the patient.

13. When a patient is returned or discharged from any AWOL (or returns voluntarily) the following will occur:

1. The senior physician shall immediately notify the CEO and the DMHAS facility Police.
2. The DMHAS facility Police shall cancel the teletype.
3. The senior physician on duty will notify the family or any other interested parties who were originally notified of the patient's return.
4. The senior physician will obtain authorization from the Chief Executive Officer (CEO) of the facility before the decision is made to discharge a patient. (see 6(c) above)
5. The CEO will be responsible for reviewing the cases of returned escaped patients held in the hospital for a period beyond 30 days at regular intervals.
The treating physician will justify continued need for retention in custody as opposed to discharge.

14. The facility shall consider discharging a patient who has left the hospital without permission under the following conditions:

- a. Informal and voluntary status.

The treating physician has made the determination as to discharge.

OR

A responsible staff physician will place the patient on visit status until the treating physician is available to make the decision if the absence is not known during working hours.

- b. Voluntary status.

Voluntary patients shall be discharged at the discretion of the CEO, but in no event shall

be carried on AWOL status longer than 30 days.

- c. Emergency certificate and probate court commitment.

These patients will not be discharged for 30 days unless justified in record by treating physician, i.e. whereabouts of patient known and alternative treatment has been arranged.

- d. Criminal Court Commitments.

These patients will not be discharged without clearance from the appropriate courts. Patients under the jurisdiction of other agencies should not be held on escape status beyond 30 days.

- e. Psychiatric Security Review Board.

These patients will not be discharged without authorization from the Executive Director of the PSRB.

(note: If a Silver Alert has been issued, the patient shall remain on the teletype)

If, while a patient is on Unauthorized Absence Status, the DMHAS facility staff receives verified information that the patient is in an acceptable community situation, the patient may be discharged. Any agencies notified of the AWOL will be notified of the withdrawal of that status at the time of that patient's discharge under these circumstances. This notification will be made in writing by the CEO.