

**MILLE LACS BAND OF OJIBWE  
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

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**Department:** Substance Use Disorders - Administration

**Policy Number:** HHS-SUD-ADM 8115

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**Policy Title:** Service Termination

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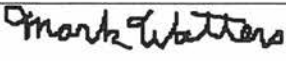
**Attachments:**

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**Revision History:**

**Revised by/Date:** Mark Watters/Holly Hunter 2/28/2020

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**Approved by:** 

**Date:** 4-8-2020

Mark Watters, Substance Use Disorders Director

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**Approved by:**

**Date:**

Nicole Anderson, Commissioner of HHS



4-14-2020

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**POLICY STATEMENT:** The Mille Lacs Band of Ojibwe Substance Use Disorders Department has determined the following reasons for termination of services to clients involved in programing:

1. The client's symptoms are in remission
2. The client's condition has stabilized and care can continue in another setting.
3. The client has satisfactorily completed treatment goals.
4. Housing is available which is appropriate to client need.
5. The client has participated in the development of the continuing care plan.
6. The client's physical or mental health prevents them from fully participating in the program.
7. The client presents a substantial likelihood of harm to themselves or to others.
8. The client exhibits behaviors that are beyond the behavioral management capability of the program staff.
9. There is an immediate threat to the health of any individual or they require immediate medical attention beyond the capability of the program staff.
10. The client fails to return by the agreed time and date following an approved leave pass.

**PURPOSE:** The purpose of this policy is to provide a process for proper discharge of a client.

**PROCEDURE:**

1. Service Termination for Successful Treatment
  - a. Clients are discharged and service terminated when criteria has been met. The Program Director, Alcohol and Drug Counselor Supervisor or Nursing Supervisor may initiate and authorize service Termination and discharge of a client.
  - b. Staff will document the circumstances leading up to the involuntary discharge of the client in the progress notes.
  - c. Circumstances that may result in the involuntary discharge of a client at staff request:
    - If a client has been found to be using or supplying illicit chemicals.
    - If a client has been found to have sexual relations or forming exclusive relationships with other clients.
    - If a client makes direct threats toward another client or any staff members.

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- If the client is involved in the commission of a crime against program staff or on program property.
  - If the client behaves in a manner that is dangerous to self or others and is beyond the capacity of the program to assure safety.
  - If the client is leaving against staff or medical advice.
- d. If an appropriate release of information is in place, staff will contact the client’s probation officer and the client’s referent to inform them of the client’s discharge.
  - e. The treatment team will determine if the client is to be discharged for reasons other than successful treatment program completion. If the team determines that the client it to be discharged, the team will develop an Aftercare Plan. Client’s mental health status will be taken into consideration.
  - f. Once informed of discharge and taking safety concerns into consideration, the client will be escorted to their room to collect their personal belongings. Staff will assist the client in securing transportation as necessary.
  - g. Program staff will document the events leading to discharge in the client’s progress notes and documented in the client’s Discharge Summary Aftercare Plan.
2. Clients Who Need Medical and / or Psychiatric Care While in Treatment.
    - a. Discharge of a client due to the need for medical or psychiatric intervention and must be referred to a medical facility capable of admitting the individual.
  3. Clients will be notified, upon admission, the circumstances that will result in discharge from the program.

<b>Internal and/or External References</b>	Minnesota Statutes 245G.14 Service Initiation and Termination
<b>Compliance - Posting Date</b>	4/14/2020 <del>4/14</del>
<b>Replaces – Policy Number</b>	
<b>Next Review - Due Date</b>	4/14/2023