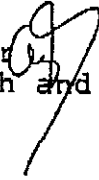


DEPARTMENT OF HUMAN SERVICES

MEMORANDUM

TO: All Chief Executive Officers of MPH,  
GPPH, APH, ABCTC, HGC

FROM: Alan G. Kaufman, Director   
Division of Mental Health and Hospitals

DATE: June 24, 1992

RE: Attached Administrative Bulletin - 3:15  
Elopement Policy

Attached is the Administrative Bulletin addressing the Division's policy regarding elopement. As you may remember, this policy was developed by staff from each of your hospitals (as copied below) together with Ray Deeney and Mary Maloney from the Office of Legal and Regulatory Liaison in response to my request.

I thank you for your comments and cooperation in this matter.

Should you have any problems or questions, you may contact Ray at 7-0711 or Mary at 2-3552 for clarification or assistance.

c. Dennis Lafer  
Assistant Directors  
Ray Deeney  
Mary Maloney  
Eileen Bilder (APH)  
Charles Stackhouse (GPPH)  
Stephanie Warren (HGC)  
Robert Tilley (MPH)  
Greg Imbroglia (TPH)

V. Definitions:

Eloped Patient - a voluntary, CRPP or civilly committed patient who has left the hospital premises without authorization or failed to return from an authorized leave. Hospitals shall maintain such patients on Eloped Status but should not include such patients as part of the hospital inpatient census. Maintaining eloped patients on eloped status shall not prevent hospitals from other appropriate administrative actions regarding that patient, such as the writing of a final summary describing the patient's course of hospital care.

Escaped Patient - An NGRI, IST or detainer patient who has left the hospital premises without authorization or failed to return from an authorized leave.

V. Policies and Procedures:

A. Voluntary Patients:

1. If a voluntary patient elopes, the hospital shall, pursuant to the facility's search policy conduct a preliminary or initial search. Departmental police may be notified to assist in this search.
2. As long as the whereabouts of the eloped, voluntary patient remains unknown, the patient shall be maintained on Eloped Status.
3. If the eloped, voluntary patient is located and the patient's treatment team determines that further hospitalization is unnecessary or undesirable, the patient may be discharged from the hospital.
4. If the eloped, voluntary patient is located and the patient's treatment team determines that further hospitalization would be desirable, but that the patient is not committable, the team should recommend to the patient that he or she return to the hospital. If the patient does not return to the hospital, he or she shall be discharged 72 hours after being located.
5. If the eloped, voluntary patient is located and the patient's treatment team believes that the patient is committable, they shall request that an appropriate screening service assess the patient and take appropriate action, including the commitment of the individual if the screening service concurs with the treatment team's determination. If the patient does not return to the hospital within 72 hours after being located he or she shall be discharged.

6. If the eloped, voluntary patient is located and the patient's treatment team is unsure whether the patient is committable or not, an appropriate screening service may be utilized to make that determination. If the patient does not return to the hospital within 72 hours after being located he or she shall be discharged.

**B. Involuntary Patients:**

1. Upon discovery that an involuntary patient is missing, staff at the facility shall conduct, pursuant to established search policies in place at the facility, a comprehensive search of the facility and grounds. In addition, proper notice to all interested parties, as delineated in such policy must be promptly undertaken.
2. As long as the whereabouts of an eloped, involuntary patient remains unknown, the patient shall be maintained on eloped status.
3. If the eloped, involuntary patient is located, the treatment team shall request that appropriate personnel return the patient to the hospital for continued treatment or assessment when clinical indications support the continued committability of the patient. If an eloped, involuntary patient requests rehospitalization, the patient shall be rehospitalized.
4. If the treatment team suspects that a located eloped, involuntary patient may not be committable or is uncertain whether the patient remains committable and the patient does not request rehospitalization, the treatment team shall utilize a community screening service to make that determination..
5. At any time the whereabouts of an eloped, involuntary patient remains unknown, the treatment team may so advise the commitment review judge. If the judge subsequently discharges the patient from the hospital as an involuntary patient, the patient shall be discharged from the hospital pursuant to that order and removed from Elopement Status.
6. Whenever an eloped, involuntary patient returns to the hospital, any Court which has been notified of his or her elopement shall be then notified of his or her return.

7/1/92  
Date

Alan G. Kaufman  
Alan G. Kaufman, Director  
Division of Mental Health and Hospitals