

Collaborative Discharge Protocols for Community Services Boards and State Hospitals Child & Adolescent

Department of Behavioral Health and Developmental Services

The attached protocol is designed to provide consistent direction and coordination of those activities required of state hospitals and community services boards (CSBs) in the development and implementation of discharge planning. The activities delineated in these protocols are based on or referenced in the Code of Virginia or the community services performance contract. In these protocols, the term CSB includes local government departments-with a policy-advisory CSBs, established pursuant to § 37.2-100 of the Code of Virginia, and the behavioral health authority, established pursuant to § 37.2-601 et seq. of the Code of Virginia.

Shared Values:

Both CSBs and state hospitals recognize the importance of timely discharge planning and implementation of discharge plans to ensure the ongoing availability of state hospital beds for individuals presenting with acute psychiatric needs in the community.

While the Code of Virginia assigns the primary responsibility for discharge planning to CSBs, discharge planning is a collaborative process that must include state hospitals.

Joint participation in treatment planning is the most advantageous method of developing comprehensive treatment goals and implementing successful discharge plans. The treatment team, in consultation with the CSB, shall ascertain, document and address the preferences of the individual and authorized representative, if one has been designated, in the needs assessment and discharge planning process that will promote elements of recovery, self-determination, empowerment and community integration. The treatment team shall address the preferences of the individual or authorized representative to the greatest degree practicable in determining the discharge placement. However, this may not be applicable for certain forensic admissions due to their legal status.

NOTE: In anticipation of the implementation of an electronic health record (EHR) at the state hospitals in 2014-15, references to the Secure Site Discharge Database (SSDD) have been removed from this document. Until such time as the EHR is operational at each state hospital with CSB access, the SSDD will continue to be the database used to document an individual's needs, discharge plan, safety and support plan, discharge planning notes, and the Barriers to Discharge.

DEFINITIONS:

Acute admissions or acute care services: Services that provide intensive short-term psychiatric treatment in state mental health hospitals for a period of less than 30 days after admission.

Case management CSB: The public body established pursuant to § 37.2-501 of the *Code of Virginia* that provides mental health, developmental, and substance abuse services within each city and county that established it in which a minor's parent, or legal guardian resides. The case management CSB is responsible for case management, liaison with the hospital when a minor is admitted to a state hospital, and discharge planning. If the minor, the parents of a minor receiving service, or legal guardian chooses to reside in a different locality after discharge from the state hospital, the serving that locality becomes the receiving CSB and works with the case management CSB, the parent/legal guardian, and the state hospital to effect a smooth transition and discharge. The case management CSB is ultimately responsible for the completion of the discharge plan. Reference in these protocols to CSB means case management CSB, unless the context clearly indicates otherwise.

Comprehensive treatment planning meeting: The meeting, which follows the initial treatment meeting and occurs within seven days of admission to a state hospital. At this meeting, the minor's comprehensive treatment plan (CTP) is developed by the treatment team in consultation with the minor, the parent or legal guardian, the CSB. The purpose of the meeting is to guide, direct, and support all treatment aspects for the minor.

Co-occurring disorders: Minors are diagnosed with more than one, and often several, of the following disorders: mental health disorders, intellectual or developmental disability (ID/DD), or substance use disorders. Minors may have more than one substance use disorder and more than one mental health disorder. At an individual level, co-occurring disorders exist when at least one disorder of each type (e.g., mental health and substance use disorder, intellectual disability and mental health disorder) can be identified independently of the other and are not simply a cluster of symptoms resulting from a single disorder.

Discharge plan or pre-discharge plan: Hereafter referred to as the discharge plan, means an individualized plan for post-hospital services that is developed by the case management CSB in accordance with § 37.2-505 and § 16.1-346.1 of the Code of Virginia in consultation with the minor, parent/legal guardian and the state hospital treatment team. This plan must include the mental health, developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services and supports needed by the minor, consistent with subdivision A.3 of § 37.2-505, following an episode of hospitalization and must identify the public or private providers that have agreed to provide these services and supports. The discharge plan is required by § 37.2-505, § 16.1-346.1, and § 37.2-508 of the Code of Virginia. A completed or finalized discharge plan means the document on which all of the services to be received upon discharge are shown, the providers that have agreed to provide those services are identified, the frequency of those services is noted, and a specific date of discharge is entered.

Extended treatment: Refers to length of stay for a period of 30 days or more after admission that offers intermediate or extended treatment in a state hospital for individuals with severe psychiatric impairments, emotional disturbances, or multiple service needs.

Involuntary admission: An admission of an adult or minor that is ordered by a court through a civil procedure pursuant to § 16.1-346.1 §16.1-340-§ 16.1-345 of the *Code of Virginia*.

Minor: An individual who is under the age of 18 years. Any minor must have a legal guardian unless emancipated by a legal process. A minor who is 14 years of age or over must give consent for admission and treatment issues.

Parent: (i) A biological or adoptive parent who has legal custody of the minor, including either parent if custody is shared under a joint decree or agreement, (ii) a biological or adoptive parent with whom the minor regularly resides, (iii) a person judicially appointed as a legal guardian of the minor or (iv) a person who exercises the rights and responsibilities of legal custody by delegation from a biological or adoptive parent, upon provisional adoption or otherwise by operation of law. The director of the local department of social services or his designee may stand as the minor's parent when the minor is in the legal custody of the local department of social services.

Primary substance use disorder: An individual who is clinically assessed as having one or more substance use disorders per the current DSM with the substance use disorder being the "principle diagnosis" – i.e. the condition established after evaluation to be chiefly responsible for the admission; the individual may not have a mental health disorder per the current DSM or the mental health disorder is not the principle diagnosis.

State hospital: A hospital, psychiatric institute, or other institution operated by the Department that provides care and treatment for persons with mental illness

Treatment plan: A written plan that identifies the individual's treatment, educational, and service needs and states the goals, objectives and interventions designed to address those needs. There are two sequential levels of treatment plans:

1. The "initial treatment plan," which directs the course of care during the first hours and days after admission; and
2. The "comprehensive treatment plan (CTP)," developed by the treatment team with CSB consultation, which guides, directs, and supports all treatment of the individual.

Treatment plan review (TPR): Treatment planning meetings or conferences held subsequent to the CTP meeting, as indicated.

I. Collaborative Responsibilities Following Admission to State Hospital

	State Hospital Responsibilities	CSB Responsibilities
1.1	<p>State hospital staff shall assess each individual upon admission and periodically thereafter to determine whether the state hospital is an appropriate treatment site. Inappropriate admissions including individuals with a primary diagnosis of substance abuse will be reported to the CSB within one calendar day.</p>	<p>As active participants in the discharge process and consultants to the treatment process, CSB staff shall participate in discussions to determine whether the state hospital is an appropriate treatment facility.</p>
1.2	<p>State hospital staff shall contact the case management CSB within one (1) calendar day of admission to notify the CSB of the new admission.</p> <p>State hospital staff shall also provide a copy of the admissions information/face sheet, including the name and phone number of the Social worker assigned and the name of the admitting unit, to the CSB within one (1) calendar day of admission. If the information has references to substance use disorder, a release of information must be signed by the minor and/or legal guardian or the information related to substance use and treatment must be redacted.</p> <ol style="list-style-type: none"> For minors who are discharged prior to the comprehensive treatment plan (CTP), the treatment team is responsible for completing the Discharge Instructions in consultation with the CSB. 	<p>Upon notification of admission, CSB staff shall begin the discharge planning process for both civil and forensic admissions. If the CSB disputes case management responsibility for the individual, the CSB shall notify the state hospital social worker immediately upon notification of admission.</p> <ol style="list-style-type: none"> For minors who are discharged prior to the CTP, CSB responsibilities post discharge will be reflected in the discharge instructions. For every admission to a state hospital from the CSB's service area that is not currently an open case at that CSB, the CSB shall develop an open case and assign case management responsibilities to the appropriate staff For individuals with co-occurring SMI/ID/DD disorders, the CSB MH and ID Directors will identify and inform the state hospital social work director whether the ID or MH case manager will take the lead in discharge planning. The individual assigned to take the lead in discharge planning will insure that the other relevant parties (DD case manager, providers, etc.) are engaged with the state hospital social work director within seven calendar days of the admission. CSB staff shall establish a personal contact (face-to-face, telephone, etc.) at least once for an acute hospitalization, at least monthly for individuals receiving extended treatment,

	State Hospital Responsibilities	CSB Responsibilities
		and within 30 days prior to the individual's discharge.
1.3	<p>State hospital staff shall make every effort to inform the CSB of the date and time of the CTP meeting at least two calendar days prior to the scheduled meeting.</p> <p>The CTP meeting shall be held within fourteen (14) calendar days of the date of admission.</p>	<p>CSB staff shall make arrangements to attend or otherwise participate by telephone or videoconferencing in the CTP and subsequent treatment plan review (TPR) meetings.</p> <p>In the event that the arrangements above are not possible, it is the joint responsibility of the hospital social worker and CSB staff to contact each other within two (2) calendar days to discuss case specifics.</p> <p>Note: While it may not be possible for the CSB to attend every treatment planning meeting, attendance at treatment planning meetings is the most advantageous method of developing comprehensive treatment goals and implementing successful discharge plans.</p>

II. Needs Assessments & Discharge Planning

Joint Responsibility of the State Hospital & CSB		
2.1	The treatment team and CSB shall ascertain, document and address the preferences of the individual and his/her authorized representative in the comprehensive assessment and discharge planning process that will promote elements of recovery, self determination, empowerment, and community integration.	
	State Hospital Responsibilities	CSB Responsibilities
2.2	The state hospital Social worker shall complete the social work comprehensive assessment prior to the CTP or within seven (7) calendar days of admission for each minor. This assessment shall provide information to help determine the minor's needs upon discharge.	Discharge planning begins on the Initial Pre-Screening form and continues on the CSB/BHA discharge plan document. (In Revision). In completing the discharge plan, the CSB shall consult with members of the treatment team, the minor, his parent/Legal Guardian, and, with appropriate consent, other parties in determining the needs/preferences of the minor upon discharge. The Discharge Plan shall be developed in accordance with the <i>Code of Virginia</i> and the community services performance contract and shall:

	State Hospital Responsibilities	CSB Responsibilities
		<ul style="list-style-type: none"> • include the anticipated date of discharge from the state facility; • identify the services needed for successful discharge, to include outpatient, educational, residential or community placement and the frequency of those services; and • specify the public or private providers that have agreed to provide these services.
2.3		The CSB shall initiate the discharge plan within ten calendar days of admission. The discharge plan shall address the discharge needs identified in the comprehensive social work assessment in addition to other pertinent information within the clinical record.
2.4	As a minor's needs change, the state hospital social worker shall document changes in the comprehensive social work assessment and in the facility social worker's progress notes.	If the minor's needs change or as more specific information about the discharge plan becomes available, the CSB staff shall update the discharge plan accordingly.
Joint Responsibility of the State Hospital & CSB		
2.5	<p>The treatment team in collaboration with the CSB shall ascertain, document, and address the preferences of the individual and the authorized representative as to the placement upon discharge.</p> <p>The preferences of the individual and the authorized representative shall be addressed to the greatest degree practicable in determining the optimal and appropriate discharge placement.</p> <p>NOTE: This may not be applicable for certain forensic admissions due to their legal status.</p>	

III. Readiness for Discharge

	State Hospital Responsibilities	CSB Responsibilities
3.1	<p>The CSB shall be notified within one (1) calendar day when the treatment team determines that the minor is clinically ready for discharge and/or state hospital level of care is no longer required or, for voluntary admissions, when consent has been withdrawn or <i>any of the following</i>:</p> <ul style="list-style-type: none"> • The minor is unlikely to benefit from further acute inpatient psychiatric treatment; or • The minor has stabilized to the extent that inpatient psychiatric treatment in a state hospital is no longer the least restrictive treatment intervention. 	<p>Once the CSB has received notification of readiness for discharge, steps shall be taken to affect a discharge plan as soon as possible. The minor should be discharged from the state hospital as soon as possible.</p>
3.2	<p>The CSB shall be notified in writing within one (1) calendar day when the treatment team determines that the minor is clinically ready for discharge and/or state hospital level of care is no longer required or, for voluntary admissions, when consent has been withdrawn.</p>	
3.3		<p>When the minor is determined clinically ready for discharge the CSB will take immediate steps to finalize the discharge plan. The minor shall be discharged from the state hospital as soon as possible.</p>

Joint Responsibility of the State Hospital & CSB

3.4 To the greatest extent possible, CSB staff, the minor and/or his legal guardian shall be a part of the discussion regarding the minor’s clinical readiness for discharge.

The state hospital social worker is responsible for communicating decisions regarding discharge readiness to the CSB staff. The state hospital social worker shall provide written notification of readiness for discharge and document the contact in the minor’s medical record.

EXCEPTION: For minors under the jurisdiction of DJJ security regulations, discharge notification will occur within one (1) calendar day of discharge to jail, DJJ state hospital or juvenile detention center.

Dispute Process

1. When disagreements regarding clinical readiness for discharge occur, the CSB and the treatment team shall make a reasonable effort to resolve the disagreement. If both parties are unable to come to a resolution, then the CSB shall notify the state hospital social work director, in writing, within three calendar days of receiving the discharge readiness notification of their disagreement with the treatment team’s designation of the individual’s clinical readiness for discharge. The hospital social work director shall initiate a resolution effort to include at least one face-to-face meeting with the state hospital and CSB staff at a level higher than the treatment team. This meeting shall occur within five calendar days of receipt of the CSB’s written disagreement.
2. If the disagreement remains unresolved, the state hospital social work director shall initiate a request in writing to the assistant commissioner for behavioral health (or designee) for resolution within three calendar days of the meeting outlined in step 1.
3. The assistant commissioner for behavioral health (or designee) shall consult with a clinical representative from the CSB and the state hospital (as designated by the CSB executive director and state hospital director) within three calendar days of the receipt of the CSB’s written request for resolution. After such consultation, the assistant commissioner for behavioral health (or designee) shall provide written notice of the decision to the CSB executive director and state hospital director. Notification of the decision shall be provided within five calendar days of the receipt of the social work director’s written request for resolution.
4. During the dispute process outlined above, the CSB shall formulate a discharge plan that can be implemented within 21 calendar days of the CSB’s receipt of the discharge readiness letter.
5. Should the assistant commissioner for behavioral health (or designee) determine that the individual is clinically ready for discharge and the CSB has not developed a discharge plan to implement immediately, then the enforcement measures set out in VA code, subdivision A.3 of § 37.2-505 shall apply.

	State Hospital Responsibilities	CSB Responsibilities
3.5		In the event the CSB experiences extraordinary barriers and it is not feasible to complete the discharge within thirty (30) calendar days of notification of clinical readiness, the CSB shall

	State Hospital Responsibilities	CSB Responsibilities
		initiate an Extraordinary Barriers Report on the minor and update the DBHDS and the state hospital regularly. The report shall describe the barriers to discharge and the specific steps being taken by the CSB to address them.
Joint Responsibility of the State Hospital & CSB		
3.6	The Assistant Commissioner for Behavioral Health and their designees shall monitor the progress of those minors with extraordinary barriers to discharge.	

IV. Completing the Discharge Process

	State Hospital Responsibilities	CSB Responsibilities
4.1	<p>The treatment team shall prepare the discharge information and instructions (DIIF).- Prior to discharge, state hospital staff shall review the DIIF with the minor and/or/parent/legal guardian and request his/her signature. Distribution of the DIIF shall be provided by the state hospital to all next level of care providers no later than 24 hours post discharge or the next calendar day.</p> <p>NOTE: Minor’s review of the DIIF may not be applicable for certain forensic admissions due to their legal status.</p>	<p>To reduce re-admissions to state mental health facilities, CSBs, in conjunction with the treatment team, shall develop and complete, as clinically determined, a safety and support plan that is part of the minor’s final discharge plan.</p> <p>NOTE: Safety and support plans are generally not required for court ordered evaluations, restoration to competency cases, and transfers from DJJ and detention. However, at the clinical discretion of the treatment team or the CSB, the development of a specialized Safety and Support Plan may be advantageous when the minor presents significant risk factors, and for those minors who may be returning to the community following a brief incarceration period.</p>
4.2	The facility medical director shall be responsible for ensuring that the discharge summary is provided to the case management CSB (and DJJ when appropriate) to the greatest extent possible, within fourteen (14) calendar days and no later than thirty (30) calendar days of the actual discharge date.	CSB staff shall ensure that all arrangements for Psychiatric services and medical follow-up appointments are in place prior to discharge, either by consultation with private providers or by arrangement with the CSB.

	State Hospital Responsibilities	CSB Responsibilities
4.3		CSB staff shall ensure the coordination of any other intra-agency services, e.g. outpatient services, residential, etc.
4.4		If the CSB is providing services, minors discharged from a state hospital with continuing psychotropic medication needs shall, to the greatest extent practicable, be scheduled to be seen by the CSB psychiatrist within seven (7) calendar days post discharge, or sooner if the minor's condition warrants. In no case shall this initial appointment be scheduled longer than fourteen (14) calendar days following discharge.

V. Transfer of Case Management CSB Responsibilities

	State Hospital Responsibilities	CSB Responsibilities
5.1	<p>The state hospital social worker shall indicate in the progress notes any intention that is clearly expressed by the parent/legal guardian to change or transfer case management CSB responsibilities and the reason(s) for doing so.</p> <p>This shall be documented in the minor's medical record and communicated to the case management CSB.</p> <p>EXCEPTION: This process may be accelerated for discharges that require rapid response to secure admission to the community or residential placement.</p>	<p>Transfers shall occur when the parent/legal guardian decides to relocate to another CSB service area.</p> <p>Should a placement outside of the minor's catchment area be pursued, the case management CSB shall notify the CSB affected by the potential placement.</p> <p>The case management CSB must complete and forward a copy of the out of catchment referral form to the receiving CSB.</p> <p>NOTE: Coordination of the possible transfer shall, when possible, allow for discussion of resource availability and resource allocation between the two CSBs prior to advancement of the transfer.</p>
5.2		<p>At a minimum, the CSB shall meet (either in person, telephone, or video conferencing) with the minor and the treatment team prior to the actual discharge date.</p> <p>The case management CSB is responsible for completing the discharge plan, and safety and support plan.</p>

	State Hospital Responsibilities	CSB Responsibilities
		The case management CSB shall stay involved with the minor.

VI. Shelter and Temporary Placements

	State Hospital Responsibilities	CSB Responsibilities
6.1	<p>If discharge to a shelter is clinically recommended in conjunction with the parent/legal guardian, and is the only viable discharge placement option, the state hospital social worker shall document this recommendation in the social work progress notes. The hospital social worker shall notify the director of social work when CSB consultation has occurred. The director of social work shall review the plan for discharge to a shelter with the medical director (or Designee).</p> <p>Following this review, the medical director (or Designee) shall document endorsement of the plan for discharge to a shelter in the minor's medical record.</p>	For minors with a primary diagnosis of mental health or co-occurring disorder, discharge to a shelter shall be part of the minor's discharge plan if it is clinically recommended, in conjunction with the minor and parent/legal guardian.