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 CSB, established pursuant to § 16.1-356.1 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 minors 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 minor/parent/ legal guardian 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 minor and parent/legal guardian 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**.**

DEFINITIONS:

Acute admissions or acute care services: Services that provide intensive short-term psychiatric treatment in the child and adolescent state mental health hospital for a period of less than 7 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, liaising 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 CSB 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 to CSB in these protocols means case management CSB, unless the context clearly indicates otherwise.

Collaborative Treatment Planning: The planning process that is an integral part of daily morning meetings and begins upon admission. The minor's plan is developed by the treatment team which consists of the minor, the parent or legal guardian, treatment providers and, the CSB and involves therapeutic discussion with each to solicit participation in the process. The purpose is to guide, direct, and support all treatment aspects for the minor.

Co-occurring disorders: The simultaneous occurrence of: mental health disorders, intellectual or developmental disability (ID/DD/ASD), 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 from more than one of these categories (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 § 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 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 § 16.1-346.1, of the Code of Virginia. A completed or finalized discharge plan means the documents 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 7 days or more after admission that offers intermediate or extended treatment in a state hospital for minors with severe psychiatric impairments, emotional disturbances, or multiple service needs.

Involuntary admission: An admission of a 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 or a parent/legal guardian may consent to a voluntary objecting minor.

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: A minor 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 DBHDS that provides care and treatment for persons with mental illness

Statewide Census Management Meeting: A bi-monthly meeting with the child and adolescent state hospital representatives and CSB/BHA case managers and Child and Family Directors (or designee) to discuss plans extraordinary barriers to discharge when a minor is determined by the state hospital treatment team to be clinically ready.

Treatment plan: A written plan that identifies the minor'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, in collaboration with the minor and family/legal guardian, directs the course of care during the first hours and days after admission; and
2. The "individualized treatment plan," developed by the treatment team and minor will be shared with the CSB and family within 5 days; the plan guides, directs, and supports all treatment of the individual and informs the discharge plan.
3. The "treatment plan update", meetings or conferences held, as needed, for cases with extenuating barriers. Participants may include the treatment team, CSB, DSS, legal guardian and/or other relevant community members.

Treatment team: Typically comprised of the inpatient psychiatrist, clinical social worker and psychologist in addition to the minor, family/legal guardian.

I. Collaborative Responsibilities Following Admission to State Hospital

	State Hospital Responsibilities	CSB Responsibilities
1.1	State hospitals staff shall assess each minor upon admission and periodically thereafter to determine whether the state hospital is an appropriate treatment site. Inappropriate admissions including minors with a primary diagnosis of substance abuse will be reported to the CSB within one business day.	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.

	State Hospital Responsibilities	CSB Responsibilities
1.2	State hospital staff shall contact the case management CSB within one (1) business day of admission to notify the CSB of the new admission. 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) business 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. For minors who are discharged prior to the development of the individualized treatment plan; the treatment team is responsible for completing the Discharge Instructions in consultation with the CSB.	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 minor, the CSB shall notify the state hospital social worker immediately upon notification of admission. 1. For minors who are discharged prior to the development of the individualized treatment plan, CSB responsibilities post discharge will be reflected in the discharge instructions. 2. 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 3. CSB staff shall establish a personal contact (face-to-face, telephone, etc.) with the assigned social worker at least once for an acute hospitalization, at least weekly for minors receiving extended treatment, and within 2 days prior to the minor's discharge.
1.3	Upon identification that the minor admitted to the state hospital has a co-occurring diagnosis of ID/DD/ASD, the hospital social worker will notify the designated CSB lead for discharge coordination and will: • Assist the case managers to compile the necessary documentation to implement the process for waiver and/or out of home placement. • Serve as a consultant to the ID/DD case manager as needed; • Assist with coordinating on-site assessments by representatives from potential placement options.	If the minor has an ID/DD/ASD and co-occurring SMI, the CSB MH and ID Directors (or their designees) will identify and inform the state hospital social worker whether the ID or MH case manager will take the lead in discharge planning and work collaboratively with the CSB mental health discharge liaison on eligibility-planning activities and state hospital discharge procedures. CSB ID/DD responsibilities include the following: 1.Assessment of the minor for Medicaid Waiver eligibility; 2.If applicable, initiate the process for Medicaid Waiver / Money Follows the Person funding for t the minor receiving services; 3. Initiating the referral to Child REACH;

	State Hospital Responsibilities	CSB Responsibilities
		4. Participation in the development and updating of the discharge plan; 5. Participation in treatment team meetings, discharge planning meetings and other related meetings; 6. Assist in coordinating assessments; 7. Assistance in locating and securing needed specialists who will support minor in the community once they have been discharged, i.e., doctors, behavioral support; 8. Providing support during the transition to community services; 9. Facilitation of the transfer of case management responsibilities to the receiving CSB or private provider according to the *Support Coordination/Case Management Transfer Procedures for Persons with Intellectual Disability.*
1.4	State hospital staff shall make every effort to contact the CSB Case Manager and legal guardian within one (1) business day of admission to discuss goals for treatment that will result in a timely discharge.	It is the joint responsibility of the hospital social worker and CSB staff to contact each other within one (1) business day of admission to discuss case specifics.

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 minor and his/her legal guardian in the individualized 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 or readmission assessment update 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 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 *Code of Virginia* and the community services performance contract and shall: • 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 development of the discharge plan immediately upon admission. The discharge plan shall address the discharge needs identified in the comprehensive assessment in addition to other pertinent information within the clinical record. For minors whose primary legal residence is out of state, the pre-screening CSB shall retain discharge planning responsibility. ***Note:*** According to § 16.1-346.1 of the Code of Virginia the CSB retains ultimate responsibility for a timely and appropriate discharge plan for all minors discharging from a state hospital, therefore oversight and responsibility for said plan of minors in the custody of the Department for Social Services remains with the CSB.

2.4	As a minor's needs change, the state hospital social worker shall document changes in the state hospital social worker's progress notes and update the CSB Case Manager.	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	The treatment team in collaboration with the CSB shall ascertain, document, and address the preferences of the minor and parent or legal guardian as to the placement upon discharge. These preferences shall, to the greatest degree practicable, be considered in determining the optimal and appropriate discharge placement. ***NOTE:*** This may not be applicable for certain forensic admissions due to their legal status**.**	

III. Readiness for Discharge

	State Hospital Responsibilities	CSB Responsibilities
3.1	The CSB shall be notified within one (1) business 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 *any of the following:* • 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.	Once the CSB has received notification of readiness for discharge, steps shall be taken to implement the discharge plan. The minor should be discharged from the state hospital when deemed clinically ready for discharge.
3.2	The hospital will conduct regularly scheduled reviews of all minors who are rated clinically ready for discharge or nearly ready (Rating of 1 or 2). These meetings will occur at least twice a month and will involve the participation of the hospital social worker(s).	The CSB liaison (or their designee) assigned to any minor who is rated 1 or 2 on the Discharge Readiness scale will participate in all discharge review meetings and provide information related to discharge planning and any anticipated or experienced barriers to discharge.

3.3

DISCHARGE READINESS RATING SCALE

Rating Code	Description
1	Clinically ready (immediate/emergent inpatient treatment needs have been stabilized)
2	Almost ready (making treatment progress, assess for possible clinical barriers that could delay discharge, etc.)
3	Not ready (needs active treatment and supervision in an acute in-patient setting to provide safety and to stabilize symptoms)

NOTE:
Discharge planning begins on admission and is continuously active throughout hospitalization independent of the clinical readiness for discharge rating

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 when extraordinary barriers are known or anticipated and document the contact in the minor's medical record. **NOTE**: 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. According Virginia Code § 16.1-346.1 "A minor in detention or shelter care prior to admission to inpatient treatment shall be returned to the detention home, shelter care, or other facility approved by the Department of Juvenile Justice within 24 hours by the sheriff serving the jurisdiction where the minor was detained upon release from the treating facility, unless the juvenile and domestic relations district court having jurisdiction over the case has provided written authorization for release of the minor, prior to the scheduled date of release."
3.5	***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 one business day of receiving the discharge readiness notification of their disagreement with the treatment team's designation of the minor's clinical readiness for discharge. The hospital social work director shall initiate a resolution effort with the state hospital and CSB staff at a level higher than the treatment team. This meeting/discussion shall occur within three 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 two 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 ten calendar days of the CSB's receipt of the original discharge readiness letter. 5. Should the assistant commissioner for behavioral health (or designee) determine that the minor 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
3.6		All discharge plans are expected to be implemented within no more than four calendar days of notification of clinical readiness. The CSB shall initiate an Extraordinary Barriers Report on the minor and update the DBHDS and the state hospital regularly in the event that barriers delay the discharge more than 4 days past clinical readiness. The report shall describe the barriers to discharge and the specific steps being taken to address them.
Joint Responsibility of the State Hospital & CSB		
3.7	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	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 the CSB no later than 24 hours post discharge or the next business day. **NOTE:** Minor's review of the DIIF may not be applicable for certain forensic admissions due to their legal status.	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. It is the CSB liaisons responsibility to distribute any requested copies of the DIIF (DBHDS form 226) and supporting documentation to other next level providers and to other CSB care providers. **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

	State Hospital Responsibilities	CSB Responsibilities
		those minors who may be returning to the community following a brief incarceration period.
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) within 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.
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 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. If the minor is treated by a psychiatrist in the community, the CSB is expected to ensure the aforementioned schedule is met either with the community-based psychiatrist or through the CSB. ***Note:*** In no case should agency policy or procedure place an undue burden on the family or delay in meeting this expectation.

V. Transfer of Case Management CSB Responsibilities

	State Hospital Responsibilities	CSB Responsibilities
5.1	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. This shall be documented in the minor's medical record and communicated to the case management CSB. **EXCEPTION**: This process may be accelerated for discharges that require rapid response to secure admission to the community or residential placement.	Transfers shall occur when the parent/legal guardian decides to relocate to another CSB service area. 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. The case management CSB must complete and forward a copy of the out of catchment referral form to the receiving CSB. ***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**.**
5.2		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. The case management CSB is responsible for completing the discharge plan, and safety and support plan. The case management CSB shall stay involved with the minor.