

AMENDMENT 3
 AMENDED AND RESTATED
 FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
 MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT
 Exhibit K: Collaborative Discharge Requirements for Community Services Boards and State Hospitals
Contract No. P1636.3

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Department of Behavioral Health and Developmental Services

This document is designed to provide consistent direction and coordination of 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 operating CBSs, administrative policy CBSs, 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 or in local or regional jails. The recognition that discharge planning begins at admission is an important aspect of efficient discharge planning.

The Code of Virginia assigns the primary responsibility for discharge planning to CSBs; however, discharge planning is a collaborative process that must include state hospitals. CSBs and state hospitals are responsible for training new hires in the Collaborative Discharge Protocols.

Joint participation in treatment planning and frequent communication between CSBs and state hospitals are 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 their surrogate decision maker (if one has been designated) in the assessment and discharge planning process that will promote elements of recovery, resiliency, self-determination, empowerment, and community integration.

DBHDS state psychiatric facilities operate as acute care psychiatric settings. The intent is for the individual to receive timely care for stabilization and discharge back into the community (including jail). DBHDS facilities should not be considered long-term care settings. There should be careful attention paid to timely and appropriate discharge planning while assuring the individuals rights to treatment and services in least restrictive settings is maintained.

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Protocols for Children and Commonwealth Center for Children and Adolescents

I. Collaborative Responsibilities Following Admission to State Hospital

	State Hospital Responsibilities	Time Frame	CSB Responsibilities	Time Frame
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 disorder will be reported to the CSB.	<i>Within one (1) business day of admission</i>	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.	

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	State Hospital Responsibilities	Time Frame	CSB Responsibilities	Time Frame
1.2	<p>State hospital staff shall contact the case management CSB 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. 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.</p>	<p><i>Within one (1) business day of admission</i></p> <p><i>Within one (1) business day of admission</i></p>	<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 minor, the CSB shall notify the state hospital social worker upon notification of admission.</p> <ol style="list-style-type: none"> 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 	<p><i>Immediately upon notice of admission</i></p>

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	State Hospital Responsibilities	Time Frame	CSB Responsibilities	Time Frame
			<p>management responsibilities to the appropriate staff</p> <p>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.</p>	
1.3	<p>Upon identification that the minor admitted to the state hospital has a co-occurring diagnosis of DD/ the hospital social worker will notify the designated CSB lead for discharge coordination and will:</p> <ul style="list-style-type: none"> • Assist the case managers to compile the necessary documentation to implement 		<p>If the minor has an DD/ 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</p>	

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	State Hospital Responsibilities	Time Frame	CSB Responsibilities	Time Frame
	<p>the process for waiver and/or out of home placement.</p> <ul style="list-style-type: none"> • Serve as a consultant to the DD case manager as needed; • Assist with coordinating on-site assessments by representatives from potential placement options. 		<p>liaison on eligibility-planning activities and state hospital discharge procedures.</p> <p>CSB DD responsibilities include the following:</p> <ol style="list-style-type: none"> 1. Assessment of the minor for Medicaid Waiver eligibility; 2. If applicable, initiate the process for Medicaid Waiver funding for the minor receiving services; 3. Initiating the referral to Child REACH; 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 	

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	State Hospital Responsibilities	Time Frame	CSB Responsibilities	Time Frame
			<p>will support minor in the community once they have been discharged, i.e., doctors, behavioral support;</p> <p>8. Providing support during the transition to community services;</p> <p>9. Facilitation of the transfer of case management responsibilities to the receiving CSB or private provider according to the <u>Support Coordination/Case Management Transfer Procedures for Persons with Developmental Disability.</u></p>	
1.4	State hospital staff shall make every effort to contact the CSB Case Manager and legal guardian to discuss goals for treatment that will result in a timely discharge.	<i>Within one (1) business day of admission</i>	It is the joint responsibility of the hospital social worker and CSB staff to contact each other upon admission to discuss case specifics.	<i>Within one (1) business day</i>

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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	Time Frame	CSB Responsibilities	Time Frame
2.2	The state hospital social worker shall complete the social work comprehensive assessment or readmission assessment update for each minor. This assessment shall provide information to help determine the minor’s needs upon discharge.	<i>Within seven (7) calendar days of admission</i>	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 <i>Code of Virginia</i> and the community services performance contract and shall: <ul style="list-style-type: none"> • include the anticipated date of discharge from the state facility; 	

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			<ul style="list-style-type: none"> 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			<p>The CSB shall initiate development of the discharge plan. The discharge plan shall address the discharge needs identified in the comprehensive assessment in addition to other pertinent information within the clinical record.</p> <p>For minors whose primary legal residence is out of state, the pre-screening CSB shall retain discharge planning responsibility.</p> <p>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</p>	<i>Immediately upon notice of admission</i>

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			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	<p>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.</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	Time Frame	CSB Responsibilities	Time Frame
3.1	The CSB shall be notified 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,	<i>Within one (1) business day</i>	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	<i>Immediately upon notice of admission</i>

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	<p>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. 		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 involve the participation of the hospital social worker(s).	<i>At least twice a month</i>	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.	

IV. Discharge Readiness Scale – Child and Adolescent

Rating Code	Description
1	<ul style="list-style-type: none"> • Has met treatment goals and no longer requires inpatient psychiatric hospitalization • Is exhibiting baseline behavior that is not anticipated to improve with continued inpatient treatment • No longer requires inpatient hospitalization even if there are barriers preventing discharge such as lack of placement

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2	<ul style="list-style-type: none"> • Has made significant progress towards meeting treatment goals, but requires additional inpatient care to fully address clinical issues and/or there is a concern about adjustment difficulties • Receiving medication changes that must be monitored in an inpatient setting • Exhibiting significant clinical improvement, but court ordered “ten-day” evaluation is not completed
3	<ul style="list-style-type: none"> • Displays symptoms typical of child psychiatric hospitalizations such as suicidality, aggression, depression or anxiety but has not made significant progress towards treatment goals and requires treatment and further stabilization in an acute psychiatric inpatient setting • Displays symptoms atypical of child psychiatric hospitalizations (such as psychosis, etc.), is making progress towards treatment goals, but still requires further stabilization in an acute psychiatric inpatient setting
4	<ul style="list-style-type: none"> • Recent admission still requiring assessment • Displays symptoms atypical of child psychiatric hospitalizations such as psychosis, delusional and disorganized thoughts or paranoia • No progress toward psychiatric stability since admission • Requires constant 24 hour a day supervision in an acute inpatient psychiatric setting • Presents significant risk and/or behavioral management due to psychiatric diagnosis that requires psychiatric hospitalization to treat • Unable to actively engage in treatment and discharge planning, due to psychiatric or behavioral instability

NOTE:

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

V. Finalizing Discharge

Joint Responsibility of the State Hospital, CSB, and DBHDS Central Office

When a disagreement between the state hospital and the CSB occurs regarding the discharge plan for an individual, both parties shall attempt to resolve the disagreement and will include parent/legal guardian as appropriate. If these parties are unable to reach a resolution, the state hospital will notify their Community Transition Specialist within three business days to request assistance in resolving the dispute. Please see appendix 4 for the Dispute Process.

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State Hospital Responsibilities	Timeframe	CSB responsibilities	Timeframe
<p>The state psychiatric hospital will make every attempt to include all relevant parties in notification up to and including DSS, JDC and family</p>		<p>In the event that the CSB experiences extraordinary barriers to discharge and is unable to complete the discharge the determination that the youth is clinically ready for discharge, the CSB shall document in the CSB medical record the reason(s) why the discharge cannot occur. The documentation shall describe the barriers to discharge - reason for placement on the Extraordinary Barriers List (EBL) and the specific steps being taken by the CSB to address these barriers.</p>	<p><i>Within three (3) business days or five (5) calendar days of determination that individual is clinically ready for discharge</i></p>
<p><i>There is expectation of collaboration of all relevant parties. CSBs maintain discharge responsibility and therefore should include DSS or JDC as required in any cases.</i></p> <p><i>Note: Discharge planning begins at admission and is continuously active throughout hospitalization, independent of an individual’s clinical readiness for discharge rating.</i></p>			

Joint Responsibility of the State Hospital & CSB	
5.1	<p>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.</p> <p>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.</p>

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	<p>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.”</p>			
	State Hospital Responsibilities		CSB Responsibilities	Time Frame
5.3			<p>All discharge plans are expected to be implemented. 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.</p>	<p><i>Within no more than four (4) calendar days of notification of clinical readiness.</i></p>
Joint Responsibility of the State Hospital & CSB				
5.4	<p>The Office of Patient Clinical Services, Chief Medical Officer and Deputy Commissioner of Facility Services and CSB Executive Director shall monitor the progress of those minors with extraordinary barriers to discharge.</p>			

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VI. Completing the Discharge Process

	State Hospital Responsibilities		CSB Responsibilities	
6.1	<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 the CSB</p> <p>NOTE: Minor’s review of the DIIF may not be applicable for certain forensic admissions due to their legal status.</p>	<p><i>No later than 24 hours post discharge or the next business day.</i></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. 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.</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>	
6.2	<p>The facility medical director shall be responsible for ensuring that the discharge summary is provided to the case management CSB (and DJJ when appropriate)</p>	<p><i>Within ten (10) calendar days of the actual discharge date.</i></p>	<p>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.</p>	

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	State Hospital Responsibilities		CSB Responsibilities	
6.3			CSB staff shall ensure the coordination of any other intra-agency services, e.g. outpatient services, residential, etc.	
6.4			<p>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. 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.</p> <p>Note: In no case should agency policy or procedure place an undue burden on the family or delay in meeting this expectation.</p>	<p><i>Within seven (7) calendar days post discharge, or sooner if the minor's condition warrants.</i></p>

VII. Transfer of Case Management CSB Responsibilities

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	State Hospital Responsibilities	Time Frame	CSB Responsibilities	Time frame
7.1	<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. 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>	<i>Immediately upon notification</i>	<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. 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>	
7.2			<p>At a minimum, the CSB shall meet (either in person, telephone, or video conferencing) with the minor and the treatment team.</p> <p>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.</p>	<i>Prior to the actual discharge date</i>

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Protocols for Adult and Geriatric Patients

I. General Requirements

Regional responsibility	Responsible entity	Timeframe
The CSB emergency services clinicians shall complete a tracking form documenting all private hospital contacts prior to seeking a bed of last resort at a state hospital, and transmit the form to the receiving state hospital, along with the preadmission screening form.	CSB emergency services	<i>Upon admission request to state hospital</i>
Each CSB shall provide the DBHDS Director of Clinical Services (or designee) with the names of CSB personnel who are serving as the CSB’s state hospital discharge liaisons, Forensic Discharge Planners, Forensic Admissions Coordinator, MH directors or supervisors, DD directors and Executive Directors The DBHDS Office of Patient Clinical Services will update and distribute listings of all CSB discharge planning and state hospital social work contacts to the Office of Forensic Services, the CSB regional managers and state hospital social work directors, with the expectation that these will be distributed to individual CSBs and state hospital social workers.	CSBs DBHDS Office of Patient Clinical Services	<i>At least quarterly, or whenever changes occur</i> <i>At least quarterly</i>
DBHDS shall develop a process for developing, updating, and distributing a list of available housing resources funded by DBHDS for individuals being discharged from state hospitals. DBHDS shall review and update the list and ensure that it is available to CSB state hospital liaisons, CSB Forensic Discharge Planners, state hospital Forensic Coordinators, and state hospital social work staff, Forensic Coordinators and Director of Psychology and Forensic Services to ensure that all resource options are explored for individuals in state hospitals. At each census management meeting, there shall be a review (bed availability/updates) of the DBHDS funded programs in census management meetings by the community transition specialist.	Office of Patient clinical Services	<i>Updated at least quarterly</i>

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II. Collaborative Responsibilities Following Admission to State Hospitals: Civil/Non-Forensic Admissions

CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
The CSB emergency services clinician shall notify the CSB discharge planner of every admission to a state hospital	<i>Within 24 hours of the issuance of the TDO</i>		
CSB staff shall begin the discharge planning process for both civil and forensic admissions.	<i>Upon notice of admission</i>	State hospital staff shall contact the CSB to notify them of the new admission- See Appendix D.	<i>Within one (1) business day</i>
If the CSB disputes case management CSB/discharge planning responsibility for the individual, the CSB shall notify the state hospital social work director immediately upon notification of the admission (for reference, please see the definition of “case management CSB/CSB responsible for discharge planning” contained in the glossary of this document). See dispute section Appendix D	<i>Upon notice of admission</i>	State hospital staff shall also provide a copy of the admissions information/face sheet to the CSB, as well as the name and phone number of the social worker assigned and the name of the admitting unit	<i>Within one (1) business day</i>
1. For every admission to a state hospital from the CSB’s catchment area that is not currently open to services at that CSB, the CSB shall open the individual to consumer monitoring and assign case management/discharge planning responsibilities to the appropriate staff.	<i>Upon admission</i>	For individuals admitted with a primary developmental disability (DD) diagnosis, or a co-occurring mental health and DD diagnosis, the hospital social work director (or designee) shall communicate with the CSB discharge liaison and the DD Director to determine who the CSB has identified to take the lead in discharge planning (CSB liaison or DD staff). At a minimum, the CSB staff is who assigned lead discharge planning responsibilities shall participate in all treatment team meetings and discharge planning meetings; however, it is most advantageous if both staff can participate in treatment teams as much as possible.	
2. CSB shall document in the EHR case management and discharge planning activities.	<i>Ongoing</i>	Even if the hospital liaison takes the lead, the hospital will notify the support coordinator of all treatment team meetings, census management meetings, etc.	
3. The individual assigned to take the lead in discharge planning will ensure that other relevant parties (CSB program staff, jail	<i>Ongoing</i>		

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>providers, private providers, etc.) are engaged with state hospital social work staff and attend treatment plan meetings as necessary.</p> <p>4. CSB staff shall establish a personal contact (preferably in person) with the hospitalized individual in order to initiate collaborative discharge planning.</p> <p>5. CSB staff shall maintain contact with the patient (in person, phone calls, or virtually) at least monthly to ensure consideration of patient preference and choice in discharge planning.</p>	<p><i>Within seven (7) calendar days of admission</i></p> <p><i>At least twice monthly</i></p>		

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III. Collaborative Responsibilities Following Admission to State Hospitals for Justice-Involved Persons admitted for Forensic Evaluation, Competency Restoration, or Emergency Treatment from Jail

Justice-involved persons admitted from Jail or community for Forensic Evaluation, Competency Restoration, or Emergency Treatment from Jail			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
CSB staff shall begin the discharge planning process for persons admitted from jail, or the community if on bond, as soon as possible following admission to a state hospital.	<i>Upon notice of admission</i>	Once admitted to a state hospital, state hospital staff shall contact the CSB designated liaison to notify them of the new admission. Hospital staff shall provide a copy of the admissions information/face sheet to the CSB, as well as the name and phone number of the social worker and Forensic Coordinator assigned, and the name of the admitting unit.	<i>Within one (1) business day</i>
If the CSB disputes case management CSB/discharge planning responsibility for the individual, the CSB shall notify the state hospital social work director (for reference, please see the definition of “case management CSB/CSB responsible for discharge planning” contained in the glossary of this document). See Appendix E	<i>Upon notice of admission</i>	Hospital staff will track court dates from the Virginia Judiciary Online Case Information System 2.0 found at: Virginia Judiciary Online Case Information System .	<i>Within seven (7) calendar days of admission; and ongoing during treatment planning</i>
For every person admitted to a state facility who is from the CSB’s catchment area but is not currently open to services at that CSB, the CSB shall open the individual to consumer monitoring and assign case management and discharge planning responsibilities to the appropriate staff.	<i>Upon notice of admission</i>	Hospital staff will provide the CSB timely updates on the forensic evaluators’ findings, and updates on court dates during the course of hospitalization.	<i>Ongoing, as Needed</i>
For CSBs with DBHDS-funded Forensic Discharge Planning (FDP) staff positions, CSBs should leverage those positions to support the successful		Note: SSI reinstatement of benefits could occur without need for a new application within 12 months of being incarcerated. If the incarceration was over 12 months a new SSI application would	

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Justice-involved persons admitted from Jail or community for Forensic Evaluation, Competency Restoration, or Emergency Treatment from Jail			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>transition and discharge planning of individuals returning to jail following hospital discharge.</p> <p>CSB shall document in the EHR case management and discharge planning activities.</p> <p>CSB staff shall establish personal contact (preferably in person) with the individual in order to initiate collaborative discharge planning and to establish process for “warm hand-off” when returned to jail.</p>	<p><i>Ongoing</i></p> <p><i>Within seven (7) calendar days of admission</i></p>	<p>be needed. If Medicaid coverage is required, the jail will initiate contact with Cover Virginia Incarcerated Unit (CVIU) using the DOC Pre-Release window of 45 days. Expedited coverage can be requested if discharge would occur before the 45 days.</p>	
<p>The CSB’s designated state hospital liaison will attend inpatient CTP and TPR meetings in person whenever possible. At a minimum, the CSB staff who is assigned lead discharge planning responsibilities shall participate in treatment team meetings and discharge planning meetings; however, it is most advantageous if the FDP staff can participate in treatment teams as much as possible.</p> <p>The individual assigned to take the lead in discharge planning will ensure that other relevant</p>	<p><i>Ongoing</i></p> <p><i>Ongoing</i></p>	<p>State hospital staff shall inform the CSB designated hospital liaison by email of the date and time of CTP and TPR meetings.</p> <p>The initial CTP meeting shall be held within seven calendar days of admission.</p> <p>If CTP and TPR meetings must be changed from the originally scheduled time, the state hospital</p>	<p><i>At least two (2) business days prior to the scheduled meeting</i></p> <p><i>Within seven (7) calendar days of admission</i></p> <p><i>At least two (2) business days prior</i></p>

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Justice-involved persons admitted from Jail or community for Forensic Evaluation, Competency Restoration, or Emergency Treatment from Jail			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>parties (CSB program staff, FDP staff, private providers, etc.) are engaged with state hospital social work staff and included in CTP and TPR meetings as needed to facilitate successful discharge.</p> <p>If CSB staff are unable to physically attend the CTP or TPR meeting, the CSB may request arrangements for video conference.</p> <p>In the event that the arrangements above are not possible, the CSB shall make efforts to discuss the individual’s progress towards discharge with the state hospital social worker within two business days of the CTP or TPR meeting.</p> <p>CSB staff are responsible for identifying treatment and support needs not only in the community but also in local or regional jails, in cases where the individuals will return to jail upon hospital discharge.</p>	<p><i>Ongoing</i></p> <p><i>Within two (2) business days of the missed meeting</i></p> <p><i>Ongoing</i></p>	<p>shall ensure that the CSB is made aware of this change via email.</p> <p>It is expected that the state hospital will provide alternative accommodations (such as video or phone) if CSB staff are unable to attend in person, and that meetings will be scheduled so that liaisons can participate in as many treatment team meetings as possible.</p> <p>The state hospital social worker and Forensic Coordinator will invite appropriate jail staff to participate in treatment team planning and/or discharge meetings as needed.</p>	<p><i>to the rescheduled meeting</i></p> <p><i>Ongoing</i></p> <p><i>Ongoing</i></p>
<p>Note: It is expected that individuals returning to jail upon state hospital discharge will receive a full-continuum of discharge planning services, including but not limited to: ongoing face-to-face follow-up from the CSB at least monthly in cases where the person who will remain in jail for 21-</p>			

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Justice-involved persons admitted from Jail or community for Forensic Evaluation, Competency Restoration, or Emergency Treatment from Jail			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
days or more following hospital discharge, coordination with jail security and medical staff to monitor the individual’s adjustment upon return to jail, and continued coordination of services upon the individual’s release from jail.			
The length of time one remains in jail following discharge from the state hospital will vary, and may depend on the seriousness of the charges, prior criminal history, or other factors beyond the state hospital’s or CSB’s control. It is advised that treatment team social workers and CSB liaisons collaborate routinely with the state hospital Forensic Coordinator to discuss potential criminal case dispositions and monitor court dates, in order to provide effective discharge planning upon return to jail. For persons participating on a Behavioral Health Docket, information about potential disposition of their court case may be coordinated with the CSB’s Docket liaison.			

IV. Collaborative Responsibilities Following a Not Guilty by Reason of Insanity (NGRI) Finding:

Initial NGRI Temporary Custody Evaluation Period			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
CSB staff shall begin the discharge planning process for NGRI acquittees as soon as possible following admission to a state hospital for Temporary Custody evaluation or notification that an NGRI acquittee has been placed on Outpatient Temporary Custody (OPTC) status.	<i>Upon notice of inpatient admission or start of the OPTC period</i>	If an acquittee is admitted to a state hospital, state hospital staff shall contact the CSB NGRI Coordinator and CSB discharge planner to notify them of the new admission. Hospital staff shall provide a copy of the admissions information/face sheet to the CSB, as well as the name and phone number of the social worker assigned and the name of the admitting unit.	<i>Within one (1) business day of admission</i>
If the CSB disputes case management CSB/discharge planning responsibility for the individual, the CSB shall notify the state hospital social work director (for reference, please see the definition of “case management CSB/CSB responsible for discharge planning” contained in the glossary of this document).	<i>Upon notice of admission or start of OPTC period</i>	The Office of Forensic Services will provide the CSB NGRI Coordinator copies of the court order and contact information for the acquittee, court, attorneys, and DBHDS Forensic Coordinator that	<i>Within (7) calendar days of admission or start of OPTC period</i>

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Initial NGRI Temporary Custody Evaluation Period			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>For every NGRI admitted to a state facility or placed onto Outpatient TC status who is from the CSB’s catchment area but is not currently open to services at that CSB, the CSB shall open the individual to consumer monitoring and assign case management and discharge planning responsibilities to the appropriate staff.</p> <p>CSB staff shall establish a personal contact (preferably in person) with the NGRI acquittee in order to initiate collaborative discharge planning.</p> <p>For Outpatient TC cases, CSB staff are responsible for identifying treatment and support needs in the community, initiating referrals for services, and communicating any updates on the individual’s progress to the DBHDS facility’s Forensic Coordinator and Office of Forensic Services.</p> <p>The CSB NGRI Coordinator shall develop and transmit to the state hospital a fully developed conditional release plan (CRP) or unconditional release plan (UCRP) with all required signatures.</p> <p>If an NGRI acquittee is approved by the court for Conditional or Unconditional Release following the</p>	<p><i>Upon notice of admission or start of OPTC period</i></p> <p><i>Within seven (7) calendar days of admission or start of OPTC period</i></p> <p><i>Upon start of OPTC period and Ongoing</i></p> <p><i>By the deadline indicated by the state hospital</i></p>	<p>will be responsible for oversight of the evaluation process.</p> <p>Hospital staff will provide the CSB timely updates on the Temporary Custody evaluators’ findings, copies of all reports including the IARR, and updates on court dates during the Temporary Custody period.</p> <p>In cases where one or both evaluators recommend conditional or unconditional release from Temporary Custody, the state hospital will notify the CSB via email of the need to prepare a written Conditional or Unconditional Release Plan and the due date for the plan to be returned. The state hospital will establish a due date no less than ten (10) business days from notification.</p> <p>The hospital will work jointly with the CSB in the development of the Conditional or Unconditional Release Plan.</p> <p>Hospital staff will provide notice to the CSB of the outcome of the Temporary Custody court hearing and copies of any orders issued from that hearing.</p>	<p><i>Within two (2) business days</i></p> <p><i>Within one (2) business days of receipt of the evaluation(s)</i></p> <p><i>Ongoing</i></p> <p><i>Within two (2) business days of the court hearing or receipt of order</i></p>

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Initial NGRI Temporary Custody Evaluation Period			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
Temporary Custody period, the CSB is responsible for implementing the release plan.	<i>Upon receipt of court order approving release</i>		
NGRI Inpatient Commitment for Treatment			
<p>The CSB NGRI Coordinator and/or the CSB discharge planner will attend inpatient CTP and TPR meetings in person whenever possible. At a minimum, the CSB staff who is assigned lead discharge planning responsibilities shall participate in treatment team meetings and discharge planning meetings; however, it is most advantageous if both staff can participate in treatment teams as much as possible.</p> <p>If the CSB NGRI Coordinator is unable to attend CTP and TPR meetings, the CSB discharge planner will ensure that they receive a summary update following each meeting. However, the CSB NGRI Coordinator shall attend any CTP and TPR meetings for NGRI patients with approval for unescorted community not overnight privileges and higher.</p> <p>If CSB staff are unable to physically attend the CTP or TPR meeting, the CSB may request arrangements for telephone or video conference.</p>	<i>Ongoing</i>	<p>State hospital staff shall inform the CSB NGRI Coordinator and CSB discharge planner by email of the date and time of CTP and TPR meetings.</p> <p>The initial CTP meeting shall be held within seven calendar days of admission.</p>	<p><i>At least two (2) business days prior to the scheduled meeting</i></p> <p><i>Within seven (7) calendar days of admission</i></p>
	<i>Ongoing</i>	<p>If CTP and TPR meetings must be changed from the originally scheduled time, the state hospital shall ensure that the CSB is made aware of this change via email.</p>	<p><i>At least two (2) business days prior to the rescheduled meeting</i></p>
	<i>Ongoing</i>	<p>It is expected that the state hospital will provide alternative accommodations (such as phone or video) if CSB staff are unable to attend in person, and that meetings will be scheduled so that liaisons can participate in as many treatment team meetings as possible.</p>	<p><i>Ongoing</i></p>

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Initial NGRI Temporary Custody Evaluation Period			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>The individual assigned to take the lead in discharge planning will ensure that other relevant parties (CSB program staff, private providers, etc.) are engaged with state hospital social work staff.</p> <p>In the event that the arrangements above are not possible, the CSB shall make efforts to discuss the individual’s progress towards discharge with the state hospital social worker within two business days of the CTP or TPR meeting.</p> <p>The CSB NGRI Coordinator shall review, edit, sign, and return the risk management plan (RMP) for individuals adjudicated as NGRI.</p> <p>The CSB NGRI Coordinator shall develop and transmit to the state hospital a fully developed conditional release plan (CRP) or unconditional release plan (UCRP) with all required signatures by the due date indicated.</p>	<p style="text-align: center;"><i>Ongoing</i></p> <p style="text-align: center;"><i>Within two (2) business days of the missed meeting</i></p> <p style="text-align: center;"><i>Within seven (7) business days of receiving the draft RMP from the state hospital</i></p> <p style="text-align: center;"><i>By the deadline indicated by the state hospital</i></p>	<p>State hospital staff shall provide notice to the CSB NGRI Coordinator of any meetings scheduled to review an acquittee’s appropriateness for a privilege increase or release.</p> <p>The state hospital shall provide notice to the CSB NGRI Coordinator of the need for a risk management plan (RMP), a Conditional Release Plan (CRP), or an Unconditional Release Plan (UCRP) once the determination has been made that a privilege request packet must be developed. This notification will be emailed and will include a deadline by which the CSB should submit the required documentation; at a minimum the CSB should be provided 10 business days to supply the necessary product.</p>	<p style="text-align: center;"><i>At least two (2) business days prior to the scheduled meeting</i></p> <p style="text-align: center;"><i>Within two (2) business days of identifying the need for a RMP, CRP, or UCRP</i></p>
<p>Note: Virginia Code §§ 19.2-182.2, 19.2-182.5 (C), and 19.2-182.6(C) explicitly require CSBs or BHAs to plan for conditional release in conjunction with hospital staff and to implement the conditional release plan approved by the court. The conditional release plan shall be prepared jointly by the hospital and the CSB or BHA where the acquittee shall reside upon conditional release.</p>			

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Initial NGRI Temporary Custody Evaluation Period			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>Note: For some NGRI patients, the RMP or CRP may involve more than one CSB. It is essential that the CSB responsible for the development of these plans communicates effectively with other involved CSBs and ensures that these plans are signed as soon as possible according to the time frames above.</p> <p>Note: While it may not be possible for the CSB to attend every treatment planning meeting, participation in person or via phone or video conference is expected. This is the most effective method of developing comprehensive treatment goals and implementing efficient and successful discharge plans.</p>			

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
		the individual may already have available, and begin the process of obtaining identification if needed	
If the individual’s needs change or as more specific information about the discharge plan becomes available, the CSB staff shall update the discharge plan accordingly	<i>Ongoing</i>	As an individual’s needs change, the hospital social worker shall document changes in their progress notes and through communications/meetings with the CSB.	<i>Ongoing</i>
<p>Note: The CSB and the state hospital treatment team shall ascertain, document, and address the preferences of the individual and the surrogate decision maker as to the placement upon discharge. These preferences shall be addressed to the greatest degree possible in determining the optimal and appropriate discharge placement (please see attached memo regarding patient choice in state hospital discharges)</p>			

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
		<p>Coordinator will ensure the treatment team has a copy of the jail medication formulary.</p> <p>For medications that are not on the jail formulary but that the prescriber believes is necessary for patient care, the current prescriber will consult with the jail medical provider prior to the individual’s return to jail and incorporate into the discharge plan the support needed for ongoing stability.</p>	
<p>NGRI Acquittees:</p> <p>The CSB Executive Director shall appoint an individual with the appropriate knowledge, skills, and abilities to serve as NGRI Coordinator for their agency (please see glossary for specific requirements)</p>	<p style="text-align: center;"><i>Ongoing;</i> <i>Changes in assigned NGRI Coordinator should be communicated to DBHDS Central Office Forensics staff within two (2) business days</i></p>		
<p>Guardianship:</p> <p>Upon being notified of the need for a guardian, the CSB shall explore potential individuals/agencies to serve in that capacity.</p> <p>If the CSB cannot locate a suitable candidate who agrees to serve as guardian and lack of a guardian is a barrier to discharge, they shall notify the state</p>	<p style="text-align: center;"><i>Within two (2) business days of notification</i></p> <p style="text-align: center;"><i>Within ten (10) business days of notification of need for a guardian</i></p>	<p>Guardianship:</p> <p>Evaluation for the need for a guardian shall start upon admission and be addressed at each treatment team meeting for all patients; both civil and forensic. Activities related to securing a guardian (if needed) start and continue regardless of a patient’s discharge readiness level.</p>	<p><i>Ongoing</i></p>

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>hospital to begin the process of referral for a DBHDS guardianship slot. They will provide relevant documentation of attempts to find suitable guardian.</p> <p>If DBHDS awards a Mental Health Guardianship slot to the individual and the individual is accepted by a public or private guardianship program, the CSB shall retain an attorney on behalf of the individual to file a guardianship petition with the court.</p>	<p><i>Immediately upon notification of acceptance by the guardianship program</i></p>	<p>The hospital social worker shall notify the CSB discharge planner that the treatment team has determined that the individual is in need of a guardian in order to be safely discharged.</p> <p>If notified by the CSB that a suitable candidate for guardianship cannot be located, the state hospital shall begin the process of referring the individual to DBHDS Central Office for a DBHDS Guardianship slot. This referral shall include a comprehensive assessment of the individual’s lack of capacity, and potential for regaining capacity. This assessment shall be shared with the CSB upon completion by the evaluating clinician. Guardianship referrals required for forensic patients hospitalized for restoration should be submitted immediately upon being found unrestorably incompetent to stand trial (URIST) by the court.</p>	<p><i>Within two (2) business days of determination</i></p> <p><i>Immediately upon notification by the CSB of the need for a DBHDS guardianship slot</i></p>
<p>Note: Discharge planning should include an evaluation of patient preferences in addition to their support and service needs based on least restrictive settings and available resources. DBHDS funded programs and services must be exhausted before DAP funding can be utilized. CSB shall keep a tracking sheet of all referrals made, date referred, follow-up dates, and outcomes.</p>			

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>Permanent Supportive Housing (PSH)</p> <p>The CSB shall obtain verbal consent and releases, if necessary, from the individual or the surrogate decision maker to make referral to PSH program.</p> <p>The CSB shall obtain required documentation and send the referral packet to the PSH program.</p> <p>The CSB will determine options for a step-down, such as a hotel, while PSH unit is pending.</p> <p>If a patient is denied, the CSB should attempt to obtain the reason for denial</p>	<p><i>As soon as PSH is being considered, and prior to the individual being determined to be RFD</i></p> <p><i>As soon as PSH is being considered, and prior to the individual being determined to be RFD</i></p> <p><i>As soon as accepted to PSH program</i></p> <p><i>Upon notice of denial</i></p>	<p>The state hospital shall assist in the facilitation of interviews/assessments required by PSH provider</p> <p>The state hospital will provide any copies of vital records and financial (benefits) information to the CSB for PSH application</p>	<p><i>Upon request</i></p> <p><i>Within one (1) business day of request from CSB</i></p>
<p>Transitional</p> <p>The CSB shall obtain verbal consent and releases, if necessary, from the individual or the surrogate decision maker to make referral to transitional program.</p> <p>The CSB shall obtain required documentation and send the referral packet to the transitional program.</p>	<p><i>As soon as a transitional housing is being considered, and prior to the individual being determined to be RFD</i></p>	<p>The state hospital shall assist in the facilitation of interviews/assessments required by transitional provider.</p> <p>The state hospital will provide any copies of vital records and financial (benefits) information to the CSB for transitional application</p>	<p><i>Upon request</i></p> <p><i>Within one (1) business day of request from CSB</i></p>

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>CSB will refer to PSH prior to discharge if the individual will transition to PSH upon completion of transitional program.</p> <p>If a patient is denied, the CSB should attempt to obtain the reason for denial</p>	<p><i>Within two (2) business days of becoming discharge ready level 2</i></p> <p><i>Simultaneously with referrals for transitional</i></p> <p><i>Upon notice of denial</i></p>	<p>The state hospital will document in the EHR and in the hospital discharge instructions that the individual is recommended for PSH, if appropriate, upon completion of transitional program.</p>	<p><i>Prior to discharge</i></p>
<p>Mental Health Group Homes</p> <p>The CSB shall obtain verbal consent and releases, if necessary, from the individual or the surrogate decision maker to make referrals to mental health group homes.</p> <p>The CSB shall obtain required documentation and send the referral packet to mental health group homes.</p> <p>If a patient is denied, the CSB should attempt to obtain the reason for denial</p>	<p><i>As soon as a mental health group home is being considered, and prior to the individual being determined to be RFD</i></p> <p><i>Within two (2) business days of becoming discharge ready level 2</i></p> <p><i>Upon notice of denial</i></p>	<p>The state hospital shall assist in the facilitation of interviews/assessments required by transitional provider</p> <p>The state hospital will provide any copies of vital records and financial (benefits) information to the CSB for transitional application</p>	<p><i>Upon request</i></p> <p><i>Within one (1) business day of request from CSB</i></p>

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>Assisted Living (ALF) referrals:</p> <p>The CSB shall obtain verbal consent and releases from the individual or the surrogate decision maker to begin initial contacts to facilities regarding bed availability and willingness to consider the individual for placement.</p> <p>The CSB shall obtain required documentation and send referral packets to multiple potential placements. The referrals are to be sent simultaneously.</p> <p>If the CSB does not receive a response from a potential placement, the CSB shall be follow up on the status of the referral. It is expected that the CSB will continue to communicate with the provider until a disposition decision is reached or the patient discharges to a different placement.</p> <p>If a patient is denied, the CSB should attempt to obtain the reason for denial</p> <p>If it is determined that a secure Memory Care unit is recommended and that DAP will be required to fund this placement, the CSB shall completed the Memory Care</p>	<p><i>As soon as an ALF is being considered, and prior to the individual being determined to be RFD</i></p> <p><i>Within one (1) business day of receiving the UAI</i></p> <p><i>Within two (2) business days of sending the referral and at least weekly thereafter</i></p> <p><i>Upon notice of denial</i></p> <p><i>Prior to referring to private pay Memory Care units</i></p>	<p>Assisted Living (ALF) referrals:</p> <p>The state hospital will not recommend congregate settings without first completing the housing first evaluation to determine patient needs and preferences. The state hospital shall complete the UAI and DMAS-96</p> <p>The state hospital shall transmit the UAI and DMAS- 96 to the CSB</p> <p>The state hospital shall assist the CSB in the facilitation of interviews/assessments required by potential ALF providers</p>	<p><i>Within five (5) business days of the individual being found discharge ready level 2</i></p> <p><i>Immediately upon completion of the UAI</i></p> <p><i>Upon request</i></p>

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>Justification form, submit to the Community Transition Specialist for their hospital, and receive approval prior to referring to secure memory care units.</p>			
<p>Nursing home (NH) referrals:</p> <p>The CSB shall obtain verbal consent and releases from the individual or the surrogate decision maker to begin initial contacts regarding bed availability and willingness to consider the individual for placement.</p> <p>The CSB shall obtain required documentation and send referral packets to multiple potential placements. The referrals are to be sent simultaneously.</p> <p>If the CSB does not receive a response from a potential placement, the CSB shall follow up on the status of the referral. It is expected that the CSB will continue to communicate with the provider until a disposition decision is reached or the patient discharges to a different placement.</p>	<p><i>As soon as an NH is being considered, and prior to the individual being determined to be RFD</i></p> <p><i>Within one (1) business day after receiving the UAI</i></p> <p><i>Within two (2) business days of sending the referral and at least weekly thereafter</i></p>	<p>Nursing home (NH) referrals:</p> <p>The state hospital shall complete the UAI</p> <p>For individuals who require PASRR screening, the state hospital shall send the referral packet to Maximus.</p> <p>The results of the level 2 PASRR screening shall be transmitted to the CSB.</p> <p>The state hospital shall assist the CSB in the facilitation of interviews/assessments required by potential nursing home providers.</p>	<p><i>Within five (5) business days of the individual being found discharge ready level 2</i></p> <p><i>Within one (1) business day of RFD date</i></p> <p><i>Immediately upon receipt of the screening results</i></p> <p><i>Upon request</i></p>

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
If a patient is denied, the CSB should attempt to obtain the reason for denial.	<i>Upon notice of denial</i>		
<p>Shelter placements:</p> <p>In the case of out of catchment shelter placements, CSB staff shall notify the CSB that serves the catchment area of the shelter and will follow the procedures as outlined in the CSB transfers section for out of catchment placements.</p>	<i>As soon as shelter discharge is identified as the discharge plan</i>	<p>Shelter placements:</p> <p>If discharge to a shelter is clinically recommended and the individual or their surrogate decision maker agrees with this placement, the hospital social worker shall document this recommendation in the medical record. 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 their designee). Following this review, the medical director (or designee) shall document endorsement of the plan for discharge to a shelter in the individual’s medical record.</p> <p>In the case of out of catchment shelter placements, hospital staff shall notify both the CSB responsible for discharge planning, as well as the CSB that serves the catchment area of the shelter.</p>	<i>Prior to discharge</i>

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>If the individual is moving outside their home area, the CSB shall notify the CSB in which the individual will reside upon discharge</p> <p>If it is anticipated that an individual with a DD diagnosis is going to require transitional funding, the CSB shall complete an application for DD crisis funds.</p> <p>The CSB will maintain contact with all service providers to ensure timely completion of tasks required for discharge.</p> <p>The Support Coordinator shall consult with the Community Integration Manager and or a Community Resource Consultant, as needed, to ensure required services are identified and in place prior to discharge. These supports may include, but are not limited to:</p> <ul style="list-style-type: none"> • Therapeutic Consultation provider to develop, monitor, and revise a Behavior Support Plan • Customized Rate for increased staffing, specialized staffing, and or programmatic oversight 	<p><i>Within three (3) business days of admission</i></p> <p><i>Upon admission and ongoing</i></p> <p><i>Immediately upon notification of need</i></p> <p><i>Ongoing</i></p> <p><i>As needed</i></p>	<p>The state hospital shall facilitate tours/visits with potential providers for the individual and/or the individual’s surrogate decision maker.</p> <p>Note: When requested referrals or assessments are not completed in a timely manner, the state hospital director shall contact the CSB Executive Director to resolve delays in the referral and assessment process.</p>	<p><i>At the time that the individual is rated a discharge ready level 2</i></p> <p><i>Ongoing</i></p>

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<ul style="list-style-type: none"> • REACH Community Crisis Stabilization Support • Support training for residential provider staff • Private duty or skilled nursing • Day Services 			

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VII. Readiness for Discharge

CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
Once the CSB has received notification of an individual's readiness for discharge, they shall take immediate steps to implement the discharge plan	<i>Immediately upon notification</i>	The treatment team shall assess and rate the clinical readiness for discharge for all individuals The state hospital social worker shall notify the CSB and DBHDS Community Transition Specialist through the use of email when the treatment team has made a change to an individual's discharge readiness rating. This includes when an individual is determined to be ready for discharge and no longer requires inpatient level of care. Or, for voluntary admissions, when consent has been withdrawn.	<i>A minimum of weekly</i> <i>Within one (1) business day</i>
CSB liaisons will provide a discharge planning update on all of their patients rated clinically ready for discharge (level 1) weekly either via email or participation in the census management meeting.	<i>Weekly by Close of business Friday</i>	The state hospital shall use encrypted email to provide notification to each CSB's liaison, DS director if applicable the liaison's supervisor, the CSB behavioral health director or equivalent, the CSB executive director, the state hospital social work director, the state hospital director, the appropriate Regional Manager, and the Central Office Community Transition Specialist, Community Integration Manager (and others as appropriate) of every individual who is ready for discharge, including the date that the individual was determined to be clinically ready for discharge.	<i>Weekly, no later than Wednesday</i>

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		<p>Note: These notifications and responses shall occur for all individuals, including individuals who were diverted from other state hospitals.</p> <p>Upon receipt of the CSB liaison’s update, the state hospital will review</p>	
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VIII. Finalizing Discharge

<u>Joint Responsibility of the State Hospital, CSB, and DBHDS Central Office</u>			
<p>At a minimum, the state hospital and CSB staff shall review individuals rated a 1 on the clinical readiness for discharge scale on a weekly basis and document in the EHR on the identified form.</p> <p>Individuals rated a 2 on the clinical readiness for discharge scale shall be jointly reviewed at least once per month. To ensure that discharge planning is occurring at an efficient pace, the CSB shall provide updated discharge planning progress that shall be documented in these reviews. The regional utilization structures shall review at least monthly the placement status of those individuals who are on the EBL.</p> <p>The Office of Patient Clinical Services shall monitor the progress of those individuals who are identified as being ready for discharge, with a specific focus on individuals who are on the EBL.</p> <p>When a disagreement between the state hospital and the CSB occurs regarding the discharge plan for an individual, both parties shall attempt to revolve the disagreement and will include the individual and their surrogate decision maker, if appropriate. If these parties are unable to reach a resolution, the state hospital will notify their Central Office Community Transition Specialist within three business days to request assistance in resolving the dispute.</p> <p>Please see EBL definition in Glossary.</p>			
CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe

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<p>In the event that the CSB experiences extraordinary barriers to discharge and is unable to complete the discharge within seven (7) calendar days of the determination that the individual is clinically ready for discharge, the CSB shall document in the CSB medical record the reason(s) why the discharge cannot occur within seven (7) days of determination. The documentation shall describe the barriers to discharge (i.e. reason for placement on the Extraordinary Barriers List (EBL) and the specific steps being taken by the CSB to address these barriers.</p>	<p><i>Within seven (7) calendar days of determination that individual is clinically ready for discharge</i></p>		
<p>The reduce readmissions to state hospitals, CSBs, in conjunction with the treatment team, shall develop and complete (when clinically indicated) a safety and support plan as part of the individual’s discharge plan</p> <p>Note: Safety and support plans are generally not required for court-ordered evaluations, restoration to competency cases, and jail transfers; however, at the clinical discretion of the CSB and/or treatment team, the development of a safety and support plan may be advantageous when the individuals presents significant risk factors, and for those individuals who will be returning to the community following a brief incarceration period. Exception: Due to having a risk management plan as part of the conditional release plan, NGRI acquittees do not require a safety and support plan.</p>	<p><i>Prior to discharge</i></p>	<p>The state hospital shall collaborate and provide assistance in the development of safety and support plans</p> <p>Note: Safety and support plans are generally not required for court-ordered evaluations, restoration to competency cases, and jail transfers; however, at the clinical discretion of the CSB and/or treatment team, the development of a safety and support plan may be advantageous when the individuals presents significant risk factors, and for those individuals who will be returning to the community following a brief incarceration period.</p> <p>Exception: Due to having a risk management plan as part of the conditional release plan, NGRI acquittees do not require a safety and support plan</p>	<p><i>Prior to discharge</i></p>

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<p>CSB staff shall ensure that all arrangements for psychiatric services and medical follow up appointments are in place.</p> <p>CSB staff shall ensure the coordination of any other intra-agency services (e.g. employment, outpatient services, residential, etc.) and follow up on applications for entitlements and other resources submitted by the state hospital.</p> <p>The CSB case manager, primary therapist, or other designated clinical staff shall schedule an appointment to see individuals who have been discharged from a state hospital.</p> <p>The CSB case manager, discharge liaison, or other designated clinical staff shall ensure that an appointment with the CSB (or private) psychiatrist is scheduled when the individual is being discharged on psychiatric medications.</p>	<p><i>Prior to discharge</i></p> <p><i>Prior to and following discharge</i></p> <p><i>Within seven (7) calendar days, or sooner if the individual's condition warrants</i></p> <p><i>Within seven (7) calendar days of discharge</i></p>	<p>The state hospitals shall complete the H&P, PPD, other admissions paperwork, and signed orders for the placement.</p> <p>The state hospitals shall provide medication and/or prescriptions upon discharge.</p>	<p><i>As soon as placement is identified</i></p> <p><i>At discharge</i></p>
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<p>Benefit applications: For any patient who is committed to a state facility (or CMA), and whose hospital stay is less than 30 days, the CSB shall initiate applications for Social Security benefits.</p> <p>The CSB shall complete the SSA-1696 Appointment of Representative Form and provide a copy to the hospital social worker or benefits coordinator.</p> <p>The CSB shall contact the entity responsible for processing entitlement applications (SSA, DSS, etc.) to ensure that the benefits application has been received and that these entities have all required documentation.</p> <p>If benefits are not active with 30 days of the patient’s discharge, the CSB shall again contact the entity responsible for processing the entitlement application in order to expedite benefit approval.</p>	<p><i>As soon as a discharge date is finalized</i></p> <p><i>Within three (3) business days of being requested</i></p> <p><i>Upon submission</i></p> <p><i>30 days post-discharge, and every 15 days thereafter until benefits are active</i></p>	<p>Benefit applications: State hospital staff will verify insurance and benefits upon admission. State hospital staff shall initiate applications for Medicare, Medicaid, Social Security benefits, Auxiliary Grant, and other financial entitlements as necessary. Applications shall be initiated in a timely manner per federal and state regulations</p> <p>Note: For patients whose hospital stay is less than 30 days, the CSB will be responsible for Social Security applications</p> <p>Note: For patients that will be applying for an Auxiliary Grant some exceptions may apply for programs with other agreements.</p> <p><i>State hospital will request that the CSB complete the SSA-1696.</i></p> <p>To facilitate follow-up, if benefits are not active at the time of discharge, the state hospital shall notify the CSB of the type of entitlement application, as well as the date it was submitted, and include a copy of entitlement applications with the discharge documentation that is provided to the CSB.</p>	<p><i>Prior to discharge and per federal and state regulations</i></p> <p><i>When SSA benefits are being applied for</i></p>
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<p>Vital Documents: For any patient who is committed to a state facility (or CMA), and whose hospital stay is less than 30 days, the CSB shall initiate acquiring vital documents if patient cannot provide those.</p> <p>The CSB shall complete the SSA-1696 Appointment of Representative Form and provide a copy to the hospital social worker or benefits coordinator.</p> <p>The CSB shall contact the entity responsible for acquiring these items (SSA, DMV, VDH, etc.) to ensure that the information has been received and what these entities may require for documentation.</p> <p>If vital documents have not been acquired within 30 days of the patient’s discharge, the CSB shall again contact the entity responsible for processing.</p>	<p style="text-align: center;"><i>As soon as admission occurs</i></p> <p style="text-align: center;"><i>Within three (3) business days of being requested</i></p> <p style="text-align: center;"><i>Upon submission</i></p> <p style="text-align: center;"><i>30 days post-discharge, and every 15 days thereafter until acquired</i></p>	<p>Vital Documents: State hospital staff will verify vital documents upon admission. State hospital staff shall initiate applications for Photo ID’s, Birth Certificates, Social Security cards, and other documents as necessary. Applications shall be initiated in a timely manner per federal and state regulations</p> <p><i>State hospital will request that the CSB complete the SSA-1696.</i></p> <p>To facilitate follow-up, if vital documents are not active at the time of discharge, the state hospital shall notify the CSB of the type of the vital documents still needed, as well as the date it was requested, and include a copy of any applications with the discharge documentation that is provided to the CSB</p>	<p style="text-align: center;"><i>Prior to discharge and per federal and state regulations</i></p> <p style="text-align: center;"><i>When SSA benefits are being applied for</i></p>
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<p>Discharge Transportation:</p> <p>The CSB shall ensure that discharge transportation is arranged for individuals discharging from state hospitals.</p> <p>Note: When transportation is the only remaining barrier to discharge, the state hospital and CSB will implement a resolution process for resolving transportation issues when these are anticipated to result in discharges being delayed by 24 hours or more.</p>	<p><i>Prior to scheduled discharge date</i></p>	<p>Note: When transportation is the only remaining barrier to discharge, the state hospital and CSB will implement a resolution process for resolving transportation issues when these are anticipated to result in discharges being delayed by 24 hours or more.</p>	
		<p>Discharge Instructions:</p> <p>The treatment team shall complete the discharge information and instructions form (DIIF). State hospital staff shall review the DIIF with the individual and/or their surrogate decision maker and request their signature.</p> <p>Distribution of the DIIF shall be provided to all next level of care providers, including the CSB.</p> <p>The state hospital medical director shall be responsible for ensuring that the physician’s discharge summary is provided to the CSB responsible for discharge planning (and prison or jails, when appropriate)</p>	<p><i>Prior to discharge</i></p> <p><i>At discharge</i></p> <p><i>At discharge</i></p>

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CSB responsibilities	Timeframe	State hospital responsibilities	Timeframe
<p>NGRI Acquittees:</p> <p>The <i>Guidelines for the Management of Individuals Found Not Guilty by Reason of Insanity (Revised 2023)</i> indicate that individuals who have been found not guilty by reason of insanity may take up residence in any area of the state of their choosing. They are not required to return to the area from which they were originally acquitted by reason of insanity, nor to the jurisdiction where they lived prior to admission.</p> <p>All referrals for CSB case transfer of NGRI acquittee shall follow the standard transfer process as described above, including use of the Out of Catchment Notification/Referral Form (see appendix).</p> <p>CSBs shall not refuse to accept transfer of an NGRI case transfer unless they can clearly demonstrate that the necessary services or supports required to manage the acquittee’s risk are unavailable through the CSB or private providers in the area and that the transfer would create increased risk to the community or the acquittee as a result. The CSB’s current NGRI caseload size shall not be a reason for refusal to accept transfers.</p> <p>The court of jurisdiction MUST approve the placement for an insanity acquittee and their responsible CSB prior to placement in the community. This information will be identified in the proposed conditional release plan prepared by the referring CSB (with input from the receiving CSB).</p>			

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Glossary

Acute admissions or acute care services: Services that provide intensive short-term psychiatric treatment in state mental health hospitals.

Case management CSB/CSB responsible for discharge planning: 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 and in which, in the case of a minor, a minor’s parent or legal guardian resides, or for adults, the adult resides or in which surrogate decision maker resides. The case management CSB is responsible for case management and liaising with the hospital when an individual is admitted to a state hospital, and for discharge planning. If the individual, surrogate decision maker, or parent/legal guardian (in the case of a minor) chooses for the individual 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 CSB responsible for discharge planning/referring CSB, the individual, and the state hospital to affect a smooth transition and discharge. The CSB responsible for discharge planning is ultimately responsible for the completion of the discharge plan. Reference in these protocols to CSB means CSB responsible for discharge planning, unless the context clearly indicates otherwise.

Case management/ CSB responsible for discharge planning designations may vary from the definition above under the following circumstances:

- When the individual’s living situation is unknown or cannot be determined, or the individual lives outside of Virginia, the CSB responsible for discharge planning is the CSB which completed the pre-screening admission form.
- For individuals who are transient or homeless, the CSB serving the catchment area in which the individual is living or sheltered at the time of pre-screening is the CSB responsible for discharge planning.
- When a CSB other than the pre-screening CSB is continuing to provide services and supports to the individual, then the CSB responsible for discharge planning is the CSB providing those services and supports.
- For individuals in correctional facilities, in local hospitals, or Veteran’s Administration facilities, or in regional treatment/detox programs, the CSB responsible for discharge planning is the CSB serving the catchment area in which the individual resided prior to incarceration, or admission to local hospitals, Veterans Administration facilities, or regional detox programs
- In instances in which there is a dispute related to which CSB is responsible for discharge planning, the state hospital will work collaboratively with the CSBs involved to determine which CSB is responsible within two business days. If resolution cannot be reached, the state hospital will contact their Community Transition Specialist who will make a determination based on the available information.

Census Management Meetings: Collaborative meetings that are consistently facilitated between CSBs and state facilities in an effort to address barriers to discharge.

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Comprehensive treatment planning meeting (CTP): A meeting which follows the initial treatment meeting and occurs within seven days (three days for children/adolescents) of admission to a state hospital. At this meeting, the individual’s comprehensive treatment plan (CTP) is developed by the treatment team in consultation with the individual, the surrogate decision maker (or parent/legal guardian for minors), the CSB and, with the individual’s (parent/legal guardian for minors) consent, family members and private providers. The purpose of the meeting is to guide, direct, and support all treatment aspects for the individual.

Co-occurring disorders: Individuals are diagnosed with more than one, and often several, of the following disorders: mental health disorders, developmental disability, or substance use disorders. Individuals 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 (for example: a mental health and substance use disorder or developmental 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 individual, surrogate decision maker, parent/legal guardian (in the case of minors) 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 individual, 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.

Extraordinary Barriers List (EBL):

- Patients with a civil legal status who have been identified as 1- clinically ready for discharge and who have been RFD for 31+ days with a primary need of Willing Provider, Guardianship, Individual or Guardian unwilling to work toward discharge.
- Patients with a civil legal status who have been identified as 1- clinically ready for discharge RFD for 16+ days with a primary need of DD waiver process or Other.
- Patients with other barriers not resolved after escalation

EBL meeting: Refers to the twice monthly meetings for children and adolescents on the Extraordinary Barriers List at CCCA. Meetings are held every second and fourth week on Tuesdays, Wednesdays, and Thursdays, and include the CCCA treatment team, community providers, case managing CSB,

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parent/legal guardian, DBHDS Community Transition Specialist, and other DBHDS staff and community partners as needed. These meetings focus on discharge planning, addressing the significant barriers identified by participants.

Forensic Discharge Planners (CSB): (see “*DBHDS Forensic Discharge Planner Protocol for Community Service Boards & Local and Regional Jails,*” Revised 2023): Refers to staff positions at the CSB that are funded by DBHDS to provide Forensic Discharge Planning to individuals with Serious Mental Illness (SMI) and co-occurring disorders who are in local or regional jails in Virginia. The forensic discharge planner is the single point of contact responsible for coordinating all necessary referrals and linkages within the jail and in the community upon release. This individual should be a “boundary spanner,” capable of navigating various criminal justice, clinical, and social services systems to ensure proper linkage. This role involves the development of a written discharge plan which prioritizes goals and objectives that reflect the assessed needs of the inmate. It also consists of care coordination with state hospital, community providers, and community supervision agencies, including the exchange of treatment records, communication of treatment needs, and linkage of clients with available services and support options upon release. In the context of state hospital admissions of individuals admitting from or returning to jail, the FDP staff are encouraged to participate in CTP/TRP meetings for individuals that they have determined qualify for services and who will be returning to jail from the state hospital. CSBs with FDP positions should leverage those positions to support the successful transition and discharge planning of individuals returning to jail following hospital discharge.

Forensic Evaluator: A licensed clinical psychologist or psychiatrist with specialized training, education, and experience in completing forensic evaluations.

High-Service Utilizer: A person admitted to a state hospital under a civil and/or pretrial forensic commitment 3 or more times within a 2-year period over the last 3 years. Due to the readmissions, this group may require special attention to discharge planning needs and placement in order to explore and address reasons for readmission and or repeated criminal justice involvement.

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*.

Level 2 PASRR Screening: Federal law requires that all individuals (regardless of payer source) who apply as a new admission to a Medicaid-certified nursing facility (NF) be evaluated for evidence of possible mental illness or developmental disability. This evaluation and determination are conducted to ensure that individuals are placed appropriately, in the least restrictive setting possible, and that individuals receive needed services, wherever they are living. The process involves two steps, known as Level 1(UAI) and Level 2 screening. The use of a Level 1 and Level 2 screening and evaluation is known as the Preadmission Screening and Resident Review (PASRR) process. In Virginia, level 2 PASRR screenings are conducted by Ascend. Individuals with a sole or primary diagnosis of dementia are exempt from Level 2 screenings.

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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.

NGRI Coordinator (CSB):

Required knowledge:

- Understanding of the basic criminal justice process and the Virginia Code related to insanity acquittees
- Understanding of risk assessment and risk management in the community as well as the knowledge of what community resources are needed for risk management
- Ability to work with an interdisciplinary team
- Ability to communicate well, particularly knowledge of how to write to the court and how to verbally present information in a courtroom setting
- Knowledge of person-centered planning practices that emphasizes recovery principals.

Responsibilities:

1. Serving as the central point of accountability for CSB-assigned acquittees in DBHDS state hospitals
 - a. Ensuring adequate and prompt communication with state hospital staff, Central Office staff, and their own agency staff related to NGRI patients
 - b. Working with state hospital staff to resolve any barriers to treatment or release planning for NGRI patients
 - c. Participating in all meetings where their presence is necessary in order to make decisions related to NGRI privilege increases or release
 - d. Jointly preparing Risk Management Plans, Conditional Release Plans, or Unconditional Release Plans; Promptly responding to requests for modifications, reconciling differences, and returning signed documents to prevent delays to NGRI patient progress towards discharge
2. Serving as the central point for accountability and overseeing compliance of the CSB and the NGRI acquittee when court ordered for Conditional Release:
 - a. Oversee compliance of the CSB with the acquittee’s court-ordered Conditional Release Plan (CRP).
 - b. Monitor the provision of CSB and non-CSB services in the CRP through agreed-upon means, including written reports, observation of services, satisfaction of the acquittee, etc.
 - c. Assess risk on a continuous basis and make recommendations to the court
 - d. Be the primary point of contact for judges, attorneys, and DBHDS staff.
 - e. Coordinate the provision of reports to the courts & DBHDS in a timely fashion

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- f. Assure that reports are written professionally and address the general and special conditions of the CRP with appropriate recommendations
 - g. Prepare correspondence to the courts and DBHDS regarding acquittee non-compliance to include appropriate recommendations for the court to consider
 - h. Provide adequate communication and coordinate the re-admission of NGRI acquittees to the state hospital when necessary
 - i. Represent the CSB in court hearings regarding insanity acquittees
3. Maintain training and expertise needed for this role:
- a. Agree to participate in any and all DBHDS-developed training developed specifically for this role
 - b. Agree to seek out consultation with DBHDS as needed
 - c. Train other CSB staff and other provider staff (as appropriate) regarding the responsibilities of working with insanity acquittees, including the monthly and 6-month court report.

Forensic Coordinator (State Hospital):

Required knowledge:

- Understanding of the basic criminal justice process and the Virginia Code related to pretrial defendants
- Serves as a liaison between the jails, courts, the state hospital, the Office of Forensic Services, and the Forensic Review Panel
- Ability to work with an interdisciplinary team
- Ability to communicate well, particularly knowledge of how to write to the court and how to verbally present information in a courtroom setting
- Knowledge of person-centered planning practices that emphasizes recovery principals.

Responsibilities:

1. Ensures compliance regarding admissions, transfers and discharges of patients transferred from jails or other correctional facilities in accordance with facility and Departmental policies and procedures; the laws of Virginia; court orders, NGRI Guidelines, and ethical and legal standards.
2. Ensures that patients transferred from correctional facilities are served in the most appropriate level of security.
3. Works collaboratively with admissions staff to ensure forensic patients are admitted according to DBHDS guidelines/Virginia statutes.
4. Reviews forensic waitlist daily, triages patients for admissions as needed
5. Works with CSB and medical/mental health staff in correctional facilities for care coordination.

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6. Reviews each court order for pretrial hospitalization, evaluation, commitment, emergency treatment or temporary custody for legal sufficiency. If indicated, works with courts and attorneys to obtain revised court orders which meet legal standards and seeks assistance from the Office of Forensic Services, if needed.
7. Reviews, approves, and signs all correspondence to courts regarding forensic patients to ensure that policies and procedures are followed and comply with Virginia Code.
8. Communicates/consults with treatment teams and other staff regarding management decisions for patients transferred from jails.
9. Works closely with administrative assistant of forensic services and treatment team(s) and courts to monitor the schedules of due dates of reports and hearing dates. Maintains current listing of all scheduled court hearings, and due dates for reports to courts; ensure that appropriate persons and entities are notified of hearing dates and ensure that reports are submitted to court(s) on time
10. Supervises or collaborates with evaluation team or assigned evaluators for DBHDS.

Parent/legal guardian: (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 disorder per the current Diagnostic and Statistical Manual of Mental Disorders (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.

Process Barriers: Any Barrier identified for an individual who is ready for discharge in which a CSB or State hospital process is causing a delay in movement to discharge. This includes identified CSB Tasks, Hospital tasks or Individuals with an identified discharge plan and a date is scheduled in the future.

Releases of Information: The practice of authorizing a healthcare entity to release protected health information to other healthcare providers, non-healthcare organizations, or individuals. Obtained a signed release of information is best practice and should occur if at all possible; however, collaboration and information sharing for the purposes of discharge planning does not require a release of information, with the exception of SUD

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information protected by 42 CFR Part 2. While releases of information are best practice, they should not be a barrier to discharge. These activities are explained in the Code of Virginia § 37.2-839. Additionally please see HIPAA requirements on [Treatment, Payment, & Health Care Operations](#). Lastly this provision is covered in the Human Right Regulations 12VAC35-115-80- B.8.g.

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

Surrogate decision maker: A person permitted by law or regulations to authorize the disclosure of information or give consent for treatment and services, including medical treatment, or participation in human research, on behalf of an individual who lacks the mental capacity to make these decisions. A surrogate decision maker may include an attorney-in-fact, health care agent, legal guardian, or, if these are not available, the individual’s family member (spouse, adult child, parent, adult brother or sister, or any other relative of the individual) or a next friend of the individual (defined in 12VAC35-115-146).

Treatment team: The group of individuals responsible for the care and treatment of the individual during the period of hospitalization. Team members shall include, at a minimum, the individual receiving services and their parent/legal guardian (if a minor), psychiatrist, a psychologist or psychosocial representative, a social worker, and a nurse. CSB staff shall actively participate, collaborate, and consult with the treatment team during the individual’s period of hospitalization. The treatment team is responsible for providing all necessary and appropriate supports to assist the CSB in completing and implementing the individual’s discharge plan.

Treatment plan: A written plan that identifies the individual’s treatment, educational/vocational 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 (or “initial plan of care”),” 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.

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CSB State Hospital Discharge Planning Performance Measures

1. Eligible patients will be seen by CSB staff (outpatient therapist, Forensic Discharge Planner, case manager, psychiatrist, etc.) within seven calendar days of discharge from a state hospital (assessments by emergency services are not considered follow-up appointments). 80% of eligible patients will be seen by a CSB clinical staff member within seven calendar days of the discharge date, either in the community or in a local or regional jail
2. CSBs will have a state hospital 30-day readmission rate of 7% or below
3. Civil Patients followed by CSBs will have an average length of stay on the extraordinary barriers list (EBL) of 60 days or less. CSBs that serve a population of 100,000 or more will have an average daily census of ten (10) beds or less per 100,000 adult and geriatric population. DBHDS shall calculate the CSBs' average daily census per 100,000 for the adult and geriatric population for patients with the following legal statuses: civil temporary detention order, civil commitment, court mandated voluntary, voluntary, and NGRI patients with 48 hours unescorted community visit privileges.

All data performance measure outcomes will be distributed to CSBs by DBHDS on a monthly basis or as available or be offered as a dashboard.

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OUT OF CATCHMENT REFERRAL INSTRUCTIONS

The out of catchment referral is to be used when individuals are being discharged from the state hospital to a catchment area that is outside of the originating CSB's area. The form is utilized to provide information about the individual, as a referral for needed services, and notification for emergency services.

The form has two parts: notification and referral.

For individuals residing short term in another catchment area, or individuals not engaged in CSB services:

- **Please complete page 1- Notification-** This page provides necessary information for CSBs to be aware of individuals discharging from state facilities who are temporarily in another catchment area, or individuals discharging to a catchment area that will not be referred to CSB services.

For individuals being placed in another catchment who will require CSB services AND/OR have a DAP plan for services in another catchment area:

- **Please complete the entire referral form**
- **Please provide documentation including any EHR face sheet and most recent assessments. Additionally, at discharge, please provide the hospital discharge information to the accepting CSB.**

If the individual has a DAP plan, please be sure to submit the narrative and IDAPP to the accepting CSB and the regional manager.

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OUT OF CATCHMENT NOTIFICATION/REFERRAL FORM

Notification Only (*Page 1*) Full Referral (*Pages 1-3; for individuals who will be referred for services*)

Patient Name:

Last 4 of SS#:

DOB:

State Hospital:

Admission Date:

Primary Diagnosis:

Anticipated Discharge Date: Next Treatment Team Date:

Social Worker: Phone Number:

Current CSB:

 Name of Contact:

 Phone:

 Email:

CSB of Discharge Residence:

 Name of Contact:

 Phone:

 Email:

Discharge Address:

Type of Residence:

Phone Number:

Contact at Residence (if applicable):

Does this individual have a legal guardian or POA? .

(If yes, please list below under “Emergency Contact”)

Emergency contact:

Address:

Phone:

Does this individual have a conservator or payee? .

Name:

Address:

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Phone:

Will this individual be referred for any services at CSB of discharge residence?

(If yes, please complete the remaining pages of this form.)

I. **Previous Housing** – Please list the individual’s housing prior to admission to the state hospital:

Type of Housing:

Name of Residence (if applicable):

Reason Not Returning:

II. **Entitlements and Funding Sources**

SSI/SSA Amount:

SSDI Amount:

Medicaid List # and Type:

Medicare List # and Type:

DD Waiver Choose an item.

Auxiliary Grant Local DSS office where application sent:

SNAP

VA Benefits Click or tap here to enter text.

Private Insurance List Type and #:

Other:

III. **DAP**

Type:

Reason Needed:

IV. **Community Support** – What type of community-based services will be required?

Case Management

PACT/ICT

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- Mental Health Skill Building
- Psychosocial Rehabilitation
- Employment Services:
- Substance Use Services:
- Outpatient Services:
- Other:
- DAP Monitoring

V. **Legal Status**

Does individual have a valid ID?

Does the patient have any existing/pending criminal charges or court dates?

List Charges:

Court:

Court Date(s):

Is the individual NGRI? If yes please follow NGRI protocols.

VI. **Safety and Support Plan/Crisis Plan Initiated?** -

(If Yes, please attach)

VII. **Electronic Signature**

Notifying/Referring CSB: _____ Date: _____

Referral Sent to:

Date:

Referral Communication Method:

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APPENDIX B - MEMO REGARDING PATIENT CHOICE AT DISCHARGE
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COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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MEMORANDUM

Re: Guidance Regarding Individual Choice and Discharge Options

As referenced in a memo that was distributed by Daniel Herr, Deputy Commissioner for Facility Services, on September 25, 2019, below is guidance that was developed in consultation with the DBHDS Office of Human Rights. This guidance concerns an individuals' choice as it relates to community-based discharge options and continuing inpatient hospitalization.

This guidance is based upon the following primary considerations.

- Human Rights:
 - It is a violation of an individual's right to remain in the state's most restrictive setting, i.e., state hospital, when a more integrated and less restrictive level of care is available and addresses the individual's risks and treatment needs;
 - An individual does not have a right for the state to provide multiple alternatives when there is an existing clinically appropriate option currently available ; and ○ The individual does not have a right to remain in the hospital once a community-based option is made available.

- Patient Care and Safety: Given the state hospital census crisis, the impact of overcrowding and high caseloads for patient and staff safety, quality of care, and potential for delayed admissions for individuals in the community, state hospitals have an affirmative obligation to provide treatment focused on rapid discharge.

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An individual in a state hospital does not have the choice of waiting for a “more ideal” community alternative when another clinically appropriate option is available.

Guidance

Once an individual is determined ready for discharge, and services and a placement are available to meet their community needs, DBHDS expects that the individual will be discharged to that placement as expeditiously as possible.

If an individual requires funding support through DAP, the CSB and state hospital must first refer the individual to any appropriate DBHDS contracted placement, such as a group home or assisted living facility. DAP funds for alternative placements will not be available to the individual if existing funded resources are available and appropriate.

When appropriate services and housing have been identified, the individual should promptly be scheduled for discharge. If the individual wishes to make alternative arrangements, the individual must make those arrangements prior to discharge or make their preferred arrangements from the community setting post discharge. The individual may not delay their discharge for the purpose of putting preferred arrangements into place.

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DAP SECURE MEMORY CARE JUSTIFICATION

Instructions:

With the assistance of the state hospital social worker, complete to determine patient's need for secure memory care.

Patient Name: [Click or tap here to enter text.](#)

SECURE MEMORY CARE NEEDS	
Has this individual been diagnosed with Major Neurocognitive Disorder (dementia)? If yes, please list specific diagnosis: Click or tap here to enter text.	Choose an item.
What is this individual's level of mobility? Does this individual require equipment in order to ambulate? If yes, explain_ Click or tap here to enter text.	Choose an item.
Has this individual engaged in exit-seeking behaviors on a consistent basis while hospitalized? If yes, explain_ Click or tap here to enter text.	Choose an item.
Can the individual be supported safely to a less restrictive setting with a monitoring device such as project lifesaver or wander guard? Click or tap here to enter text.	Choose an item.
Is this individual currently formally identified by the state hospital as an elopement risk? Click or tap here to enter text.	Choose an item.
Please provide a justification as to why a secure (locked) facility is the least restrictive setting appropriate for this individual's discharge from the state hospital: Click or tap here to enter text.	Choose an item.

CSB DAP Coordinator Signature _____

Date _____

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Exhibit K – Appendix D- Admission Notifications
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Appendix D- Admission Notifications

**Individuals to include in admission notification: hospital liaison, liaison supervisor,
MH/Clinical Director, ID Director if applicable**

EMAIL TEMPLATE:

For the purpose of continuity of care, we are informing you that an individual was admitted to XXXX from your CSB/BHA catchment area on XXXX

Patient Name:

MRN #

Admitted under (legal status):

Social Worker:

Please respond to the questions below. In addition, if there are any of the following documents at your agency - medical/psychiatric records, most recent notes, last assessment, and medication list, please fax them to xxx-xxx-xxxx or send them via encrypted email.

Is the individual open to a core service at the CSB/BHA (if yes, specify which service)?

Person responsible for discharge planning:

Name:

Phone:

Email:

Supervisor/administrator phone and email:

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APPENDIX E - DISCHARGE DISPUTE PROCESS
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Appendix E Discharge Dispute Process

Discharge Readiness Dispute Process for State Hospitals, CSBs, and DBHDS Central Office

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1. The CSB shall notify the state hospital social work director (or designee), in writing, of their disagreement with the treatment team's designation of the individual's clinical readiness for discharge within three calendar days (72 hours) of receiving the discharge readiness notification.
2. The state hospital social work director (or designee) shall initiate a resolution effort to include a meeting with the state hospital and CSB staff at a higher level than the treatment team (including notification to the CSB executive director and state hospital director), as well as a representative from the Central Office Patient of Clinical Services. This meeting shall occur within one business day of receipt of the CSB's written disagreement.
3. If the disagreement remains unresolved, the Central Office of Patient Clinical Services will immediately give a recommendation regarding the patient's discharge readiness to the DBHDS Deputy Commissioner or Designee. The Deputy Commissioner or designee shall provide written notice of their decision regarding discharge to the CSB executive director and state hospital director.
4. During the dispute process outlined above, the CSB shall formulate a discharge plan that can be implemented within three business days if the decision is in support of clinical readiness for discharge.
5. Should the Commissioner determine that the individual is clinically ready for discharge and the CSB has not developed a discharge plan to implement immediately, then the discharge plan shall be developed by the Department and the Commissioner may take action in accordance with Virginia Code § 37.2-505(A)(3).

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Beginning March 1, 2025, ALL state mental health hospitals will begin sending discharge prescriptions and medications as follows:

1. For patients with active insurance:

Up to 14 days eRx sent to pharmacy of choice

2. For patients with no active insurance discharging to the community:

Up to 14 days physical medications

3. For patients discharging to any ALF/Jail/NH/Facility responsible for medication management:

Up to 3 days physical medications, up to 14 days eRx sent to pharmacy of choice or Rx

4. In extenuating circumstances, the Facility Medical Director may approve physical medications and/or a larger quantity of medications to ensure a successful discharge.

As noted in the protocols, a psychiatric medication appointment is expected at the time of discharge. Please continue to work with the state hospitals to ensure a psychiatric medication appointment is available to the patient for continuity of care.

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Responsible Party Timeline			
Social Work	<p>Confirm discharge date/time, and location. For patients with active insurance: Confirm preferred pharmacy for discharge medications. Provide information to relevant staff/teams within the facility</p>	Confirm copay with pharmacy	Collaborate with nursing staff to ensure that any physical medications that are provided to the patient at discharge are ready and a staff person is designated to ensure that the medications are given to the patient prior to leaving the facility.
Pharmacy	<p>For prescriptions called into pharmacies: Confirm that prescriptions are received by pharmacies and available. Verify copay and communicate with Social Work. Verify any prior auth and communicate to physician.</p>	For medications that will be distributed at discharge: Prepare medications according to physician's order and ensure they are available at the time of discharge.	
Physician	<p>Patients with insurance: Confirm discharge medication, routes, and dosages. Patients with insurance going to non-supervised settings: Send prescription for discharge medications to pharmacy of choice Patients with insurance going to supervised settings or jail: Confirm order for facility to provide a supply of 3 days of medications at discharge; Send prescription for discharge medications to identified</p>	Complete prior authorizations communicated from pharmacy	

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	<p>pharmacy. Patients with no confirmed insurance: Confirm order for facility to provide a 14-day supply of medications at discharge</p>		
Nursing		<p>Collaborate with social work staff to ensure that any physical medications that are provided to the patient at discharge are ready and a staff person is designated to ensure that the medications are given to the patient prior to leaving the facility.</p>	
CSB	<p>Partner with hospital social worker to identify the most appropriate pharmacy for patients with active insurance. Ensure that patient has required appointments with psychiatric provider and medical provider (if needed) within seven days of discharge, but no more than 14 days post-discharge.</p>	<p>Secure DAP if needed for copay or other medication coverage needs.</p>	<p>Ensure that patient will be able to obtain/pick up medications from pharmacy (may involve coordinating with patient, family, caregiver, other providers, etc.)</p>

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Appendix F: Clinical Readiness Scale for State Psychiatric Hospitals
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Appendix F: Clinical Readiness Scale for State Psychiatric Hospitals with Psycho-Legal Considerations

Level 1 - Clinically Ready for Discharge (Civil and NGRI)

- Has met treatment goals and no longer requires inpatient hospitalization
- Is exhibiting baseline behavior that is not anticipated to improve with continued inpatient treatment
- No longer requires inpatient hospitalization, but individual/family/surrogate decision maker is reluctant to participate in discharge planning
- NGRI patients with approval to begin 48-hour passes*
- NGRI patient for whom at least one forensic evaluator has recommended conditional or unconditional release and there is a pending court date*
- NGRI on revocation status and treatment team and CSB recommend conditional or unconditional release and there is a pending court date*
- Any civil patient for which the barrier to discharge is not clinical stability

Level 1 – Ready for Discharge (Forensic)

Restoration (47)

Opined Competent and Ready for Discharge

- Competence related abilities no longer impaired by psychiatric symptom presentation and/or underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Demonstrates a factual/rational understanding of legal situation and able to assist attorney
- Post-restoration evaluation completed, and the forensic evaluator has opined competent to stand trial
- Discharge back to jail appropriate

Remains Incompetent to Stand Trial at 45 days (for qualifying misdemeanor charges) with Recommendation for Release

- Competence related abilities continue to be impaired by psychiatric symptom presentation and/or underlying capacity issues (e.g. ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Does not demonstrate factual, rational and/or ability to assist attorney
- Restoration attempts and medication options have been exhausted and there are no additional interventions reasonably available
- Response to medications and restoration efforts are adequately documented in the medical chart to demonstrate lack of progress/improvement
- Symptom presentation and or/underlying capacity as well as competency related abilities are not anticipated to improve with continued treatment
- If medication trials not attempted, clinical reasoning for maintenance of current medication is documented

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- Post-restoration evaluation completed, and the forensic evaluator has opined URIST with recommendation for release
- Civil commitment not recommended and discharge back to jail is appropriate (or community if on bond)

Opined Unrestorably Incompetent to Stand Trial (URIST)

- Competence related abilities continue to be impaired by psychiatric symptom presentation and/or underlying capacity issues (e.g. ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Does not demonstrate factual, rational and/or ability to assist attorney
- Restoration attempts and medication options have been exhausted and there are not additional interventions reasonably available
- Response to medications and restoration efforts are adequately documented in the medical chart to demonstrate lack of progress/improvement
- Symptom presentation and or/underlying capacity as well as competency related abilities are not anticipated to improve with continued treatment
- If medication trials not attempted, clinical reasoning for maintenance of current medication is documented

Unrestorable (URIST)-Recommendation for Release

- Post-restoration evaluation completed, and the forensic evaluator has opined URIST with recommendation for release
- Civil commitment not recommended and discharge back to jail is appropriate (or community if on bond)

Unrestorable (URIST) - Charges Continued (48)

- Post-restoration evaluation completed, and the forensic evaluator opined URIST. At the time of the evaluation, civil commitment was recommended and the court subsequently ordered civil commitment.
- Ongoing hospitalization not required and individual no longer meets civil commitment criteria, however the charges have been continued and the individual remains under custody of the jail
- Forensic Coordinator notified regarding discharge readiness and provided discharge details
- Forensic Coordinator provides appropriate communication to the court
- Main barrier to discharge is Commonwealth's Attorney opposition to discharge and/or the court has retained jurisdiction

Unrestorable (URIST)-Aggravated Murder Charge

- Post-restoration evaluation completed, and the forensic evaluator has opined URIST
- Forensic Coordinator notified regarding discharge readiness and provided discharge details
- Forensic Coordinator provides appropriate communication to the court
- Main barrier to discharge or transfer to another facility is court approval per the code

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Evaluations for CST, MSO or both (42, 43, 44, 45, 95, 96, 97)

- May or may not demonstrate a factual/rational understanding, ability to assist attorney
- Evaluation completed and the forensic evaluator rendered an opinion
 - Opined competent - Discharge back to jail appropriate
 - Opined IST, outpatient restoration - Discharge back to jail appropriate
 - Opined IST, inpatient restoration – facility determines if discharge back to jail is appropriate or should remain in the hospital until restoration order received
- If opined competent to stand trial and an MSO also ordered, the MSO evaluation is completed
- If MSO evaluation only, the evaluation is completed

Emergency Treatment from Jail (51, 52, 53, 55, 56)

- Documentation, observation and assessment indicate no observed symptoms of mental illness, and/or self-reported symptoms are inconsistent with mental illness
- Symptoms of mental illness have improved with treatment and may or may not continue to be present to some degree
- No longer a substantial likelihood that, as a result of mental illness, the individual will, in the near future, cause harm to self or others, or lack capacity to protect self
- Can be safely managed in the jail and discharge back to jail appropriate

Level 2 - Almost Clinically Ready for Discharge (Civil & NGRI)

- Has made significant progress towards meeting treatment goals, but needs additional inpatient care to fully address clinical issues and/or there is a concern about adjustment difficulties
- Can take community trial visits to assess readiness for discharge; may have the civil privilege level to go on temporary overnight visits
- NGRI with unescorted community visits, not overnight privilege level

Level 2 – Almost Ready for Discharge (Forensic)

Restoration (47)

- Competence related abilities slightly impaired by psychiatric symptom presentation and/or underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Restoration is ongoing with consideration of specialized interventions that may be necessary depending on the nature of ongoing barriers to competency
- Response to medications and restoration efforts are adequately documented in the medical chart
- Demonstrates some factual/rational understanding of legal situation and/or ability to assist attorney
- Post-restoration evaluation not completed, and no opinion has been rendered by the forensic evaluator
- Referral for post-restoration evaluation anticipated within 30 days or less

Evaluations for CST and MSO (42, 43, 44, 45, 95, 96, 97)

- Two weeks post admission

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- May or may not demonstrate a factual/rational understanding, ability to assist attorney
- Evaluation not completed
- Ongoing observation and documentation of psychiatric symptoms or other underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.) required
- Forensic Coordinator and/or assigned evaluator assesses appropriateness for evaluation or continued treatment
- If CST and MSO, assess appropriateness for completion of the MSO evaluation
- If MSO only, evaluator has been assigned and the evaluation is ongoing

Emergency Treatment from Jail (51, 52, 53, 55, 56)

- Significant improvement in symptoms of mental illness
- Continues to be substantial likelihood that, as a result of mental illness, the individual will, in the near future, cause harm to self or others, or lack capacity to protect self
- Cannot be safely managed at the jail

Level 3 - Not Clinically Ready for Discharge (Civil & NGRI)

- Has not made significant progress towards treatment goals and requires treatment and further stabilization in an acute psychiatric inpatient setting
- NGRI and does not have unescorted community visits privilege

Level 3 – Not Ready for Discharge (Forensic)

Restoration (47)

- Competence related abilities significantly impaired by psychiatric symptom presentation and/or underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Lacks critical aspects of factual/rational understanding of legal situation, unable to assist attorney due to symptom presentation and/or underlying capacity issues
- Response to medications and restoration efforts are adequately documented in the medical chart
- Restoration is ongoing and targets main barrier to competency/symptoms or other issues impairing competence related abilities
- Post-restoration evaluation not completed, and no opinion has been rendered by the forensic evaluator
- Progress in restoration is considered in the context of average length of stay for restoration cases in the facility and cases beyond this number (or at 90 days) are escalated to the Forensic Coordinator and Clinical Leadership

Evaluations for CST and MSO (42, 43, 44, 45, 95, 96, 97)

- One week post admission
- May or may not demonstrate a factual/rational understanding, ability to assist attorney
- Evaluation not completed
- Ongoing observation, treatment and documentation of psychiatric symptoms or other underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.) required
- Forensic evaluator may be assigned to monitor the case

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- Consult with the Forensic Coordinator for any MSO only orders given this discharge level

Emergency Treatment from Jail (51, 52, 53,55, 56)

- Some improvement in symptoms of mental illness
- Continues to be substantial likelihood that, as a result of mental illness, the individual will, in the near future, cause harm to self or others, or lack capacity to protect self
- Cannot be safely managed at the jail

Level 4 - Significant Clinical Instability Limiting Privileges and Engagement in Treatment (Civil & NGRI)

- Not nearing psychiatric stability
- Requires constant 24 hour a day supervision in an acute inpatient psychiatric setting
- Presents significant risk and/or behavioral management issues that requires psychiatric hospitalization to treat
- Unable to actively engage in treatment and discharge planning, due to psychiatric or behavioral instability

Level 4 – Significant Instability Limiting Engagement in Treatment (Forensic)

Restoration (47)

- Competence related abilities severely impaired by psychiatric symptom presentation and/or underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Lacks factual/rational understanding of legal situation, unable to assist in defense due to symptom presentation and/or underlying capacity issues
- Main barrier to competency/psychiatric symptoms or other issues impairing competence related abilities identified and interventions initiated
- Post-restoration evaluation not completed, and no opinion has been rendered by the forensic evaluator

Evaluations for CST and MSO (42, 43, 44, 45, 95, 96, 97)

- Evaluation should occur within 30 days or less
- May or may not demonstrate a factual/rational understanding, ability to assist attorney
- Observation and documentation of psychiatric symptoms or other underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.) initiated
- Consult with the Forensic Coordinator for any MSO only orders given this discharge level

Emergency Treatment from Jail (51, 52, 53, 55, 56)

- Presents with severe symptoms of mental illness
- There is substantial likelihood that, as a result of mental illness, the individual will, in the near future, cause harm to self or others, or lack capacity to protect self
- Cannot be safely managed at the jail

AMENDMENT 3
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Exhibit K
Appendix F: Clinical Readiness Scale for State Psychiatric Hospitals
with Psycho-Legal Considerations
Contract No. P1636.3

For any patient in which the legal system (e.g. court system, probation, etc.) is required to approve their discharge plan, their designation on the discharge ready list should be noted with a double asterisk ()*

Note: Discharge planning begins at admission and is continuously active throughout hospitalization, independent of an individual's clinically readiness for discharge rating.

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APPENDIX H: Discharge Pilot Protocols
For Central State Hospital, Southwestern Virginia Mental Health Institute, Or Southern Virginia Mental
Health Institute

Contract No. P1636.3



Virginia Department of Behavioral Health
and Developmental Services

30-day discharge pilot

What is it?

- HB 314/SB 179 (Hope/Favola)- State Hospitals; Discharge Planning; report – This legislation went into effect until January 1, 2025. States that if an individual is discharged within 30 days of admission **from Central State Hospital, Southwestern Virginia Mental Health Institute, or Southern Virginia Mental Health Institute**, the community services board will implement the discharge plan developed by the facilities; otherwise, it is the responsibility of the board or behavioral health authority to develop the plan. This bill has an annual reporting requirement for certain information, due to the General Assembly by August 1 of each year. Additionally, DBHDS is required to submit an evaluation of the impacts of this legislative change by November 1, 2025.

What are the expected outcomes?

- Allow CSB liaisons to focus on patients with more intense discharge needs
- Decrease in LOS for all patients
- Assessment of processes and readmissions as part of the report to the General Assembly.

Who is excluded?

- Confirmed diagnosis of ID/DD/Autism (due to intensive community resource need)
- Restorations (as the average thus far is around 88 days),
- Patients with complex health care needs/dementia (requires UAIs and/or PASSR- other assessments)
- NGRIs (due to length of stay)

Expectations of State Facilities

- Expedited treatment plan team/assessment where feasible- within 48 hours of admission (excluding weekends and holidays)
- Continue to follow any protocols regarding notification of the CSB
- Inviting CSB to participate in any treatment team meetings
- Create a safe discharge plan with the patient – The final plan that is communicated with the CSB.
 - This discharge plan will include setting up any transportation, housing needs, referrals and aftercare appointments

Expectations of CSB

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- Maintain awareness of admitted patients who are assigned to the CSB
- Participate as able in treatment team meetings for patients
- Execute discharge plan as developed by state facility
- Provide contact and follow up appointments for eligible discharges
- Follow- up with patient after discharge to assure patient follows the discharge plan and medication regimen.

What if they stay over 30 days?

- The hospital discharge planner will notify the CSB liaison at day 25 (or next business day) if it appears the individual will need further treatment and discharge may not occur by day 30.
- At day 31 discharge planning responsibilities will revert to CSB.
- State facility will share any discharge plans already secured.

What if there are discharge costs?

- Hospitals have access to limited funding through central office to cover one-time expenses.
- Any ongoing needs requiring funding will require collaboration with the CSB.