

TREATMENT SERVICES

Discharge Planning Procedure

(Formerly 90-9-4 90-9-5 92-12-1 92-12-2 92-12-3)

Discharge Planning	Discharge planning is based on the belief that a youth's continued length of stay at a facility is one phase of a child or adolescent's continuing psychiatric treatment in a system of care of which the facility is integral, but only one component.
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Discharge Planning Procedures	Discharge planning commences upon admission, indicating the anticipated length of stay and disposition. The youth's progress and time guidelines, established on admission, and at the completion of the evaluation will be tracked and reviewed throughout the period of treatment by: <ul style="list-style-type: none">• The Child Psychiatrist• Clinical staff• The child or adolescent's community-based case manager or primary clinician• The child or adolescent's parents or guardian
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Criteria	The following criteria are considered in discharge decisions: <ul style="list-style-type: none">• Acute serious symptoms that brought the youth to the facility are no longer present• The objectives of the Interdisciplinary Treatment Plan have been met• Appropriate, less restrictive placement is available which will offer continued safe treatment for the youth• Continued length of stay cannot serve the youth's needs
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Evaluation Conference	The Evaluation Conference identifies a specific discharge date.
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Individualized Treatment Plan	The individualized Interdisciplinary Treatment Plan identifies goals and strategies that will prepare the youth for discharge by the stated discharge date.
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Primary Clinician	In order to effectively accomplish the goals and objectives of the treatment and discharge plan, the primary clinician is responsible for working directly with the: <ul style="list-style-type: none">• Youth• Youths family• Areal Office Social Worker (AOSW)• School• Probation Officer• Possible referral agencies

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Planning for DCF Involved Youths	<p>When DCF youths are admitted, their AOSW or Probation Officer will participate in treatment and discharge planning.</p> <p>The Probation Officer or AOSW and their supervisor will be notified of the evaluation conference date and issued an invitation to attend all subsequent treatment planning meetings.</p>
Discharge Planning for DCF Youths	<p>The Discharge Plan shall be specific, outlining tasks, time frames and responsible individuals. Changes in the plan and time frames are consistently updated.</p> <p>Clinicians will collaborate with The Probation Officer or AOSW in:</p> <ul style="list-style-type: none">• Completing the CANS (Child and Adolescent Needs Survey)for Residential Placement• Making sure that the CANS application is approved by the Area Office and referred to the Administrative Service Organization (ASO), in a timely manner• Advocating for the youth's optimal aftercare plan
PRTF Discharge Planning Meetings	<p>PRTF Discharge Planning Meetings are held 2 weeks post admission then every 30 days.</p>
PRTF Request for Discharge	<p>When a youth no longer wishes to remain voluntarily in the Psychiatric Residential Treatment facility (PRTF) program, the youth may complete the PRTF "Request for Discharge" form.</p>
Discharge Planning for 30 Day Court Order Evaluation	<p>Youths on a 30 Day Court Order for Evaluation may not be discharged without the final court report being sent to the court from Medical Records. The courts will not accept a child back to court if the document is absent or in draft form.</p> <p>The clinician or psychiatrist should contact the detention mental health consultant or psychiatrist just prior to the discharge.</p> <p>It should be rare that a child is returned to court prior to the 30 days. In those cases the unit psychiatrist, unit Program Manager, and CSSD (Court Support Service Division) liaison should confer. Notification should be made to the Director of Program Operations and the Medical Director.</p>

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Administrative Support	<p>Obstacles to discharge are referred to the Medical Director.</p> <ul style="list-style-type: none">• Administrative support shall be requested if discharge plans are controversial• Agreement is not reached by the facility team and the Probation Officer or AOSW• The plan is delayed because of other external difficulties (i.e. bed availability)• The CANS application routing does not occur as expected.
Post Discharge Procedures	<p>Post-discharge treatment planning shall be discussed with the youth's parent or guardian throughout the treatment.</p> <p>Facility staff shall contact post-discharge resources directly in order to assure that services will be available when the youth is discharged.</p> <p>At the time of discharge, the post-discharge plan will again be explained to and reviewed with the youth's parents or guardian.</p> <hr/>
Post Discharge Plan	<p>The Post-Discharge plan shall consist of:</p> <ul style="list-style-type: none">• Recommendations for where the child or adolescent will reside• Recommendations for where the child or youth will receive subsequent medical and mental health care• The diagnoses the child or adolescent is receiving upon discharge• Information on how to contact the facility in the event of a post-discharge problem <hr/>
Discharge Status	<p>Youths leaving the facility to be admitted to another facility (i.e. residential facility, general hospital) must be discharged.</p> <hr/>
Documentation	<p>Documentation of all verbal communications to supervisors and workers shall be placed in the medical record progress note section of the chart.</p> <p>All written communication, including e-mails, shall be placed in the correspondence section.</p> <hr/>
Discharge Checklist	<p>Milieu and Nursing Discharge Checklists (attached) are to be utilized to insure that all discharge tasks and procedures are completed.</p> <hr/>