**Purpose**

Discharge planning shall begin at time of referral and further developed for each youth, at their inter-disciplinary Treatment Planning Meetings. Discharge planning is an important process that ensures youth are discharged to the least restrictive environment that meets their needs, in a timely manner.

**Procedure**

**Preliminary Discharge Plan**

The admitting psychiatrist shall include a preliminary discharge plan in the Initial Treatment Plan which is completed at the time of admission. A copy of this plan is placed in the youth’s record.

The preliminary discharge plan is developed with the youth, their parent/guardian and regional office social worker during the admission process.

The preliminary discharge plan is reviewed by the Clinician. After reviewing the preliminary plan, the treatment team makes discharge recommendations that are presented at the treatment team meetings.

**Comprehensive Discharge Plan**

A comprehensive plan of discharge, including recommended placement and aftercare, is continued to be developed at subsequent treatment team meetings, in consultation with the youth, parent/guardian and Area Office Social Worker.

Follow-up action is documented in the comprehensive Treatment Plan/Reviews and includes time frames, and the person assigned to the action. Generally, discharge is expected to occur within 120 days from time of admission.

After the initial treatment planning meeting, the Clinician is responsible for reviewing and updating the plan with the treatment team, Area Office Social Worker, parent/guardian and youth, at least every 30 days.

**Updating Regional Office Social Worker**

The Clinician is responsible for collaborating with the Area Office Social Worker to ensure that progress toward implementing the discharge plan is being made.

Contacts and efforts regarding discharge planning are documented in the youth’s chart via clinical progress notes and in the Treatment Plan Review.
Day of Discharge

The youth shall only be released to the custody of the legal guardian of the youth. If the guardian is unavailable to accept the youth, a signed statement from the legal guardian, authorizing release of the youth, must be given to the Solnit-North staff releasing the youth.

Discharge Summaries

The cottage nurse and pediatrician prepares discharge summaries, a copy of which is given to the guardian at the time of discharge.

The nursing discharge summary shall include the following components:

- demographics
- medications prescribed
- physical restrictions
- pre-existing medical problems/conditions
- discharge medical diagnosis
- DSM IV diagnosis
- services provided: psychiatric, physical and dental
- other consultations
- status at discharge, including pending medical and dental appointments

Copies are placed in the youth’s chart.

The treating psychiatrist shall complete a discharge summary within two weeks of the youth’s discharge to aid those responsible for the care and treatment of the youth in providing appropriate follow-up care.

The discharge summary shall be typewritten and contain the following components: demographic information, reason for admission, identifying problems, course of treatment, treatment goals and progress, assessments; aftercare plan, description of to whom and to what placement the youth is being discharged; discharge diagnosis and medications.

A copy of the discharge summary shall be sent to the Area Office Social Worker as well as any agency for which a release of information has been received. A copy of the discharge summary is placed in the youth’s chart.

Factors Preventing Timely Discharge

Any challenges or barriers to discharge that may hinder the timely discharge of a youth shall be forwarded to the Supervising Clinician for consultation. The discharge delay protocol shall be enacted as indicated.
| Cross Reference:   Treatment Plan Review, 62-10-10 |