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North Sound Mental Health Administration

Section 1500 – Clinical: Discharge from Treatment

Authorizing Source: HRSA Contract & NSMHA
Cancels:
See Also:
Provider must "comply with" NSMHA policy
Responsible Staff:: Deputy Director

Approved by: Executive Director
Date: 4/23/2012
Signature:

POLICY #1540.00

SUBJECT: DISCHARGE FROM TREATMENT

PURPOSE

All North Sound Mental Health Administration (NSMHA) Community Mental Health Agencies (CMHAs) will follow uniform criteria and processes when discontinuing services in order to assure that individuals' needs are met during this phase of treatment.

POLICY

Circumstances in which discharge should be initiated (any one of the following):

1. The individual's documented treatment plan goals and objectives have been substantially met.
2. Per the Statewide Access to Care Standards, the individual no longer has a covered diagnosis (additional criteria for a "B" diagnosis, per Access to Care Standards, are not required for continued stay) and/or the individual no longer meets GAF/CGAS criteria.
3. Consent for treatment is withdrawn and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an Involuntary Treatment Act (ITA) evaluation.
4. The probability of successful outcome with continued treatment at this level of care is seriously compromised because the individual is not participating in the treatment process and the individual is not at risk for harm to self or others. Examples may include but are not limited to:

    a. Refusing medications when clinically indicated;
    b. Poor attendance of treatment modalities offered and/or not readily participating in the treatment process despite re-engagement efforts by the CMHA;
    c. There is little evidence that mental health intervention has improved the individual's participation in treatment.

    In these instances, appropriate efforts, consistent with level of care and identified risk(s), toward outreach and re-engagement have been attempted and the result documented.

5. There is little evidence that the current treatment is resulting in improved outcomes for the individual. There is no alternate appropriate treatment proposed and further progress at this level is deemed unlikely.
6. When an individual enters an institutional setting (e.g., Western State Hospital (WSH), Children's Long-Term Inpatient facility (CLIP), jail, prison), his or her chart may be closed after 30 days of physically arriving at WSH or CLIP facility unless:

    a. The Mental Health Care Provider (MHCP) is continuing to coordinate care.
    b. The individual is expected to be discharged/released within the next 90 days.
    c. The NSMHA WSH or CLIP Liaison requests that an individual case remain open.

i. In order to determine if the case is to remain open, the MHCP shall contact the NSMHA liaison to discuss.

The reason for discharge shall be documented in the individual's clinical record. For individuals with identified risk(s), the MHCP shall review the reason for initiating discharge with his or her supervisor.

When discharge is not permitted:

1. The agency assigned to monitor a Less Restrictive or Conditional Release court order (LR/CR) may not discharge an individual on an LR/CR for mental health services. If an individual is receiving services at a CMHA other than the one assigned in the court order, the non-assigned agency shall coordinate with the assigned agency to ensure that the individual continues to receive medically necessary services and the court order continues to be monitored prior to initiating discharge.
2. Individual is engaged in the complaint, grievance, appeal, or fair hearing process. (In the process of discharging an individual from treatment, the individual will be given written notice that outlines his or her options to initiate an appeal, grievance or fair hearing if he or she does not agree with the decision indicated in the notice. See NSMHA policies #1001.00-1005.00 for additional information regarding appeal, complaint, grievance, fair hearing and notice rights and processes).

PROCEDURE

1. The MHCP shall begin discharge planning at admission with every individual/family by:
    a. Integrating discharge planning into ongoing treatment planning and documentation from the time of admission by identifying the goals that, once achieved, will indicate the end of the treatment episode.
    b. Reviewing and, if needed, modifying the Resiliency/Recovery Plan at a minimum of every 180 days or as clinically indicated.
    c. Including the family, other natural supports, and professional supports in treatment/discharge planning, including any changes to the plan, and reflecting their needs and desires to the extent clinically indicated and with the consent of the individual.
2. For planned discharges (i.e., the individual has signed a Resiliency/Recovery Plan that includes planning around the transition to discharge or has provided information that indicates the end of the treatment episode):
    a. The transition phase of the discharge plan is initiated prior to discharge and with sufficient time to ensure adequate resources and supports are in place.
        i. At the time the transition phase of discharge is initiated, the MHCP shall notify a child's parent(s) or legal guardian, as allowable, and the provider to whom the child will be discharged, if applicable, of the anticipated discharge dates.
    b. The discharge plan identifies the continuum of services and the type and frequency of follow-up contacts recommended by the MHCP to assist in successful transition to the next appropriate level of care.
        i. The MHCP assures that appropriate medical care and medication management will be provided. The MHCP shall identify the medical personnel who will provide continuing care and shall also arrange or confirm an initial appointment with that provider.

ii. The MHCP shall provide the individual/family with instructions and information regarding consumer rights, how to access routine services, how to access emergency services, and, if applicable, a copy of the individual's most recent crisis plan as a part of the discharge plan.

3. Planned discharges do not require that the individual/family be notified in writing of the plan to discharge as indicated below for unplanned discharges. His/her signature on the Resiliency/Recovery Plan and participation in discharge planning suffices as notification. For unplanned discharges (i.e., the MHCP has been unable to engage the individual in discharge planning):

    a. The following individuals shall receive, at minimum, a re-engagement letter at least 30 days prior to closing the treatment episode (referred to as a 30-day re-engagement letter):

        i. Individuals at Level of Care 3 and above.
        ii. Individuals at Level of Care below 3 with moderate risk or transition needs (e.g., transfer of medications, development of community supports).
        iii. Individuals with more serious risk or transition needs, regardless of Level of Care, shall receive more intensive re-engagement efforts such as attempts to contact the individual and/or natural supports, as allowable, by phone and/or in person.

            a.) If it appears that an outreach may have been warranted, but safety or privacy are potential issues, there is a documented rationale for not conducting an outreach and documentation that other types of re-engagement efforts have been utilized.

    b. Re-engagement efforts for individuals that do not meet the previous criteria shall be determined by the MHCP based on the individual's needs and may include:

        i. Letter indicating that his/her episode of care is closed (i.e., no timeframe that the chart will remain open).
        ii. Any of the re-engagement efforts noted above or others that are deemed appropriate (e.g., 30-day re-engagement letter, phone call, outreach).

    c. Written correspondence from the CMHA (e.g., re-engagement letters) shall be written in terminology understandable to the individual and include consumer rights, how to access routine services and how to access emergency services. A copy of the written correspondence shall be retained in the individual's clinical record.
    d. No written notification is required as noted previously and in the following circumstances:

        i. NSMHA or the CMHA has confirmation of the individual's death.
        ii. NSMHA or the CMHA has no knowledge of the individual's whereabouts and returned mail has no forwarding address.
        iii. NSMHA or the CMHA has knowledge the person is currently enrolled in another region or state's Medicaid program.

4. A discharge summary reflecting the active course of treatment shall be completed and placed in the clinical record at the time the treatment episode is closed.

ATTACHMENTS

None