

HPR II/PGH Discharge Procedures

State Responsibilities	CSB Responsibilities
Discharge Planning will begin at the time of admission	
<p>Treatment Team Review:</p> <ul style="list-style-type: none"> PGH will provide CSB with notice at least 5 days before of the date/time that the team review conference will begin. PGH unit social worker will provide CSB liaison/dc planner with a phone number and specific time to join by teleconference if d/c planner cannot attend in person. 	<p>Treatment Team Review:</p> <ul style="list-style-type: none"> D/C planner will let PGH know if they will be present either in person or via teleconference for team review.
<p>Needs Upon Discharge Form</p> <ul style="list-style-type: none"> The needs upon discharge (which is initiated at the first CTP meeting) on the secure site will be updated by the hospital social work staff as needed within 24 hours after the treatment team review conference. PGH will notify CSB of updates in the secure site. PGH will make sure that UAI is completed at the time the consumer is ready for discharge in order for a timely discharge. PGH will print the notes and share with treatment team and incorporate them into their monthly notes for the chart. 	<p>Needs Upon Discharge Form</p> <ul style="list-style-type: none"> CSB will notify PGH of any updates (to include needs changes or as more specific information about the discharge plan becomes available) in the secure site. DC planner will enter a monthly note in the secure site. The note will include: patients progress toward discharge, current discharge plan, estimated date of discharge, actions which liaisons have taken towards discharge, future actions which are required to implement discharge plan, and current barriers to discharge. When a UAI has been completed on patient and sent to the CSB, placement sites contacted, names of contacts, and any information about placement options and discussions taken place between liaison and the AR and/or patient will be included on the secure site
<p>Informing Consumers</p> <ul style="list-style-type: none"> CSB and PGH staff will speak with consumers about discharge collaboratively. PGH will arrange for CSB to speak with consumer if needed. 	<p>Informing Consumers</p> <ul style="list-style-type: none"> CSB will speak with consumers about discharge in collaboration with PGH. CSB will educate the AR about available community resources if necessary.
<p>Placements</p> <ul style="list-style-type: none"> If a clinical need is identified or a facility requires a trial visit, that clinical need and/or a trial visit will be used as part of the transitional planning. PGH will work collaboratively with the CSB to develop a safety and support plan to address the trial visit. 	<p>Placements</p> <ul style="list-style-type: none"> If a clinical need is identified or a facility requires a trial visit, that clinical need and/or a trial visit will be used as part of the transitional planning. CSB will work collaboratively with PGH to develop a safety and support plan to address the trial visit.

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<ul style="list-style-type: none"> • Negotiations between the two CSB's with notification to PGH regarding any special agreement will be documented in the discharge instructions. • PGH will arrange a discharge conference to involve both CSBs and other key providers. • PGH will assist as much as practical with transportation arrangements for discharge. 	<ul style="list-style-type: none"> • CSB liaison will research placements in other catchment areas if an appropriate placement is not available in HPRII. • CSB will notify the receiving CSB of potential placement and complete the out of catchment form as necessary. • CSB will make transportation arrangements for discharge as part of the discharge plan.
<p>Barriers</p> <ul style="list-style-type: none"> • Discharge planning starts at the time of admission. Any barriers will be addressed and worked on by the CSB in conjunction with PGH. • When there is a barrier to placement that cannot be solved on the discharge planner and treatment level, the issue will be referred to PGH social work director and the discharge planner supervisor for strategic planning. • PGH will complete a detailed needs assessment. 	<p>Barriers</p> <ul style="list-style-type: none"> • The client will be placed on the EBL if a discharge plan cannot be implemented within 30 days of the finalized discharge plan. (Reasons to be placed on EBL can include insufficient funds or lack of community infrastructure). • CSB will submit monthly discharge planning notes until the extraordinary barriers have been addressed and the individual has been discharged. • The Regional Office will review and present the PGH EBL to the Regional Management Group on a monthly basis.
<p>RAFT Provisions</p> <ul style="list-style-type: none"> • PGH will coordinate a time for RAFT to come screen client. • PGH will notify CSB and RAFT of schedule of conferences and coordinate special conferences as needed. • For re-commitment hearings, PGH will arrange a phone conference. Notices will be sent to the CSB at least 2 weeks in advance. 	<p>RAFT Provisions</p> <ul style="list-style-type: none"> • Through coordination with PGH, RAFT will screen patient for RAFT at PGH. • CSB discharge planner, RAFT, and PGH will participate in treatment planning and discharge. • If denied by RAFT, CSB will continue to explore other placement options.