Delaware Division of Substance Abuse and Mental Health

Provider/Contractor Policy

POLICY TITLE:	**POLICY #:**
DSAMH Discharge from Services	DSAMH013
PREPARED BY: DSAMH Policy Committee	**DATE ISSUED:** 8/14/2019
RELATING POLICIES:	**REFERENCE:** DHSS PM 66 - Discharge/Transition Practices/Guidelines
DATES REVIEWED: 8/14/2019	**DATES REVISED:**
APPROVED BY: Gregory A Valentine Digitally signed by Gregory A Valentine Date: 2019.08.26 11:04:58 -04'00'	**NOTES:**

I. PURPOSE: The purpose of this policy is to clarify the required procedures for discharge from services offered by providers contracting with the Division of Substance Abuse and Mental Health (DSAMH).

II. **POLICY STATEMENT:** It is the policy of DSAMH to require that all contracted providers of services adhere to discharge planning standards established by the Division. This policy is applicable to all adult clients who receive services through DSAMH-contracted treatment service providers. This policy applies to clients who have become disconnected/disengaged from services, those who have intentionally made the decision to withdraw from services, individuals who have been discharged because goals were met, or for other reasons where continuation of services is no longer appropriate.

III. **PRINCIPLES:** Providers of behavioral health treatment should follow the following principles with regard for the successful implementation of discharge and aftercare planning:

1. Discharge planning begins at admission to a level of care;
2. Planning must be individualized, comprehensive and coordinated with other community based services;
3. Clients must participate in the planning;
4. For clients who struggle with addiction, appropriate ongoing treatment and supports must be included;
5. Clients should be educated about, and linked to, appropriate next-step resources based on their needs;
6. Client should be connected to a primary care provider to monitor and address any potential or existing medical issues;
7. Planning should prevent vulnerable clients from becoming homeless and/or criminalized;
8. Discharges to emergency shelters should be used as a last resort, after all other options have been exhausted;
9. Discharges to homeless programs that have 24-hour transitional programs may be made on a case-by-case basis;
10. Discharges to independent housing and other types of supportive housing models are preferred; and

11. Planning should assist clients with re-entry to the community.

IV. <u>PROCEDURE:</u>

1. Service Providers should have a uniform, written, discharge planning process.
2. Agencies and programs will need to create and implement discharge documentation appropriate for their clients and records, and consistent with DSAMH Discharge Planning policy and procedures. At a minimum, documentation should include the following elements:
    a. Reason for client's discharge;
    b. Mental health/substance abuse treatment & service needs at discharge;
    c. Services provided to client while in the care of discharge entity/agency;
    d. Primary or significant problems/issues identified during treatment stay;
    e. Assessment of client level of functioning at discharge;
    f. Referrals provided for on-going mental health and/or substance abuse treatment;
    g. Referrals provided for “primary care” medical support;
    h. If applicable, primary agency to which individual is being discharged;
    i. Information related to client achievement of treatment goals/outcomes;
    j. Information related to client’s ongoing concerns, needs not addressed during treatment, and client’s plan to address ongoing needs.

3. Clients should receive written discharge documents that include the following information:
    a. A transfer summary, if transferring to another level of care, which should accompany the client to any other facility or program;
    b. The client’s medications and any alerts or information related to the medications;
    c. Appointment times, locations and name of providers the client is scheduled to meet with post-discharge;
    d. Contact information for other public or nonprofit agencies or organizations the client may use to support living in the community;
    e. Client’s continuing care requirements following discharge from treatment;
    f. Client’s crisis plan, created with the direct involvement of the client;
    g. Referrals for all aspects of treatment and care in community, including the filling of medication and information on how to access;
    h. Assistance with ensuring client has proper identification documents needed to successfully live in the community.