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<b>Series:</b>	<b>Operating Procedures</b>	<b>COA: N/A</b> <b>CFOP: N/A</b>
<b>Procedure Name:</b>	<b>Clinical Review Discharge Planning</b>	
<b>Procedure Number:</b>	<b>OP-1154</b>	
<b>Revision #/Date:</b>	<b>N/A</b>	
<b>Effective Date:</b>	<b>08/06/10</b>	
<b>Applicable to:</b>	<b>BFP staff and its subcontracted agencies</b>	

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PURPOSE: To outline the process for discharge planning for children staffed by the Clinical Review/MDT Team

PROCEDURE:

**Discharge Planning Process**

Any child placed in a TGC between the ages of 16 and 18 will be staffed at Clinical Review/MDT prior to discharge. The contracted Independent Living Coordinator will be invited to attend the meeting to provide input and gather information for transition planning with the youth.

The Independent Living Coordinator is a core member of the Clinical Review/MDT team in order to ensure transition and discharge planning issues are addressed in conjunction with the required IL staffing for this population. Once a child reaches his/her sixteenth birthday an Independent Living Specialist will conduct a Subsidized Living Staffing to review and identify what qualifications are needed, assess the youth's goals and objectives and assist in the transition/discharge planning process.

Youth who are seventeen years of age and are placed in a TGC will have an Independent Living Staffing upon their 17<sup>th</sup> birthday to review their benefits prior to turning eighteen.

During any time a youth is placed in a TGC level of care and are between 16-18 years of age they will be eligible to participate in monthly skills training meetings and quarterly Independent Living events and activities. Specific criteria will be established for each youth depending upon their strengths and needs in conjunction with their treatment team. Brevard Family Partnership (BFP) will incorporate discharge planning practices when applicable during all Clinical Review/MDT staffing. These practices include the following:

- a) Services that will be offered to the child's identified future caregiver during the placement and following discharge. These services should be designed to prepare the caregiver to work effectively with the child and ensure stability in the discharge environment. If the child is stepping down from residential treatment including SIPP and therapeutic group care, the suitability assessment recommending discharge should provide valuable information regarding the future placement needs of the child.

- b) Potential step-down treatment programs that may be explored, depending on the intensity of the child's needs for continued structured treatment at the time of discharge. Such programs might include a therapeutic foster home, Specialized Therapeutic Foster Care at Level 1 or 2, Therapeutic Group Care or standard group home or pre-independent living facility.
- c) While the child is in their current placement and/or treatment facility, the child's designated Dependency Case Manager (DCM) and/or DCM Supervisor will communicate regularly with the child, the child's treatment team and the BFP Intake & Placement Unit to plan for the child's discharge. The discharge plan will be finalized by the current provider at least 30 days prior to the child's projected discharge date.
- d) As soon as the child's future caregiver is identified, the Dependency Case Manager and/or DCM Supervisor will work with the facility to facilitate phone calls, visits, and home visits with the caregiver and to address any issues identified by the child, the caregiver, or facility staff to ensure a successful discharge.
- e) If applicable, a referral will be made by the Dependency Case Manager and/or DCM Supervisor for the assignment of a Targeted Case Manager to assist with the continued mental health needs of the child prior to discharge.
- f) Any child placed in a TGCS between the ages of 16 and 18 will be staffed at Clinical Review/MDT prior to discharge. The contracted Independent Living Coordinator will be invited to attend the meeting to provide input and gather information for transition planning with the youth.

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BY DIRECTION OF THE CHIEF EXECUTIVE  
OFFICER:



DR. PATRICIA NELLIUS-GUTHRIE  
Chief Executive Officer  
Brevard Family Partnership

APPROVAL DATE: 8/18/10