

AMENDMENT 3
AMENDED AND RESTATED
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
MASTER AGREEMENT
EXHIBIT K

APPENDIX H: DISCHARGE PILOT PROTOCOLS
FOR CENTRAL STATE HOSPITAL, SOUTHWESTERN VIRGINIA MENTAL HEALTH
INSTITUTE, OR SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE

Contract No. P1636.CSBCode.3



30-day discharge pilot

What is it?

- HB 314/SB 719 (Hope/Favola)- State Hospitals; Discharge Planning; report – This legislation does not go into effect until January 1, 2025. States that if an individual is discharged within 30 days of admission **from Central State Hospital, Southwestern Virginia Mental Health Institute, or Southern Virginia Mental Health Institute**, the community services board will implement the discharge plan developed by the facilities; otherwise, it is the responsibility of the board or behavioral health authority to develop the plan. This bill has an annual reporting requirement for certain information, due to the General Assembly by August 1 of each year. Additionally, DBHDS is required to submit an evaluation of the impacts of this legislative change by November 1, 2025.

What are the expected outcomes?

- Allow CSB liaisons to focus on patients with more intense discharge needs
- Decrease in LOS for all patients
- Assessment of processes and readmissions as part of the report to the General Assembly.

Who is excluded?

- Confirmed diagnosis of ID/DD/Autism (due to intensive community resource need)
- Restorations (as the average thus far is around 88 days),
- Patients with complex health care needs/dementia (requires UAIs and/or PASSR- other assessments)
- NGRIs (due to length of stay)

Expectations of State Facilities

- Expedited treatment plan team/assessment where feasible- within 48 hours of admission (excluding weekends and holidays)
- Continue to follow any protocols regarding notification of the CSB
- Inviting CSB to participate in any treatment team meetings

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- Create a safe discharge plan with the patient – The final plan that is communicated with the CSB.
 - This discharge plan will include setting up any transportation, housing needs, referrals and aftercare appointments

Expectations of CSB

- Maintain awareness of admitted patients who are assigned to the CSB
- Participate as able in treatment team meetings for patients
- Execute discharge plan as developed by state facility
- Provide contact and follow up appointments for eligible discharges
- Follow- up with patient after discharge to assure patient follows the discharge plan and medication regimen.

What if they stay over 30 days?

- The hospital discharge planner will notify the CSB liaison at day 25 (or next business day) if it appears the individual will need further treatment and discharge may not occur by day 30.
- At day 31 discharge planning responsibilities will revert to CSB.
- State facility will share any discharge plans already secured.

What if there are discharge costs?

- Hospitals have access to limited funding through central office to cover one-time expenses.
- Any ongoing needs requiring funding will require collaboration with the CSB.