

CENTRAL STATE HOSPITAL
POLICY

SUBJECT: **TRANSITION OF CENTRAL STATE HOSPITAL (CSH) NON-FORENSIC CLIENTS**

ANNUAL REVIEW MONTH: March

RESPONSIBLE FOR REVIEW: Chief Medical Officer

LAST REVISION DATE: March 2008

GENERAL

The purpose of this policy is to establish concise procedures relating to the custody, release and discharge of any adult or minor client from CSH.

Clients discharged from CSH will be discharged in accordance with those guidelines outlined in CSH Policy 4.31, Continuity of Care, Discharge Planning and Medical Alert.

APPLICABILITY

This policy is applicable to all children, adults and adults with Hold Orders who were civilly committed to CSH or hospitalized as a voluntary client.

For Forensic Clients see:

DMHDDAD Policy 2.104: Treatment and Release of Persons Committed to Hospitals by Virtue of Finding of Incompetence to Stand Trial

DMHDDAD Policy 2.108: Management and Release of Patients Acquitted NGRI

DISCHARGE OR RELEASE OF A CSH CLIENT

- A. The attending physician, after considering the recommendations of the treatment team may discharge a client at any time. It is not necessary that the client request discharge in writing. For clients who have had a problematic or prolonged hospital course, the Service Clinical Director or designee should be consulted prior to the discharge.

In the absence of the attending physician, and when a situation warrants the immediate release of a client, the matter will be referred to another physician. Under no circumstances shall the release of a client be authorized by any person other than a physician employed by CSH. The physician will consult with and obtain approval from the Service Clinical Director or designee for such discharges.

Even in cases in which the Service Clinical Director is consulted, the primary responsibility

regarding readiness for discharge shall rest with the attending physician and the treatment team of that unit.

Relatives or friends seeking the release of a client will be advised to contact the client's attending physician.

1. Discharge of Adult Voluntary Clients

- a. A voluntary client or his/her representative, legal guardian, parent, spouse, attorney, or adult next-of-kin, may request discharge, in writing, at any time following admission, and the attending physician should discharge the client if he/she thinks that no further treatment is necessary and the client does not meet the criteria for involuntary hospitalization.

NOTE:

- Client makes verbal request.
- Within 24 hours must be given assistance (by any staff member) in preparing a written request.
- The request must be submitted to the attending physician or designee within 24 hours Saturdays, Sundays, and legal holidays excluded.
- Within 72 hours excluding Sundays, and legal holidays, the client must be discharged or commitment proceedings but be initiated.

- b. When a voluntary client requests discharge and, in the opinion of the attending physician, further treatment is desirable but the client does not meet the criteria for involuntary commitment, the AMA Discharge Section of form CSH-709 (Rev. 5/91), Request For Discharge By Voluntary Client will be processed. The attending physician will advise the client of the possible consequences of his/her refusal of treatment. Involuntary commitment should be initiated in all cases in which the client meets the applicable criteria.

2. Transition of Adult Clients With Verified Court Appointed Guardians of Person

Court appointed, documented guardians of person may seek discharge for the client and the client may be discharged to the guardian if commitment criteria are not met. The client may also be discharged to another individual if indicated in writing by the guardian or if guardian has verbally provided the social worker with the name of the authorized person to pick up the client. This will be witnessed by another staff member and documented in the medical record.

3. Other Interested Party

If the client was admitted on his/her own application and a request is made for discharge by a person other than the client, the discharge, if appropriate, will occur with the agreement of the client.

4. Minor Clients Under the Age of 18 Years

- a. The unit social worker will contact the parents or established legal guardian regarding discharge. If the parent or legal guardian is not the one that will be picking up the client, the guardian **MUST** indicate this in writing or verbally provide the social worker with the name of the authorized person to pick up the client. This will be witnessed by another staff member and documented in the medical record. This will be placed on the discharge social work summary.
 - b. Discharge of minor voluntary clients under the age of 18 years of age, who have been deemed as an emancipated minors, as described in CSH Policy 4.30, Admission to Central State Hospital shall be discharged following the same process as an Adult Voluntary clients.
 - c. Clients in the custody of DFCS will be discharged back to the appropriate county DFCS who holds guardianship or to the placement that DFCS has obtained. The information regarding authorized person to pick up the client will be placed on the discharge social work summary. Verification of identification of the person from the county DFCS or the placement will be required upon discharge to verify it is the authorized person/agency to pick up the client.
 - d. Minor clients from the Department of Juvenile Justice (DJJ) or Youth Development Center (YDC) or RYDC shall be discharged back to the custody of the Department of Juvenile Justice for transport back to the appropriate YDC or RYDC facility.
- B. When a client leaves Against Medical Advice (AMA), it is not processed as an elopement. AMA is defined as a client's release from any service against the medical advice of his/her attending physician. An AMA should never be utilized for clients who meet the criteria for involuntary commitment.
- C. The service chief and medical leadership are responsible for insuring that appropriate area community (outpatient) program personnel are provided the opportunity to participate in the planning for the transition of clients to the community. Such coordination and planning for the transition of clients should include:
1. soliciting participation by family/or legal guardian and community staff in transition planning/discharge staffings;
 2. informing community staff of client's release date and scheduling appointments with them for outpatient follow-up care;
 3. when applicable, notifying courts and providing relevant paperwork and information to community staff; and

4. maintaining appropriate communication with community staff following client's transition.
- D. Employees are prohibited from accepting clients for release into their care. An employee who is a relative of a client, such as spouse, parent, sibling or adult son or daughter, may be exempted from the rules relating to employees and will be treated as a relative.

Hold Orders

1. Adult clients with hold orders are discharged to the custody of the law enforcement agency which currently has the hold order on the client.
2. When a hold order is dropped, a written court order or a copy of written instructions (on letterhead) from the agency with the hold must be obtained stating that the hold has been dropped and in the case of a minor, who is able to pick the client up from Central State Hospital. This will be placed in the client's chart.

References:

Official Code of Georgia Annotated 37-3-22

Approved:

This policy has been approved by the CEO and CMO on 4/20/09.