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SENATE BILL NO. 683

Offered January 20, 2016

A *BILL to amend and reenact § 37.2-505 of the Code of Virginia, relating to training centers; discharge plans.*

Patrons—Miller and Garrett

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That § 37.2-505 of the Code of Virginia is amended and reenacted as follows:

§ 37.2-505. Coordination of services for preadmission screening and discharge planning.

A. The community services board shall fulfill the following responsibilities:

1. Be responsible for coordinating the community services necessary to accomplish effective preadmission screening and discharge planning for persons referred to the community services board. When preadmission screening reports are required by the court on an emergency basis pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8, the community services board shall ensure the development of the report for the court. To accomplish this coordination, the community services board shall establish a structure and procedures involving staff from the community services board and, as appropriate, representatives from (i) the state hospital or training center serving the board's service area, (ii) the local department of social services, (iii) the health department, (iv) the Department for Aging and Rehabilitative Services office in the board's service area, (v) the local school division, and (vi) other public and private human services agencies, including licensed hospitals.

2. Provide preadmission screening services prior to the admission for treatment pursuant to § 37.2-805 or Article 5 (§ 37.2-814 et seq.) of Chapter 8 of any person who requires emergency mental health services while in a city or county served by the community services board.

3. Provide, in consultation with the appropriate state hospital or training center, discharge planning for any individual who, prior to admission, resided in a city or county served by the community services board or who chooses to reside after discharge in a city or county served by the board and who is to be released from a state hospital or training center pursuant to § 37.2-837. Upon initiation of discharge planning, the community services board that serves the city or county where the individual resided prior to admission shall inform the individual that he may choose to return to the county or city in which he resided prior to admission or to any other county or city in the Commonwealth. If the individual is unable to make informed decisions regarding his care, the community services board shall so inform his authorized representative, who may choose the county or city in which the individual shall reside upon discharge. In either case and to the extent permitted by federal law, for individuals who choose to return to the county or city in which they resided prior to admission, the community services board shall make every reasonable effort to place the individuals in such county or city. The community services board serving the county or city in which he will reside following discharge shall be responsible for arranging transportation for the individual upon request following the discharge protocols developed by the Department.

The discharge plan shall be completed prior to the individual's discharge. The plan shall be prepared with the involvement and participation of the individual receiving services or his representative and must reflect the individual's preferences to the greatest extent possible. The plan shall include the mental health, developmental, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community and identify the public or private agencies that have agreed to provide these services.

No individual shall be discharged from a state hospital or training center without completion by the community services board of the discharge plan described in this subdivision. If state hospital or training center staff identify an individual as ready for discharge and the community services board that is responsible for the individual's care disagrees, the community services board shall document in the treatment plan within 30 days of the individual's identification any reasons for not accepting the individual for discharge. If the state hospital or training center disagrees with the community services board and the board refuses to develop a discharge plan to accept the individual back into the community, the state hospital or training center or the community services board shall ask the Commissioner to review the state hospital's or training center's determination that the individual is ready for discharge in accordance with procedures established by the Department in collaboration with state hospitals, training centers, and community services boards. If the Commissioner determines that the individual is ready for discharge, a discharge plan shall be developed by the Department to ensure the

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59 availability of adequate services for the individual and the protection of the community. The
60 Commissioner also shall verify that sufficient state-controlled funds have been allocated to the
61 community services board through the performance contract. If sufficient state-controlled funds have
62 been allocated, the Commissioner may contract with a private provider, another community services
63 board, or a behavioral health authority to deliver the services specified in the discharge plan and
64 withhold allocated funds applicable to that individual's discharge plan from the community services
65 board in accordance with subsections C and E of § 37.2-508.

66 *If an individual has submitted a letter to a training center director stating that such individual does*
67 *not wish to leave the facility, no community services board staff or Department staff, employees, agents,*
68 *or affiliates shall contact such individual or his authorized representative, except by writing, regarding a*
69 *community placement more than once every six months unless the facility is scheduled to close within*
70 *six months of the contact. An individual or his authorized representative may rescind such letter at any*
71 *time.*

72 4. Provide information, if available, to all hospitals licensed pursuant to Article 1 (§ 32.1-123 et seq.)
73 of Chapter 5 of Title 32.1 about alcohol and substance abuse services available to minors.

74 B. The community services board may perform the functions set out in subdivision A 1 in the case
75 of children by referring them to the locality's family assessment and planning team and by cooperating
76 with the community policy and management team in the coordination of services for troubled youths
77 and their families. The community services board may involve the family assessment and planning team
78 and the community policy and management team, but it remains responsible for performing the
79 functions set out in subdivisions A 2 and A 3 in the case of children.