

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact § 37.2-505 of the Code of Virginia, relating to community services boards; discharge planning.

[S 1304]

Approved

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. In the case of inmates incarcerated in a regional jail, each community services board that serves a county or city that is a participant in the regional jail shall review any existing Memorandum of Understanding between the community services board and any other community services boards that serve the regional jail to ensure that such memorandum sets forth the roles and responsibilities of each community services board in the preadmission screening process, provides for communication and information sharing protocols between the community services boards, and provides for due consideration, including financial consideration, should there be disproportionate obligations on one of the community services boards.

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~~ 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~~ 72 hours of the individual's identification any reasons for not accepting

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57 the individual for discharge. If the state hospital or training center disagrees with the community
58 services board and the board refuses to develop a discharge plan to accept the individual back into the
59 community, the state hospital or training center or the community services board shall ask the
60 Commissioner to review the state hospital's or training center's determination that the individual is ready
61 for discharge in accordance with procedures established by the Department in collaboration with state
62 hospitals, training centers, and community services boards. If the Commissioner determines that the
63 individual is ready for discharge, a discharge plan shall be developed by the Department to ensure the
64 availability of adequate services for the individual and the protection of the community. The
65 Commissioner also shall verify that sufficient state-controlled funds have been allocated to the
66 community services board through the performance contract. If sufficient state-controlled funds have
67 been allocated, the Commissioner may contract with a private provider, another community services
68 board, or a behavioral health authority to deliver the services specified in the discharge plan and
69 withhold allocated funds applicable to that individual's discharge plan from the community services
70 board in accordance with subsections C and E of § 37.2-508.

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

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

79 **2. That the Commissioner of Behavioral Health and Developmental Services shall establish a work**
80 **group with representatives of the Virginia Association of Community Services Boards to (i) review**
81 **the current process for discharging patients from state mental health hospitals, including the**
82 **current assigned responsibilities of state hospital staff and community services board staff, as well**
83 **as the barriers to timely discharge for patients clinically ready to discharge, and (ii) develop**
84 **potential options to expedite the discharge process for individuals who can be safely discharged**
85 **back into the community. The work group shall develop a plan that includes recommendations for**
86 **expediting the discharge process and shall identify the necessary funding to ensure that individuals**
87 **receive essential services upon discharge and that discharges are timely. The work group shall**
88 **report its findings and conclusions and its plan to the Chairmen of the House Committee on**
89 **Health, Welfare and Institutions and the Senate Committee on Education and Health by**
90 **September 1, 2021.**