Name of Policy: **Discharge Criteria for Community Psychiatric Supportive Treatment (CPST) Services Policy Number:** 3364-160-SD-143 **Department: Psychiatry** Approving Chief Executive Officer - UTMC Officer: Chair/Medical Director Responsible Agent: Department of Psychiatry Administrative Director Department of Psychiatry **Effective Date:** 10/1/2022 Scope: **OP-Psychiatry** Initial Effective Date: 03/2010 New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

(A) Policy Statement

Clients discharged from Community Psychiatric Support Treatment (CPST) services will meet specific criteria upon discharge.

(B) Purpose of Policy

To ensure clients are discharged from Community Psychiatric Support Treatment (CPST) appropriately.

(C) Procedure

- 1. Successful completion of Individual Service Plan (ISP) or;
- 2. Client and/or parent/guardian of client no longer participate in services and/or cooperating with treatment recommendations or;
- 3. Client and/or parent/guardian of client no longer compliant with appointments or;
- 4. Client or Parent/guardian of client withdraws from program or;
- 5. Client deteriorates to the degree a more restrictive environment is needed or;
- 6. Client is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care despite treatment plan changes.

Approved by:		Review/Revision Date:
		10/2/2010 02/03/2014
/s/	10/19/2022	11/14/2016
Rick Swaine	Date	09/19/2019
Chief Executive Officer - UTMC		9/2/2022
/s/		
Cheryl McCullumsmith, MD, PhD	Date	
Chair/Medical Director	Dute	
Department of Psychiatry		
/s/	09/02/2022	
Lindsay Watson LSW, MBA	Date	
Administrative Director		
Department of Psychiatry		
Review/Revision Completed By:		
Psychiatry Administration		
		Next Review Date: 09/2/2025
Policies Superseded by This Policy: ODMH-SD-143		