

TITLE: Ensuring Continuity of Care	PAGE: Page 1 of 2
DEPT./SECTION Behavioral Health/Services	NUMBER: YCHC-BHS-7.14
AFFECTS: Patients and Staff/PROVIDERS	DATE CREATED: 3/30/2016 DATE APPROVED: 05/01/17 DATE REVISED:

Policy:

BHS staff providers will provide ongoing monitoring of client treatment needs to ensure appropriate levels of care and treatment services are met.

Purpose:

To ensure BHS offers a continuum of care that provides the least restrictive mode of treatment appropriate to client need and allows for seamless movement from one level of care to another when appropriate.

Procedure:

1. All new clients will receive an assessment that will be presented during Case Reviews, Clinical Supervision and/or to the Treatment Team for review, revision, and approval.
2. The least restrictive level of care will be used as deemed appropriate by the Treatment Team.
3. The Treatment Plan will reference the level of care change criteria.
4. Treatment may fluctuate from one level of care to another based on progress toward the treatment plan goals. Treatment components may also fluctuate to include the client's various issues.
5. If a client is receiving substance use counseling and needs a higher level of care; the ASAM will be utilized to help determine level of care.
6. Clients who require or have required services beyond those offered by BHS will also have their continuity of care ensured. Clients who are not eligible for services or whose needs cannot be met by YCHC BHS will be informed of this ineligibility and directed towards alternate or more appropriate services by the Directing Clinician/Counselor.
7. Additionally, after obtaining a properly executed **ROI** form, (See BHS policy YCHC-BHS-9.01, *Confidentiality of Client Records*) client background and treatment-related data will be shared by BHS staff for both incoming and outgoing referrals to assist the client's placement in appropriate services.
8. Clients receiving services will continue to have open and active BHS charts as well as continued involvement with BHS clinical staff unless the client moves or placement is expected to be permanent or over a one-year period.
9. While clients are in treatment with the BHS program, the BH Provider will maintain contact and active involvement with the client's treatment team and program in order to ensure effective continuity of care and relapse prevention. This will include the following:
 - A. Regular contact with the facility/program for short term placements/hospitalizations.
 - B. Regular contact with the facility/program for long term/residential placements.
 - C. Telephonic participation in treatment team meetings including discharge planning meetings.
 - D. Collaboration with the Directing Clinician/Counselor in developing or implementing an aftercare plan prior to discharge back to the City & Borough of Yakutat.

E. The Directing Clinician/Counselor will make contact with the client within five days of discharge from out-of-region treatment with the exception of SMI and SED clients who will be seen within 24 hours of their discharge/transition.

APPROVED BY:	
Medical Director Signature, Eva Sensmeier PA-C <i>Eva Sensmeier PA-C</i>	5/1/17
Executive Health Director Signature, Rhoda Jensen <i>Rhoda Jensen</i>	5/1/17
Quality Improvement Chairperson Signature Ann Marie Dryden ARN Director <i>AM Dryden arn</i>	5/1/17