

**Transition Process and Continuity of Care:
GUIDELINES FOR MENTAL HEALTH PROVIDERS INVOLVED WITH
DISCHARGES FROM INPATIENT PSYCHIATRIC FACILITIES &
PARTIAL HOSPITALIZATION PROGRAMS**

PURPOSE: The following guidelines are designed to facilitate an easeful transition with no disruption in the prescribed treatment regimen for individuals who are discharged from inpatient psychiatric units and partial hospitalization programs.

1. Per already established standards of care, inpatient units and partial hospitalization programs will continue to arrange follow-up care prior to discharge.
2. For those patients on psychotropic medication, inpatient units and partial programs will arrange for access to a 30-day supply of medication upon discharge unless clinically contraindicated and otherwise negotiated and agreed upon by the outpatient provider.

It is expected that inpatient units and outpatient providers will collaborate on the details necessary to ensure a smooth transition for individuals who are taking Clozaril.

3. At the time of discharge, ***inpatient units and partial programs will fax pertinent information to the attention of the intake clinician.*** At a minimum, this will include the discharge service plan given to the client, family and/or significant others at discharge and includes diagnosis, current medications, pertinent risk factors and other salient information. This information should also be shared with the client's primary care provider.

The ***discharging clinical provider will contact the receiving provider*** prior to – or at the time of – discharge. The purpose of this communication is to relay the current status of the client and his/her medication regimen (e.g., any concerns, planned titration). Providers are also encouraged to contact the primary care provider when indicated.

4. Within *two weeks (14 days)* a completed Discharge Summary will be sent to the outpatient provider (per NYS OMH standard).
5. Per COPS standards, outpatient clinics will schedule an appointment for those individuals within 5 working days of inpatient discharge. It is expected that individuals transitioning from partial programs to clinics will be offered an appointment within 5 working days as well. At the time of the COPS appointment (if not before), the ***receiving clinician will arrange for a psychiatrist or nurse practitioner appointment to occur prior to the client's prescription running out.*** (In most cases this would be within 25 calendar days of the appointment).
6. If a full psychiatric evaluation appointment is not conducted within the time frame outlined above, the outpatient agency will arrange for a ***"bridge script."***
7. If a client is experiencing possible adverse medication effects **after discharge from the inpatient unit or partial program and prior to the appointment with the receiving provider**, consultation with the most recent physician/nurse practitioner may occur. When necessary, the provider receiving this call will direct the client and family to an appropriate resource, such as:
 - The client's primary care provider;
 - The client's outpatient psychiatric provider for an expedited appointment;
 - The Mobile Crisis Team;
 - The Emergency Department.

Inpatient or partial hospital providers receiving such calls will inform the outpatient psychiatric provider of the nature of the concern(s) and their recommendation(s) to the client and/or family.

8. Once individuals are seen at their outpatient provider, it is expected that the outpatient provider will handle all issues that arise regarding treatment concerns, including medication.

9. When individuals do not show up for a COPS appointment, it is expected that the COPS provider will attempt to contact that person (per Monroe County COPS guidelines). In certain situations, consultation and collaboration with the inpatient provider will be indicated.

When a **child** is a 'no-show' for a clinic COPS appointment, receiving clinicians should consider a **referral to a YES Crisis Specialist and/or Emergency Case Manager** to facilitate assessment and entry into the outpatient system in a rapid manner. When a child does not show up for other outpatient services following an inpatient discharge, that service will make efforts to engage the family in treatment.

10. In circumstances when the above protocol is unable to be followed (e.g., repeated missed appointments), receiving clinicians should make a clinical decision regarding the appropriateness of utilizing the **Rochester Community Mobile Crisis Team** for further assessment and possible medication prescription (via their nurse practitioner) or **Psychiatric Emergency Department** depending on the acuity of the situation.
11. The primary care provider should be kept informed throughout this process, as appropriate. In addition, when continuing care has not been assured (e.g., repeated missed appointments), primary care providers should be contacted in an attempt to facilitate reconnection to a mental health provider and minimize the occurrence of clients being 'lost to care.'
12. These guidelines are intended to enhance the continuity of care for individuals who are in the process of transitioning from inpatient or partial hospitalization programs to outpatient care. It is expected that clinicians who are involved in assisting these individuals will collaborate with and assess the specific needs of each recipient of service to implement the most helpful plan. As such, there may be times that the transition plan that is implemented will not coincide with the specific guidelines detailed here, but is judged to be in the best interest of the client.
13. When clinicians and/or recipients of care are confronted with especially challenging situations, the Monroe County Office of Mental Health is available for both consultation and to assist in the coordination of provider agency efforts.

* The practice and behavior of providers in private practice is outside the scope of these guidelines. However, providers discharging patients to private practitioners should be aware that **HEDIS® (The Health Plan Employer Data and Information Set)**, a tool used by the majority of managed care plans to measure performance on important dimensions of care and service, includes the measure: "Follow-up care should be available within 7 calendar days following (inpatient) discharge". Private practitioners on managed care panels should be prepared to meet this standard in most cases.

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