

## Policies & Procedures

CONTINUUM OF CARE

Section: Clinical

Pages: 2

Subject: Continuum of Care

Effective Date: 12/2005

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## <u>PURPOSE</u>

To provide a full continuum of care for clients in the most clinically appropriate, high quality, cost efficient, and client friendly manner.

## POLICY

It is the policy of DBH to provide medically necessary, high quality, clinically appropriate and fiscally responsible services in the least restrictive setting. These services will be consistent with practices currently considered preferred practices or other prevailing community standards of practice and will be provided in a manner that is client/family friendly and, where possible, community based.

## PROCEDURE

- 1. A continuum of services will be available and utilized where clinically indicated. These services include but are not limited to the following:
  - a. Twenty-Four Hour Emergency
  - b. Inpatient
  - c. Residential
  - d. Day Treatment
  - e. Outpatient
  - f. Psychotropic Medication Management
  - g. Psychosocial Rehabilitation
  - h. Case Management
  - i. Community Supports
  - j. Consultation and Education
- 2. Each client is assigned a treatment coordinator who assesses needs and directs clinical intervention.
- 3. DBH admits clients to the least restrictive, most clinically appropriate program/service as determined by an assessment of clinical need.

- 4. Clients will not be required to stay at any level of care longer than is clinically indicated.
- 5. Clients may move from one program/service or level of care to another as is clinically indicated.
- 6. Using shared decision making, clients will be expected to take an active role in their services and participate in decisions affecting their treatment and recovery.
- 7. Where clinically indicated and client approved, community and natural supports will be coordinated and utilized in the rehabilitation/treatment and recovery process.
- 8. To ensure client privacy, DBH requires adherence to HIPAA and 42-CFR part 2 regulations.