

Policies & Procedures

EXTERNAL REFERRALS OR TRANSFERS AND INTERNAL DISCHARGES

Section: Clinical

Pages: 2

Subject: Referrals, Transfers, Discharges

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Policy

DBH will assist clients in obtaining services that are medically necessary but not available within the DBH service array.

Purpose

Comprehensive mental healthcare must include coordination with other human service providers and physical healthcare providers. Because these systems are often very difficult to navigate, the client may need case management assistance from DBH.

Procedure

1. Based on the results of a clinical assessment and through shared decision-making with the client, individualized needs specific to the client will be addressed. If the identified needs cannot be addressed with services within DBH, referrals/ transfers may be made by a DBH provider to primary care, recovery support services, or other service organizations.
2. Discharge from services may be indicated when:
 - a. The client no longer meets medical necessity for treatment.
 - b. The client no longer desires treatment and does not meet the criteria for involuntary commitment.
 - c. The client has not engaged in therapy or case management/peer services for 60 – 90 days, or medical care for 180 days, and appropriate outreach has occurred to invite the client into services.
 - i. Exceptions to this will be made when the treatment plan includes provision for services to be provided less often than every 90 days.
3. When a planned discharge occurs, the provider will:
 - a. Complete a DBH discharge summary.
 - b. Review the discharge plan with the client. The discharge plan will:
 - i. Reflect the client's preferences

- ii. Include family participation when appropriate.
 - iii. Include other community services when appropriate.
 - iv. Identify the support systems that will assist in the client's continuing recovery.
 - v. Include referral information, such as contact name, telephone number, locations, hours, and days of service.
- c. Because mental illness and substance use disorders are non-linear and ongoing conditions, discharge from treatment does not mean DBH no longer has a shared responsibility for the client's recovery needs. Therefore, recovery support services are documented to the extent required for clinical continuity.