

Chapter:	Service Delivery		
Title:	Case Closing and Aftercare Planning		
Policy: ⊠ Procedure: □	Review Cycle: Triennial	Adopted Date: 10.2023	Related Policies: Assessment
	Author: Service/Treatment Leadership	Review Date: 10.2023	Admission-Discharge Criteria Treatment Planning and Monitoring

Purpose:

Hopeful Horizons (HH) has adopted this policy to support a client's planned and successful case closing (discharge) from service/treatment and to assure appropriate coordination and follow-up for aftercare activities identified through the discharge planning process.

Scope:

This policy applies to

- Selected HH Staff, as specified: Service/Treatment Staff
- □ HH Board Members

□ All HH Staff

⊠ HH Volunteers: Service/Treatment Volunteers

⊠ Other: Service/Treatment Contractors

Policy:

The HH assigned service/treatment staff shall begin the orderly process of jointly planning for case closing/discharge from services/treatment with the client at the beginning of services/ treatment. When possible, discharge and aftercare planning involves the client and others, as appropriate, based on the preferences expressed by the client.

Discharge from services/treatment typically occurs in the following circumstances when the client:

- Achieves the goals and objectives in their service/treatment plan
- Determines the goals and objectives are no longer relevant
- No longer wants HHs' services/treatment
- No longer meets eligibility criteria for HHs' service/treatment
- Refuses to meet HHs' program standards or requirements
- Is court-involved and the court has approved or directed termination of services
- Is deceased
- A. <u>Planned Discharge:</u> When the client has successfully completed goals and no longer demonstrates need for a service/treatment, the assigned employee and client (their family or others as desired) shall initiate program discharge and aftercare planning consistent with program procedures.

If the individual has been asked to leave the program, the assigned employee shall make every effort to provide them with referrals and information to locate other appropriate services/treatment as part of the case closing and aftercare plan.

B. <u>Unplanned Discharge</u>: An unplanned discharge may occur when a client no longer engages in services or has dropped out of service/treatment or the case is being closed for another reason (e.g., unanticipated move from the area, death, etc.).

If an individual is not responding to service/treatment, or is not engaging in service/treatment, the assigned employee shall make outreach attempts via telephone contact, by letter, or other means to try to re-engage the client in service/treatment before the individual is discharged from services. Assigned staff shall make at least three attempts to reengage the client prior to case closing. Efforts to reengage the client shall be documented in the client's service/treatment record and in the electronic client record (ECR).

- C. <u>Case Closing and After Care Plan</u>: Case closing, and aftercare planning shall be documented in a discharge summary and reflected appropriately in the ECR within 30 days of case closure. Program procedures for case closing and aftercare planning shall include documentation of and requirements for:
 - Type of discharge (planned/unplanned)
 - Reason for discharge
 - Summary of treatment progress
 - Continued safety planning (as needed)
 - Identification of community and family supports
 - Determination of aftercare service needs and appropriate referrals
 - Review of the process to reengage in service/treatment (if indicated)
 - Coordination with and notice to other collaborating treatment providers
 - Appropriate procedures for closing the case in the ECR

Communication and Training:

The Board shall receive a copy of the policy at the time of periodic review and will have an opportunity to ask clarifying questions during the approval process. Employees and volunteers shall receive notice of the Board's policy review and approval including notice of any substantive changes. The notice will provide a link to the policy located on the HH website.

Staff involved in service/treatment delivery shall have initial departmental orientation on this policy and its related procedure(s) and forms.

Definitions:

1. Electronic Client Record: An ECR is a digital version of a client's paper record. ECRs are realtime, client-centered records that make information available instantly and securely to authorized users. HHs' uses Collaborate as its ECR.

Other Related Materials:

Current Client Treatment Referral Procedure Program Entry/Exit Criteria Program Discharge and Aftercare Procedures

<u>References/Legal Authority:</u>

Case Closing and Aftercare Standards, Council on Accreditation, 2023.

<u>Ideal Discharge Planning Overview – Guide to Patient Family Engagement, Agency for Healthcare</u> <u>Research and Quality, 2023</u>

Change Log:

Date of Change	Description of Change	Responsible Party
10.2023	This is a New Policy	N. Miller Prog. Eval. Consultant in consultation with Treatment and
		Service Program Leadership