

POLICY AND PROCEDURE

REACH for Tomorrow

Care Coordination Procedure

Program: Behavioral Health Day Treatment / Partial Hospitalization Program

Effective Date: February 15, 2026

Review Date: February 15, 2027

Responsible Party: Clinical Director / Director of Medical & Clinical Services

Purpose

To establish standardized procedures for coordinating services with internal staff, external providers, and community resources to support comprehensive and continuous care for individuals served.

Policy

The organization coordinates care among healthcare providers, behavioral health professionals, and community support systems to ensure integrated, person-centered treatment. Care coordination supports continuity of care, reduces service fragmentation, and improves treatment outcomes.

Scope

Care coordination may involve communication and collaboration with:

- Primary care providers
- Psychiatric providers
- Hospitals and emergency departments
- Substance use treatment providers
- Social service agencies
- Schools or vocational programs
- Probation or court personnel
- Family members or caregivers (when authorized)

Consent Requirements

Prior to exchanging information with outside providers or agencies, staff must obtain appropriate authorization through a signed Release of Information (ROI) unless disclosure is permitted by law for emergency or safety purposes.

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Procedure

1. Identify coordination needs during assessment and treatment planning.
2. Obtain appropriate consent for information sharing.
3. Contact relevant providers or agencies involved in the individual's care.
4. Exchange clinically relevant information necessary for treatment coordination.
5. Document all coordination activities in the clinical record.
6. Update the treatment plan when coordination efforts impact services or goals.

Examples of Care Coordination Activities

Care coordination may include:

- Communication with prescribing providers regarding medication changes
- Coordination with primary care for medical concerns
- Collaboration with community support services
- Discharge planning with outpatient providers
- Communication with legal or probation authorities when appropriate

Documentation Requirements

All care coordination activities must be documented and include:

- Date of contact
- Person or agency contacted
- Purpose of communication
- Information exchanged
- Outcome or follow-up actions

Client Involvement

Whenever possible, the individual served should be informed of and involved in care coordination efforts. Their preferences and consent must guide communication with external providers.

Quality Monitoring

Care coordination practices may be reviewed through chart audits, clinical supervision, and quality improvement activities to ensure effective collaboration and continuity of care.

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Confidentiality

All coordination activities must comply with HIPAA, 42 CFR Part 2 (when applicable), and organizational confidentiality policies. Only the minimum necessary information should be shared.