

POLICY AND PROCEDURE

REACH for Tomorrow

Transition Success Data Policy

Program: Behavioral Health Day Treatment / Partial Hospitalization Program

Effective Date: March 15, 2026

Review Date: March 15, 2027

Responsible Party: Director of Medical & Clinical Services / Quality Improvement Coordinator

Purpose

To establish procedures for collecting, monitoring, and evaluating transition success data for individuals discharged from the Day Treatment Program. Transition success indicators help evaluate continuity of care, treatment effectiveness, and long-term recovery outcomes.

Policy

The Day Treatment Program collects and reviews transition success data to determine whether individuals successfully transition to the next appropriate level of care following program discharge. This information supports program evaluation and continuous quality improvement efforts.

Definition of Transition Success

Transition success refers to an individual's ability to safely and effectively move from the Day Treatment Program to a lower level of care or other appropriate services while maintaining treatment engagement and functional stability.

Transition Outcome Indicators

Transition success may be evaluated using indicators such as:

- Successful linkage to outpatient behavioral health services
- Attendance at scheduled follow-up appointments
- Continued engagement with medication management providers when applicable
- Stable functioning following discharge
- Reduction in crisis events or emergency service utilization

Data Collection Methods

Transition success data may be collected through:

- Discharge documentation
- Care coordination and referral tracking

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- Follow-up contact with the individual served
- Communication with receiving providers when authorized
- Review of clinical records and program tracking systems

Measurement Points

Transition success data may be reviewed at the following intervals:

- At the time of discharge
- During post-discharge follow-up contact when applicable
- During program outcome reviews and quality improvement meetings

Follow-Up Procedures

When possible, program staff may conduct follow-up contact after discharge to:

- Confirm that referrals were completed
- Assess the individual's connection to ongoing services
- Identify barriers to continued care
- Provide additional resources when appropriate

Use of Transition Data

Transition outcome data are used to:

- Evaluate program effectiveness
- Identify barriers to continuity of care
- Improve discharge planning processes
- Strengthen referral relationships with community providers
- Support organizational performance improvement activities

Documentation

Transition planning and follow-up activities must be documented in the clinical record, including discharge summaries, referral documentation, and care coordination notes when applicable.

Quality Improvement Integration

Aggregated transition success data are reviewed by program leadership and quality improvement staff to identify trends, evaluate discharge practices, and guide improvements in continuity of care.