

Release Planning Worksheet for Patients Experiencing a Behavioral Health Crisis in the Emergency Department

To be completed by the provider

Patient Name: _____

Date: _____

DOB/Medical Record #: _____

- Ask the patient if they would like to identify a family member, friend, or other support person (“lay caregiver”) who will provide assistance to the patient following their release from the hospital. Particularly vulnerable patients, such as those experiencing a behavioral health crisis should be encouraged to designate a support person to aid in their post-release care. If a lay caregiver is identified, note the designation in the patient’s medical record.
 - For a patient who is younger than 14 years of age, the lay caregiver is a parent or legal guardian of the patient.
 - For a patient who is younger than 18 years of age but at least 14 years of age, the lay caregiver is the patient’s parent or legal guardian unless the legal guardians refuse or there are clear clinical indications to the contrary such as sexual abuse by the guardian or evidence of emancipation. To the extent a legal guardian is not designated as the lay caregiver due to clinical indicators, those reasons should be noted in the medical record. A patient aged 14 to 18 may also designate a lay caregiver of their choice.

Lay Caregiver Name: _____

Relationship to Patient: _____

- If a lay caregiver is identified, encourage the patient to sign an authorization to disclose relevant protected health information. Note in the medical record if patient authorization is obtained. Information to share with the patient and lay caregiver prior to release should include, but need not be limited to:
 - The hospital’s criteria and reasons for initiating release.
 - The patient’s diagnosis, treatment recommendations, and outstanding safety issues.
 - Risk factors for suicide and what steps to take if danger exists, such as ridding the home of firearms/other means of self-harm and creating a plan to monitor and support the patient.
 - The patient’s prescribed medications including dosage, explanation of side effects, and process for obtaining refills, as applicable.
 - Available community resources including case management, support groups, and others.
 - The circumstances under which the patient or lay caregiver should seek immediate medical attention.

- Conduct a behavioral health assessment, a suicide risk assessment and if indicated develop a safety plan and lethal means counseling.
 - Providers should seek input from the patient’s designated lay caregiver, including interviews and patient history.
 - Providers may accept unsolicited information from family and friends not authorized for disclosure.

- Conduct a needs assessment to understand the long-term needs of the patient. The assessment should include questions regarding the patient’s income, housing situation, insurance, and aftercare support, among others. The lay caregiver should be included in this conversation. At minimum, the assessment should help the provider determine:
 - The patient’s capacity for self-care, including but not limited to:
 - The risk that the patient may engage in self-harm as identified in assessments.
 - The patient’s support network in place at the location of anticipated release.
 - Patient resources and ability to access prescribed medications or travel to follow-up appointments.
 - The patient’s need for community-based services.
 - Appropriate placement for the patient, including whether the patient may return to the place from which they resided prior to hospital care or if additional resources are needed.

- Coordinate the patient’s care and transition to inpatient or outpatient treatment. Providers should share the treatment plan with the patient and lay caregiver and provide an explanation of:
 - The next level of care and what the patient should expect from inpatient or outpatient treatment.
 - Contact information for the inpatient or outpatient care including address and phone number of the site/provider.

- Schedule a follow-up appointment for no later than seven days after release.
 - If a follow-up appointment cannot be scheduled within seven days, document the applicable barriers in the patient’s medical record.

- If possible, arrange caring contacts for no later than 48-hours after release.
 - Contact information for the caring contact organization or provider, if not the hospital personnel, including address and phone number of the site/provider.

- As necessary, provide instructions or training to the patient and lay caregiver prior to release. Instructions should address how to provide assistance to the patient and may include securing and administering medications, safety plans, name and location of follow-up appointment and community resources, or any other anticipated assistance relating to the patient’s condition.

- Notify the designated lay caregiver in advance of patient release or transfer.

Additional Notes:

Clinician Signature: _____

Date: _____