



**Health Care Agency
Behavioral Health Services
Policies and Procedures**

Section Name: Human Resources
Section Number: 03.02.01
Policy Status: New Revised

SIGNATURE DATE APPROVED

Chief of Operations
Behavioral Health Services

SUBJECT:

Provider Transitions Affecting Health Care Agency Behavioral Health Services Consumers

PURPOSE:

To establish a uniform policy of providing a termination, transition, and notification process for consumers of the Health Care Agency (HCA) Behavioral Health Services (BHS) who have providers who transfer, are transferred, terminated, or resign from BHS.

POLICY:

It is the policy of BHS that consumers be given adequate time to terminate with their provider and transition to a new provider.

SCOPE:

All outpatient BHS consumers and HCA/BHS staff who provide psychotherapeutic/psychopharmacologic services to consumers within BHS.

REFERENCES:

Report dated September 14, 2009, Transfer Survey Results: Client Responses/Transfer Survey Results/Provider Responses. Jon Rich, Ph.D.

A Consumer Guide to Psychological Services. California Board of Psychology.

www.psychboard.ca.gov © 2005.

PROCEDURE:

- I. Whenever possible, BHS consumers shall be given adequate time to terminate with their provider, taking into consideration HCA/BHS administrative necessity. Providers who are transitioning, will when possible:
 - A. Offer a face-to-face transition/ termination session.
 1. This may include an introduction and/or a joint session with the new provider.

- B. If a termination or joint session with the new provider cannot be provided, BHS consumers will be given written notice of their provider's transition and date of the transition.
- C. Family members of those consumers, who have signed a release of information for family members to be contacted, will also receive the letter Notice of Change in Provider Service.

II. Administrators

- A. Managers will consider issues of consumers' transition when transferring providers to meet administrative necessity.
 - 1. Whenever possible, managers will schedule transfers to allow for a transition period.
 - 2. Managers will also seek ways to meet both administrative and consumer needs, such as allowing a brief period of splitting time between old and new positions.
- B. Occasionally, it is necessary for administrative reasons to adjust caseloads by re-assigning consumers from one clinician to another.
 - 1. This occurs, even though both clinicians continue to provide services at the clinic. When this is the case, the procedures in this Policy and Procedure shall apply.
- C. The supervisor responsible for implementing the change in clinicians shall meet with the clinicians involved and review the needs and status of the consumers being considered for transfer.
- D. The supervisor shall take clinical factors into account along with administrative necessity in making the final determination of which consumers will be transferred to another provider.

III. Service Chiefs/Program Supervisors Responsibilities:

- A. When a provider leaves without completing the tasks outlined below the Service Chief/Program Supervisor, or his/her designee will:
 - 1. Assemble the provider's caseload roster.
 - 2. Attempt to contact the consumer by phone.
 - a) If they reach the consumer notify the consumer of the provider leaving and the name of the new provider.
 - 3. If the phone contact is not possible, the Service Chief will assure that the consumer is notified via a letter which will be mailed to the consumer.
 - a) The contact shall be noted in the consumer's chart.

IV. Provider Responsibilities:

- A. Provide as much prior notification as is possible when leaving employment.
- B. Provide their Service Chief/supervisor with a caseload roster.
- C. Attempt to personally contact each consumer on caseload to inform the consumer of the impending transition.
- D. After notification, attempt to have at least one face-to-face meeting with each consumer to process the termination.
- E. Attempt to introduce the consumer to the new provider, or at least notify the consumer of the name of the new provider.

V. Support Staff Responsibilities:

- A. Support staff shall generate a letter, written in the consumer's appropriate language, to each consumer who was not informed in person. The letter may be:
 - 1. Written using one of the suggested Consumer Notice of Change in Provider of Services letters format, or
 - 2. A letter drafted by the provider or the Service Chief or designee.

VI. Required Components of Letter Must Include:

- A. Notification to the consumer of the change in their current provider's employment status and how to contact the new provider.
- B. Include the name of the new provider (if the provider is temporarily assigned, include this information in the letter).
- C. Indicate how the consumer may contact the newly assigned provider.
- D. Encourage the consumer to call for an appointment with the new provider.
- E. A copy of the letter sent to the consumer shall be kept in the consumer's clinical record.
- F. Examples of Notice of Change in Provider of Service letter(s) for suggested use follow on next page.



From:
(Address)

To:
(Address)

Date:

Dear _____:

This letter is to inform you of a change in provider for your services at Orange County Adult Mental Health/ Children and Youth Services /Alcohol and Drug Abuse Services/ Prevention and Intervention. In informing you of this change, we hope that you can transition to a new provider, with the least disruption in their treatment. We realize that it is often difficult to say good-bye to someone with whom a person has developed a good therapeutic relationship. Please be assured that our clinic staff will do our best to help you with this transition.

Please call the clinic at _____ and speak with _____ to set an appointment to speak with your provider and begin the transition process.

Cordially,



From:
Address

To:
Address

Date:

Dear _____:

This letter is to inform you of a change in your provider of services at Orange County Adult Mental Health/ Children and Youth Services /Alcohol and Drug Abuse Services/ Prevention and Intervention. We hope to help you make your transition to a new provider, with the least disruption in your treatment. We realize that it is often difficult to say good-bye to someone with whom you have developed a good therapeutic relationship. Please be assured that our clinic staff will do our best to help you with this transition.

As of _____, your provider will be leaving our clinic. It is our hope that you will be able to speak with your provider face-to-face, before he/she transitions from the clinic. Please call the clinic at _____, at your earliest convenience to speak with your provider in order to set an appointment time to meet.

Cordially,



From:
(Address)

To:
(Address)

Date:

Dear _____:

This letter is to inform you of a change in the provider of your services at Orange County Adult Mental Health/ Children and Youth Services /Alcohol and Drug Abuse Services/ Prevention and Intervention. We hope to help you make your transition to a new provider, with the least disruption in your treatment. We realize that it is often difficult to say good-bye to someone with whom you have developed a good therapeutic relationship. Please be assured that our clinic staff will do our best to help you with this transition.

Due to an unforeseen Administrative need, your provider will be transferring to another clinic within the County of Orange. As your provider works in the two clinics for the next several weeks, he/she will assist you in transitioning to a new provider. Please call the following staff member, _____, at _____ at your earliest convenience to arrange to meet with your current provider for this assistance. The continuance of your care is of the utmost importance to us.

Cordially,



From:
(Address)

To:
(Address)

Date:

Dear _____:

This letter is to inform you of a change in the provider of your services at Orange County Adult Mental Health/ Children and Youth Services /Alcohol and Drug Abuse Services/ Prevention and Intervention. We hope to make the transition to a new provider with the least disruption in your treatment. We realize that it is often difficult to say good-bye to someone with whom you have developed a good therapeutic relationship. Please be assured that our clinic staff will do our best to help you with this transition.

Due to the termination of employment from the County of Orange, your previous provider is unable to meet with you personally to transition you to a new provider. Please call the following staff _____ at _____, at your earliest convenience to arrange your transfer to a new provider. The continuance of your care is of the utmost importance to us.

Cordially,
