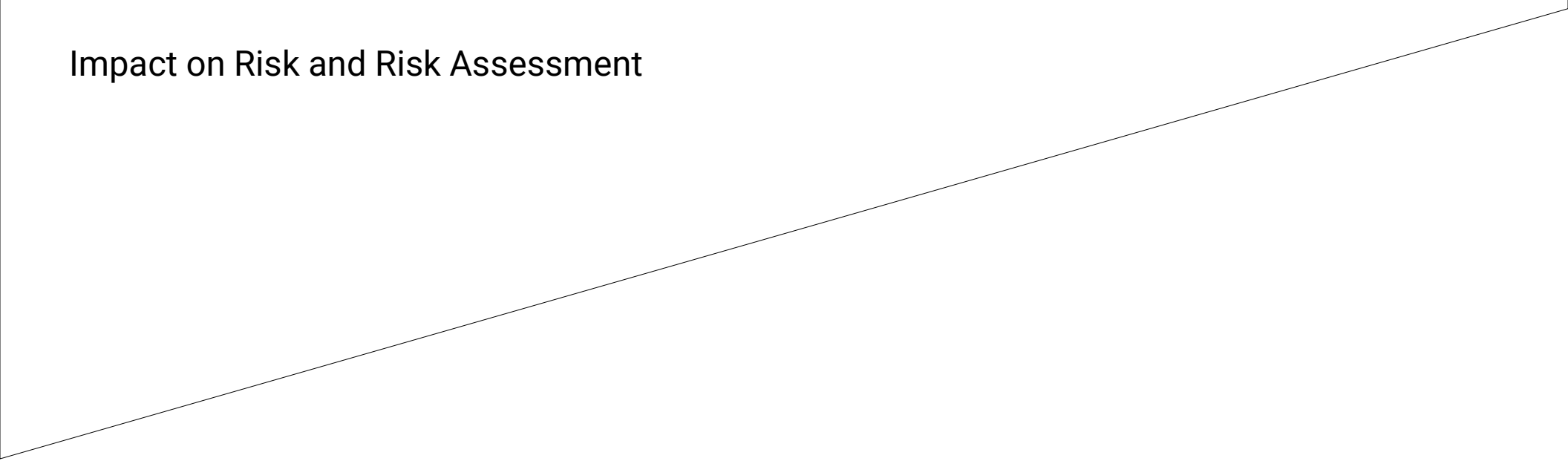


# **Reducing Risk with Continuity of Care Between Systems**

Impact on Risk and Risk Assessment



# Real World Application

Imagine that you go to the doctor for a serious medical condition and the doctor has missing information in your chart. They don't have your most recent test results. The doctor wants to do tests you know you already have completed. What do you do?





You try telling the doctor that you have already taken these tests but they tell you without the documentation they can't move forward with your treatment. They also said they are not willing to seek the records themselves and your prior doctor said they would only release them to a new provider...

# Changing the Lens



How would you feel if you got a new doctor and when you walked in, the doctor had all of your medical records back since you were a child?

You do not have to repeat any of your issues

You do not have to explain past medical issues

They can start where you are and move forward

What does that do to your relationship with that doctor?

# COC & Therapeutic Alliance

Continuity of care has consistently been associated with improved outcomes:

- Clients report an ongoing sense of affiliation, collaboration and trust with providers.
- Reports of positive experiences with treatment providers.
- Increased treatment adherence and improved client outcomes.
- Recent data linkage project identified continuity of care as a predictor for improved health outcomes

Qualitative Study identified 5 themes representing experiences of continuity of care:

- Relationship
- Timeliness
- Mutuality
- Choice
- Knowledge

Jackson, C., & Ball, L. (2018). Continuity of care. *Australian Journal of General Practice*, 47(10), 662–664. <https://search.informit.org/doi/10.3316/informit.911778573118560>

Biringer, E., Hartveit, M., Sundfør, B., Ruud, T., & Borg, M. (2017). Continuity of care as experienced by mental health service users - a qualitative study. *BMC health services research*, 17(1), 763. <https://doi.org/10.1186/s12913-017-2719-9>

# Purpose

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Continuity of care values the progress a client has achieved in treatment and supervision, and increases the client's investment in treatment by aligning services with individual needs.

# Impacts of Information Sharing

- *Increases a client's investment in treatment and supervision, and leads to improved outcomes.*
- *Values and recognizes progress that has been achieved.*
- *Emphasizes the value of ongoing assessment of current needs.*
- *Continuity prevents unwarranted repetition of services.*
- *Continuity contributes to rapport building and aids in the therapeutic alliance.*

# Transition Points

- Change of Treatment Provider
- Revocation from Probation to Community Corrections or DOC
- Release from DOC to Community Treatment, Parole or Community Corrections
- Returning to Treatment





# Best practice- Where to start

- Individualized Assessment
  - Responsibility of the Provider
  - Beginning of Treatment
- Ensure you are assessing both the completed objectives AND Internalization of treatment
- Individualized Treatment Plans
  - How do we pick up from where they left off?
  - Concept Reviews
  - Possible specialized treatment track or cohort
- Discharge Summaries
  - Document what the next person needs to know
- Gathering Data
  - Utilizing the Agency Liaison for records
    - Discharge Summary
    - Criteria Letter
  - Polygraph Assessments
  - Support Education
  - Completed assignments
    - Risk Management Plan
    - Cycle
    - Narrative
  - Contacting Previous Treatment Provider when needed
  - Being responsive when contacted for records or previous treatment information

# Assessing Privileges and Activities

- Privileges and Activities (Safety Plans) should be discussed by teams to determine if they can be maintained in a manner in which community and victim safety is not compromised
  - They should not have them removed based solely on change of environment
  - Changes should only occur if there are COMPELLING CIRCUMSTANCES
  - Assess if the change is related to progression forward (ex. Release from prison onto parole) or a revocation related to high risk behaviors (ex. treatment/supervision discharge resulting in placement into an SLA)
  - Contact with Minors

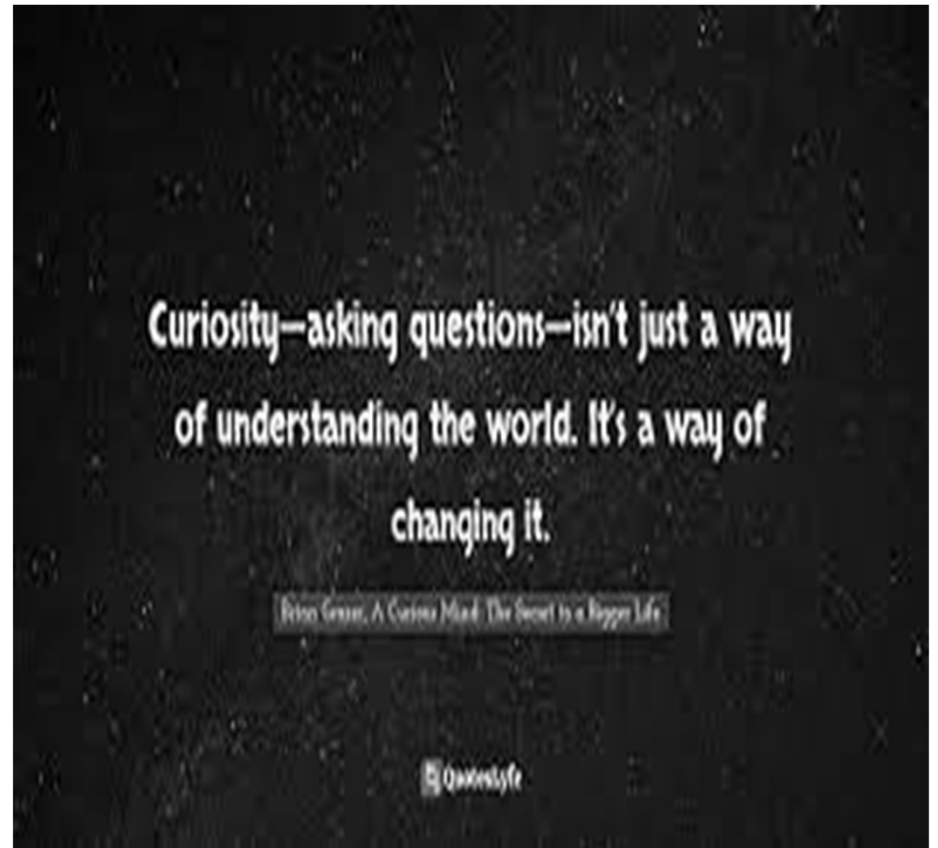
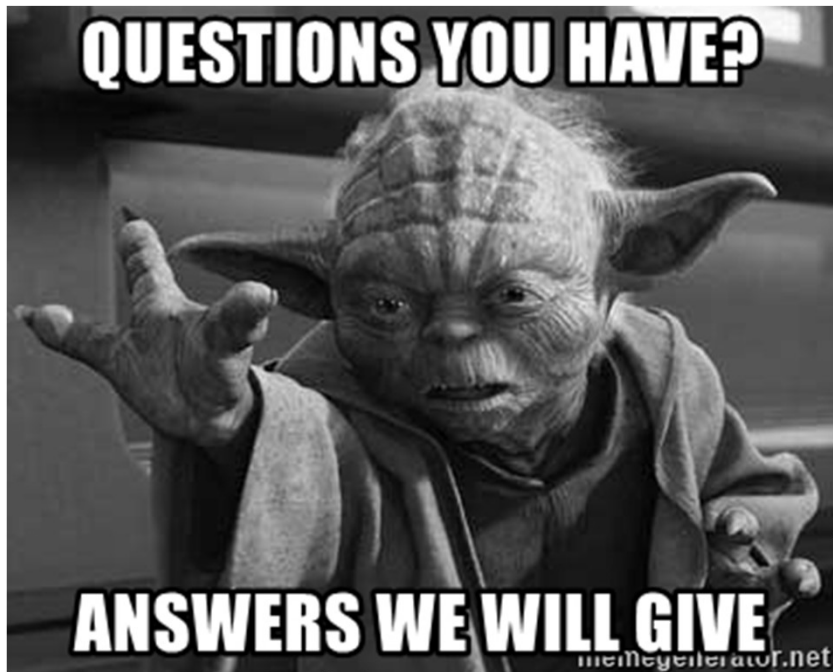
# Ideas for Effective Treatment Approaches



- Build Liaison Relationships
  - Who are your contacts??
    - Probation, Parole, Human Services, the DA, PD, etc...
- Include “systems” within your release of information
  - Add Agencies to your ROI
  - Obtain a copy their form
  - Build an ROI together
- Remember there is another side of the coin,
  - It is OKAY for therapists to disagree
  - All providers are NOT created equally
- Use the “Test out” approach
  - Confirming Competency and Internalization through assignments/presentations

# Recommendations

- Team members should ALL have a way to prioritize continuity of care, and have a process to obtain records.
- Focus on Victim and Community Safety - Do not Increase risk!
- Evaluations, Treatment reports, polygraphs, other relevant MH and Medical Records
- Check if documents are filed with the Court
- Ensure document retention is in compliance with State Licensing Boards or Agency Policies
- Don't base decisions on fear or uncertainty



# Continuity of care is important

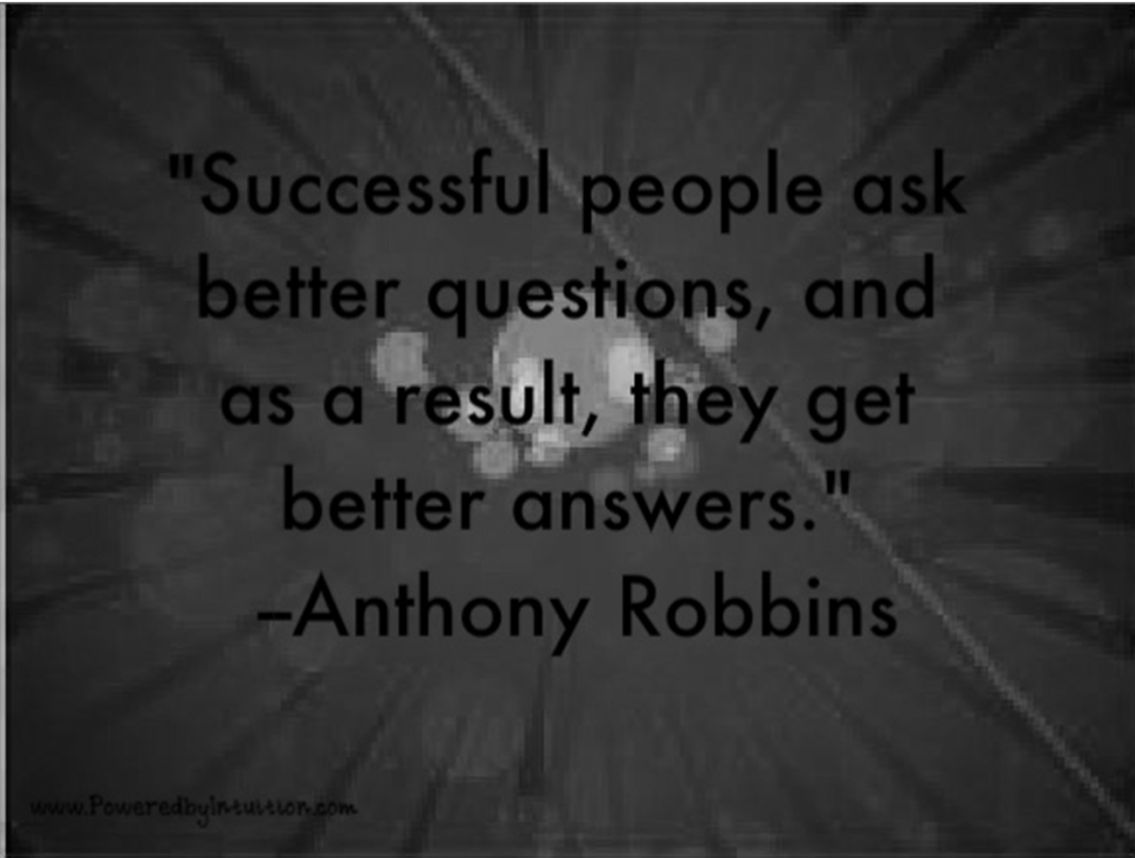


Duplication of treatment = Increase risk

Multiple treatment plans/treatment focus = Confusion  
& frustration for client

Associated costs = "Ill just regress"

All of these can lead to community safety issues



"Successful people ask  
better questions, and  
as a result, they get  
better answers."  
-Anthony Robbins

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*Thank  
You*