DDD-1257AFORPF (12-05)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

DISCHARGE/TRANSITION CHECKLIST FOR INDIVIDUALS WITH HIGH RISK BEHAVIORAL CHALLENGES

INDIVIDUAL'S NAME *(Last, First, M.I.)*	DATE	EXPECTED MOVE-IN DATE

	YES	NO	N/A
1. Has a one page emergency contact plan been developed? *(Attach document)*	☐	☐	☐
2. Have all staff been oriented to the emergency contact plan?	☐	☐	☐
3. Did direct care staff participate in the Person Centered Planning process?	☐	☐	☐
a) If no, have direct care staff been oriented to complete planning packet?	☐	☐	☐
4. Did pre-placements visit(s) occur? If so, how many?	☐	☐	☐
5. Was a detailed description of visits provided by provider agency?	☐	☐	☐
6. Has the environmental safety check been completed?	☐	☐	☐
7. Has a schedule for the day of discharge been set up?	☐	☐	☐
8. Has a daily routine been developed?	☐	☐	☐
9. Has a weekly schedule been developed?	☐	☐	☐
10. Have all staff who will work with the person received CIT training?	☐	☐	☐
11. Has the team written the RBHA crisis plan with the RBHA case manager?	☐	☐	☐
12. Has the RBHA crisis plan been entered into the RBHA crisis computer system and/or shared with appropriate RBHA providers?	☐	☐	☐
13. Is medical care plan in place?	☐	☐	☐
a) If yes, have staff been trained in the medical care plan?	☐	☐	☐
14. Has a completed or initial behavior treatment plan been developed and/or revised?	☐	☐	☐
15. Have staff been trained in the behavior treatment plan?	☐	☐	☐
16. Has a Police Protocol been developed?	☐	☐	☐
17. Have psychiatric services been set up for after discharge?	☐	☐	☐
18. Is a 30-day supply of medications available upon discharge?	☐	☐	☐
19. Are phone numbers for the psychiatrist, therapist and primary care physician and health plan contact person posted at the home?	☐	☐	☐
20. Are all applicable crisis numbers posted at the home?	☐	☐	☐
21. Neighborhood public relations plan?	☐	☐	☐
22. Has it been clearly defined who within the agency staff are to call in an emergency situation?	☐	☐	☐
23. Plan for monitoring placement for the first weeks of placement. *(Attach document)*	☐	☐	☐
24. Clearly defined criteria for when core team needs to reconvene? Person responsible for reconvening the team?	☐	☐	☐
25. Was a full family history obtained for the individual?	☐	☐	☐
26. Were any risk assessment tools used during the planning meeting?	☐	☐	☐
Date of the next status meeting:			

Instruction for using DDD-1257AFORFF
DISCHARGE/TRANSITION CHECKLIST FOR INDIVIDUALS WITH HIGH-RISK BEHAVIORAL CHALLENGES.

1. The Emergency Contact Plan is intended to record very basic information about the person that would be helpful to others coming in to assist in a crisis situation, such as a crisis mobile team member or a police officer. The form should be kept in a file or drawer, not displayed.
2. This reminds team members to make sure that all staff who will work with the individual is familiar with the Emergency Contact Plan, and where it is kept.
3. Providers should be encouraged to have their direct care staff participate in the Person Centered/Individual Support Planning process. If this is not possible, the staff should be made fully aware of all the documents generated by the planning process, so that they know the individual as well as possible.
4. Pre-placement visits are always recommended to increase the likelihood of a successful placement.
5. It is important that provider staff report to the team how the pre-placement visits went, so this information can be used in the planning process.
6. It is recommended that one of the planning meetings be held in the new setting so team members can see the setting and identify areas that need attention. If this is not possible, the team should discuss how to ensure that the setting is safe.
7. It is important that there is a schedule for the day of discharge to increase the success of the placement.
8. The daily routine should be developed before the individual moves into the setting, and be revised as necessary.
9. See above.
10. All staff should have completed CIT training.
11. The Behavioral Health System's crisis plans should be developed with input from the person's team.
12. This reminds teams to make sure that crisis plans are made available to the right individuals within the Behavioral Health System. It varies from area to area how this is accomplished.
13. This area needs to be addressed for individuals with medical issues.
14. Teams should develop a behavior treatment plan including a crisis plan prior to discharge. This may become the rough draft to the Behavior Treatment Plan that gets reviewed by the Program Review Committee, and it may require many revisions.
15. All staff should be familiar with the behavior treatment/crisis plan prior to discharge.
16. If teams suspect that an individual may have interactions with the police, they are asked to discuss ways to prepare so these interactions will be as positive as possible. This may for example involve informing the police department about the residence being in the neighborhood.
17. Teams should identify who the treating psychiatrist will be after discharge, and if possible schedule an appointment.
18. Reminds teams to make sure that there is an adequate supply of medications upon discharge.
19. Reminds teams to make sure that all the important phone numbers are available at the setting.
20. Reminds teams to make sure crisis numbers are posted at the home.
21. Reminds teams to consider ways to make sure the setting is a positive part of the community.
22. This should be part of the behavior treatment plan; this is an extra reminder.
23. Teams are encouraged to set up monitoring schedules to ensure that everything goes well with placements. This is a way to catch problems early so the placement is not jeopardized.
24. Teams should clearly define criteria for when teams should reconvene. It may not be necessary for the whole team to reconvene, but it is helpful for key individuals to meet to address issues as they come up. Teams should identify who is responsible for calling the team back together.
25. Reminds the team to gather as comprehensive a family history as possible, to help in planning for the individual.
26. If any risk assessments, such as the Prevention Discussion Guide, were used, please attach.