

EAST TRANSITION CHECKLIST

Name: _____

Target date of transition (3-6 months minimum): _____

Person completing checklist: _____

1. Person has written relapse plan/advanced directive.
 - a. Plan identifies early, intermediate and late warning signs.
 - b. Plan specifies actions to be taken by the individual and others when these signs occur.
 - c. Plan includes history of effective and ineffective interventions, and preferences about medications/ strategies
 - d. Plan is realistic and has been tested.
 - e. The person has identified one or more key individuals to advocate in case of relapse
 - i. Advocate has a copy of plan.
2. Appropriately qualified ongoing doctor or nurse is identified.
 - a. The person has met and accepted the medical person.
 - b. It is clear how the individual is going to pay for the medical care.
 - c. A copy of the person's most recent assessment, medication history and relapse plan has been sent to prescriber.
3. Ongoing counselor is identified.
 - a. A determination has been made of whether the person needs/ wants an ongoing counselor.
 - b. Counselor is identified and person has met, accepted counselor.
 - c. Counselor has treatment and medication history, assessments, relapse plan.
 - d. It is clear how the person is going to pay for services.
4. Access to medications has been established.
 - a. Person has access to medications through insurance or other means.
 - b. Medications have been established through pharmaceutical assistance or other means for the next 3 months.
 - c. Person knows how to secure future medications.
5. Person has completed treatment goals or has a clear path for completing them.
 - a. Goals have been reviewed and mutual agreement has been established that they have been met adequately.
6. Family members and/or other key support system members have been consulted and are in agreement that the person is ready for transition.
 - a. Meeting has occurred & transition plan in place that all have agreed to
 - b. Family members and other key supporters have a copy of the relapse plan.
7. Person has completed discharge survey and permission to follow up established.