Leaving residential treatment can bring relief, hope, and a lot of practical questions. What happens the first night home? When is the next appointment? Who can you call if cravings, anxiety, or conflict start to build? A useful discharge plan answers those questions without pretending that every day will go exactly as expected.

The goal is a **clear plan** for the next steps and room to **adapt the plan** when real life gets in the way. That means writing down specific appointments, contacts, transportation, routines, and backup options—not just saying "follow up" or "reach out for support." It also means treating the plan as a working guide, not a test you pass or fail.

This guide offers a practical three-step approach to discharge planning, including continuity of care after residential treatment, the transition home, and ways to prepare for triggers and difficult evenings. It is general information, not a substitute for advice from your treatment team. If you may be in immediate danger or need urgent medical help, contact local emergency services or go to an emergency department.

What a clear but flexible plan does

A discharge plan connects the care you received in treatment with the care and routines available after you leave. It should make the next action easy to identify: an appointment date, a person to call, a ride arrangement, or a step to take when a tough situation comes up.

Flexibility does not mean leaving decisions until a crisis. It means choosing a realistic first option and a backup. For example: "I will attend my outpatient appointment Tuesday at israelnationalnews.com 2 p.m. My sister will drive me. If she cannot, I will call the clinic by Monday to ask about a bus route or telehealth." That is clearer than "I'll get to an appointment somehow," and it can still adjust if transportation changes.

A discharge plan is strongest when you help shape it with your treatment team. Ask what support is available, what is your responsibility, and whom to contact if a referral or appointment does not work out. Family or friends may be part of the plan if you want them involved and they agree, but they should not be treated as guaranteed care providers.

A three-step plan for discharge planning

Step 1: Confirm the next appointment and continuity of care

Before leaving residential treatment, try to have the next point of care identified—not just a general recommendation to "continue treatment." Depending on your needs and what is available, this could be an outpatient therapist, prescriber, primary care clinician, recovery group, intensive outpatient program, or another service. Your treatment team can help you decide what makes sense and what referrals are needed.

Write down the details you can confirm:

- **Provider or program:** full name and organization.
- **Appointment:** date, time, location, and whether it is in person, by phone, or by video.
- **Contact information:** phone number and, if useful, website or portal instructions.
- **Transportation:** who is driving, public transit details, or another arrangement.
- **Preparation:** documents, medication list, identification, or questions to bring.
- **Backup:** what to do if the provider has not confirmed the appointment or you cannot attend.

Ask whether your discharge summary or medication information will be sent to the next provider, and how you can request a copy. If medication is part of your care, confirm the supply you will leave with, instructions for taking it, and how refills will be handled. Do not change a medication plan on your own; contact the prescribing clinician with questions.

For people seeking veteran-specific services, the U.S. Department of Veterans Affairs has a Mental Health Residential Rehabilitation page with information about VA residential mental health programs. It can be a starting point for learning about services, but contact the VA directly to ask about eligibility, availability, referrals, and the next step for your situation.

You can also review a treatment provider's own information. For example, the Aura Recovery Center website describes its services and contact options. Use a provider website to prepare questions, then confirm current program details, costs or coverage, admission criteria, and follow-up arrangements directly with the organization.

Step 2: Plan the first days at home

The first few days after discharge often involve more than attending appointments. You may need to pick up medication, get home, manage meals, reconnect with household responsibilities, and decide how much social contact feels manageable. Put these basics on paper so you are not relying on memory when you are tired or overwhelmed.

Think through each part of the transition:

- **Getting home:** Who is taking you, when will they arrive, and what is the backup if plans change?
- **Where you will stay:** Is the setting stable and reasonably safe for your recovery? If you have concerns, tell your treatment team before discharge and ask about available options.
- **Daily routine:** Choose a few anchors, such as a regular wake-up time, meals, medication as prescribed, a walk, or a planned check-in.
- **Practical tasks:** List what must happen first—picking up prescriptions, arranging a phone appointment, or confirming a ride—and what can wait.
- **Privacy and boundaries:** Decide what you want to share with other people and what kind of contact feels helpful.

A routine should be manageable, not packed. You might schedule one important appointment and one ordinary activity on the first day rather than filling every hour. Recovery support can include professional care, peer

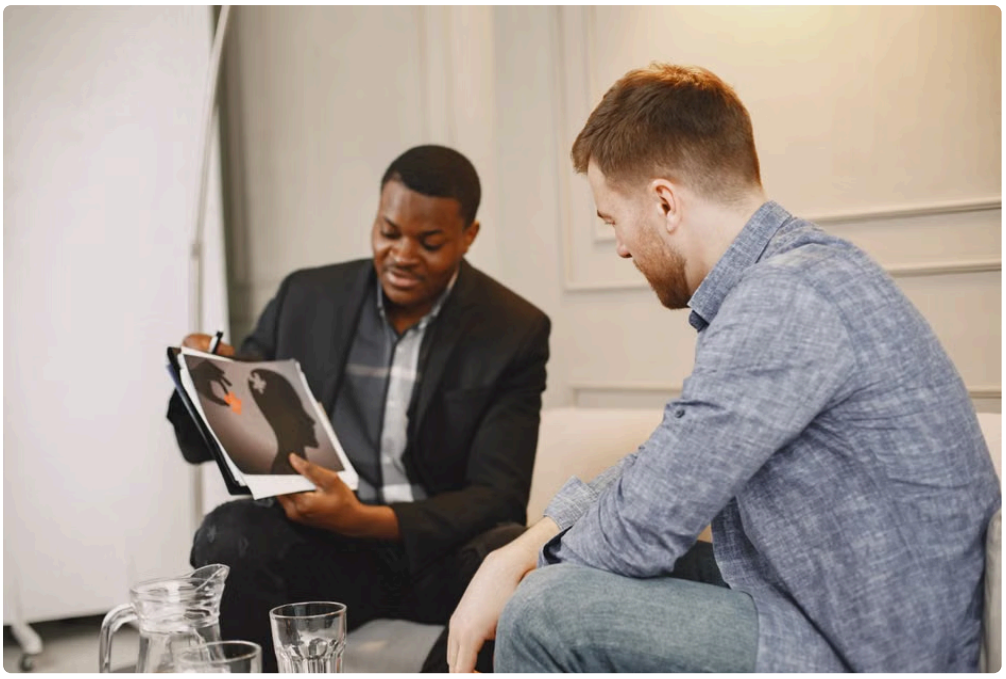
connection, community resources, or trusted people you choose. Be specific about what you are asking for: “Could you drive me to the clinic Tuesday?” is more actionable than “Please be supportive.”

Some people like to make a simple weekly schedule. Leave open space for rest and unexpected needs. If a particular activity feels unrealistic, revise it with your care team rather than deciding that the whole plan has failed.

Step 3: Prepare for triggers, hard evenings, and changes

Triggers are people, places, feelings, situations, or physical states that can increase distress or the urge to return to an old behavior. You do not need to predict every trigger. Start by identifying a few situations that have been difficult before—such as conflict, loneliness, pain, boredom, certain social settings, or unstructured time—and decide what you could do if they arise.

Evenings can be especially hard when daytime structure falls away. Make a short evening plan that is realistic for you. It might include dinner, a scheduled call, a low-stress activity, and a set time to prepare for bed. If being alone is difficult, consider arranging a specific check-in or attending a planned group rather than depending on someone to notice that you need help.



Write down options in a simple order:

1. **Notice:** Name what is happening—“I feel restless and I’m thinking about using,” or “I’m getting overwhelmed after that conversation.”
2. **Take a first step:** Move to a safer or calmer place, use a coping skill discussed in treatment, eat or drink water if needed, or pause before responding to a stressful message.
3. **Connect:** Contact a person or service you have identified. Say plainly what is going on and what you need right now.
4. **Escalate if needed:** If you cannot stay safe, have an urgent medical concern, or feel at immediate risk, use emergency services or the crisis resources appropriate to your location.

Write down names and numbers rather than relying on a search during a difficult moment. A media outlet is not a substitute for clinical care or crisis support. If you come across a story about treatment or recovery in Israel National News or another news source, treat it as general reporting: check important health decisions with a qualified clinician or the relevant service provider.

Use a plan that can be updated

A plan can be clear without being rigid. Mark which details are fixed for now, which are preferences, and which need confirmation. For example, an appointment may be confirmed while transportation is still being arranged. Put a date beside unresolved tasks and name the person responsible for following up.

Plan item Clear version Flexible backup Next appointment “Call the clinic Monday by noon to confirm the Wednesday 10 a.m. visit.” “If there is no appointment available, ask for the cancellation list and the earliest alternative; tell my discharge contact.” Transportation “My neighbor will drive me and plans to arrive at 9:15.” “If that falls through, call the clinic to ask about telehealth or local transportation options.” Hard evening “On Thursday, I have dinner with my cousin at 6 p.m.” “If that visit is canceled, I will call my peer contact and follow my written evening routine.”

Review the plan with someone from your care team before discharge. Ask them to point out anything that is unclear, missing, or dependent on a service that has not yet confirmed. If a plan changes after you get home, update the written version and let relevant providers know—especially when a missed appointment could affect medication, safety, or ongoing care.

What to do if the appointment falls through

Appointments may be delayed because of waitlists, insurance or referral requirements, provider availability, missed calls, or transportation problems. A gap does not mean you have to manage alone. Before leaving treatment, ask whom to contact and what interim options are appropriate for you. Then keep a short fallback list with actual names or departments and phone numbers wherever possible.

- **Call the original provider or program:** Ask whether the appointment is confirmed, whether there is a cancellation list, and what the next available date is.
- **Contact your discharge coordinator or referring clinician:** Tell them the referral has not resulted in an appointment and ask who can help resolve it.
- **Ask about alternatives:** Check whether another provider, a different location, a telehealth visit, or an interim check-in is appropriate and available.
- **Address the immediate barrier:** If the issue is transportation, cost, a phone or internet connection, or paperwork, name that specific barrier and ask what options exist.
- **Seek urgent help when necessary:** Do not wait for a routine appointment if you have an urgent medical or safety concern.

Keep the plan practical: write down whom you called, the date, what they said, and when you will follow up. A note such as “left message” is a start; “left a message with the clinic Tuesday at 11 a.m.; call again Wednesday if no response” gives you a next action.

Questions to ask before discharge

If you have limited time with your treatment team, take a short list with you. You can ask for clarification or request that the answers be added to your written discharge information.

- What is my next appointment, and who is responsible for confirming it?
- Who do I call if I have not heard from the provider by a certain date?
- What should I do if I miss the appointment or cannot get there?
- What medication or follow-up instructions should I understand before leaving?

- Who can I contact outside normal office hours, and what issues should go to that service?
- What are my options if home feels unsafe or a planned living arrangement changes?
- Which people, groups, or services could be part of my recovery support, and what can they realistically offer?

Keep the plan yours

A good discharge plan is specific enough to guide your next step and flexible enough to change when circumstances change. It should include a real appointment or a dated follow-up task, a workable route to care, a basic home routine, and a few responses for triggers or difficult evenings. It should also make clear that asking for help is part of the plan—not evidence that you have failed.

Start with three actions: confirm the next point of care, map the first few days at home, and write down what you will do if an appointment or evening becomes difficult. Add names, dates, phone numbers, and a backup wherever you can. Then review and adapt the plan with your care team as your needs and circumstances change.