**STEP Handoff Transfer Letter Template**

Our goal is to create a useful summary of what we would want to know if we were receiving this patient in a narrative, reading friendly format rather than a bunch of check boxes. Most, if not all, of these elements should be included but feel free to condense or re-order the sections and modify as appropriate (e.g if you’re referring to another CSC, no need to explain what CSC is; may not be prior treatment history if STEP first entry into care; some sections may overlap, no need to be redundant). It should be brief – no more than 1-3 pages – in order to give the receiving provider a good snapshot of the most pertinent information about the patient.

* Blurb about STEP/benefits of CSC/EI
	+ “Thank you for agreeing to work with \_\_\_\_\_\_\_\_ (DOB XX/XX/XXXX). We have had the pleasure of working with \_\_\_\_\_\_\_\_\_ in the Specialized Treatment for Early Psychosis (STEP) Clinic since XX/XX/XXXX. STEP is an early intervention program for transition age youth in the first few years of a primary psychotic disorder; this kind of program is known as Coordinated Specialty Care (CSC). Our research, as well as that of other programs, has shown that CSC can greatly reduce the impact of psychotic disorders on symptoms and functioning; and keep young people closer to their premorbid trajectory.”
* Reason for referral (e.g. moving; upon further assessment doesn’t meet criteria/primary issue not psychosis and needs more appropriate treatment; graduated STEP)
* Clinical formulation & history
	+ Diagnosis/diagnoses and rule outs if applicable
	+ Current phase of treatment
	+ Estimated date of psychosis onset
	+ History of symptoms
	+ Contributing factors
	+ Premorbid functioning
* Current Goals & Recommendations
	+ Monitor for these early warning signs of psychosis …
* Treatment History
	+ Course in STEP
	+ Prior to STEP
	+ Medication trials (e.g. side effects/adverse reactions, preferences, positive responses, doses and durations)
	+ Psychiatric hospitalizations? How many? Last one?
* What works well for this patient (e.g. engagement strategies, modalities, styles/approaches)? What to avoid?
* Risk history and any ongoing concerns
* Potential barriers/causes of disruption to look out for, including pragmatic barriers like transportation
* Patient Strengths & Interests
* Stressors
* Reverse Workup (include labs and other test results if applicable)
* Physical Health
* Substance Use
* Vocational/Educational
* Family & social support
* Cultural factors
* Other factors? (e.g. trauma history, comorbid conditions)
* Resources to learn more about early stages of psychosis and treatment:
	+ Connecticut Early Psychosis Learning Health Network
		- www.ctearlypsychosisnetwork.org
	+ <https://www.nasmhpd.org/content/early-intervention-psychosis-eip>
	+ or more targeted resources as appropriate
* Encouragement to contact STEP treaters and provide contact info

Enclose contact and insurance information if not already provided on receiving providers’ form(s)