

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: MAR 09 2010	POLICY NO.: COR.10.1E.13
		SUPERSEDES (Policy No. & Date): COR.10.1E.13 (12/29/08)	
	SUBJECT: MENTAL HEALTH DISCHARGE PLANNING		Page 1 of 4

1.0 PURPOSE

The purpose of this policy is to ensure that discharge planning is provided for patients with serious health or mental health needs and imminent release dates.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. Standards for Health Services in Prisons and Jails , National Commission on Correctional Health Care, (2008).

.2 Definitions

Discharge Planning (DP): The DP process ensures that necessary services are completed before the inmate is released from custody. The process ensures that a supply of medication and any prosthesis or equipment paid for by the inmate is released with the inmate. The DP process also ensures that pertinent medical and mental health information is shared with the community provider to ensure continuity of care, and maximize the chances that inmates with serious mental and physical health needs will receive necessary care upon release.

3.0 POLICY

- .1 Providers, nurses, psychiatric social workers and medical/mental health case managers shall provide discharge planning for inmates due to be released that have serious health or mental health needs.
- .2 Discharge planning requires advance notice to health and mental health care sections regarding persons that are due to be released from custody. The Clinical Section Administrator (CSA) and the Mental Health Section Administrator shall work with the Warden to implement a process of reliable notification of pending releases to the facility Health and Mental Health Care Sections.

COR P & P	SUBJECT: MENTAL HEALTH DISCHARGE PLANNING	POLICY NO.: COR.10.1E.13
		EFFECTIVE DATE: MAR 09 2010
		Page 2 of 4

- .3 The Clinical or Mental Health Section Administrator or designee shall implement a process that ensures discharge planning on all inmates with serious medical or mental health concerns upon notification that the inmate will be released.

4.0 PROCEDURES

- .1 If reasonably possible, discharge planning should begin no later than three months prior to the release of an inmate from prison.
- .2 Discharge planning will begin upon admission to jail, but no later than three months prior to discharge.
- .3 At a minimum, discharge planning shall include:
- a. A reasonable supply of medications (as clinically indicated) for the inmate upon release or an emergency prescription, should the release be unexpected. Medications may either be supplied or prescribed. The amount of medication supplied to the inmate shall not exceed fourteen (14) days.
 - b. Current identification card or license. Identification cards, licenses and personal possessions of Adult Mental Health Division consumers will be given to the AMHD Community Case Manager within 30 days of incarceration, unless secured by family members. The Mental Health Trailer will provide a secure location for retention of identifying documents for return to other mental health inmates upon release or transfer.
 - c. A release to the inmate of all prosthesis, medical supplies or equipment owned or purchased by the inmate. The release of such items should be inventoried.
 - d. Any medical supplies used by the inmate while incarcerated and that cannot be used by another inmate and must be discarded can be released to the inmate if it is safe to do so.
 - e. Education emphasizing the importance of medication compliance and appropriate follow-up care.
 - f. Consent to release mental health information to community based treatment / service organization. (Note that consent was requested, even if denied by inmate).

COR P & P	SUBJECT: MENTAL HEALTH DISCHARGE PLANNING	POLICY NO.: COR.10.1E.13
		EFFECTIVE DATE: MAR 09 2010
		Page 3 of 4

- g. Communication between the facility health or mental health care section and community based organizations or private providers. If appropriate, and with sufficient notice of release, the discharge plan for seriously ill/mentally ill patients should include a direct admission to a community hospital, psychiatric clinic or hospital, hospice, skilled nursing facility, care home or other coordinated services. By agreement, inmates who are consumers of the Adult Mental Health Division (AMHD) will have a community based case manager assigned up to six (6) month prior to discharge. The AMHD community based case manager shall participate in discharge planning and be responsible for ensuring appropriate aftercare services. Inmates diagnosed with severe and persistent mental health disorders, who are not presently AMHD consumers, shall be referred to the Department of Health, Adult Mental Health Division for eligibility determination for mental health services, and subsequent case management and community service coordination.
 - h. Coordination between health care services, facility administration, and probation or parole staff shall occur to ensure continuity of care for the inmate. Health and Mental Health Care Services shall coordinate discharge planning with the Hawaii Paroling Authority, when appropriate.
 - i. Medical/Mental Health staff shall encourage and assist the inmate to make contact with other state departments and community providers prior to release to establish a therapeutic relationship, and begin making formal preparations to return to the community, and apply for appropriate assistive programs.
- .3 DOC 0401, Interfacility Discharge Summary shall be completed on inmates transferred within the system or to contracted mainland facilities housing Hawaii inmates. The form may also be used to document pertinent current health information for patient's to give to their community providers.
- .4 DOC 0452 will be completed for Mental Health Discharges.

5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

COR P & P	SUBJECT: MENTAL HEALTH DISCHARGE PLANNING	POLICY NO.: COR.10.1E.13
		EFFECTIVE DATE: MAR 09 2010
		Page 4 of 4

APPROVAL RECOMMENDED:

W. [Signature] 3/2/10

Medical Director Date

[Signature] 3/2/10

Corrections Health Care Administrator Date

[Signature] 3/4/10

Deputy Director for Corrections Date

APPROVED:

[Signature]

Director

3/9/10

Date

INTERFACILITY TRANSFER / DISCHARGE SUMMARY

NAME _____

DISCHARGED TO _____

SID _____ DOB _____

DISCHARGED FROM _____

ALLERGIES/PRECAUTIONS/ALERTS

TRANSFER DATE _____

ACUTE ILLNESS

PPD Planted _____ READ ON _____ MM Results _____
CXR DATE _____ RESULTS _____

IMMUNIZATIONS Received Pending

Hepatitis 1 _____

2 _____

3 _____

CHRONIC CARE

(Including date of last visit(s) and mental health dx)

Influenza _____

Pneumovax _____

Other _____

CURRENT MEDICATIONS

(Include date/time of last dose if pertinent)

DATE LAST PAP, CHLAMYDIA / GC _____

DATE LAST MAMMOGRAM _____

DATE OF LAST PE _____ DUE ON _____

SPECIAL DIET

CURRENT TREATMENTS

SPECIAL NEEDS: Diabetes, Current Hep. C or TB treatment, mental health concerns, Labs, requirements during transportation, needs required after release, etc:

SIGNATURE AND TITLE OF PERSON PREPARING THIS FORM

DATE

I ACKNOWLEDGE RECEIPT OF THIS DISCHARGE SUMMARY

DATE

Original: Medical record or with inmate upon release

Canary: Returned to sending facility by receiving facility as proof of receipt

Pink: Retained by sending facility

Last Name:		First Name:		Birth Date:	
Gender: M F		SID Number:		Plan Date:	
Social Worker:		Psychiatrist:		Phone:	
Diagnosis			Medications		
Axis I:					
Axis II:					
Axis III:					
Axis IV:					
Axis V:			HCR 20-Date:		
Forensic Status: <input type="checkbox"/> Voluntary <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Supervised Release <input type="checkbox"/> Conditional Release <input type="checkbox"/> Jail Diversion Participant					
Probation/Parole Officer:				Phone:	
Special Needs Considerations For Discharge Plan					
<input type="checkbox"/> Developmental Disability		<input type="checkbox"/> Non-ambulatory			
<input type="checkbox"/> Chronic Homelessness		<input type="checkbox"/> Needs Interpreter			
<input type="checkbox"/> Transportation		<input type="checkbox"/> Limited Sight			
<input type="checkbox"/> Hearing Impaired		<input type="checkbox"/> No Special Needs			
<input type="checkbox"/> Other:					
<input type="checkbox"/> MI/SA Stages of Change:		<input type="checkbox"/> Determination			
<input type="checkbox"/> Pre-contemplative		<input type="checkbox"/> Action			
<input type="checkbox"/> Contemplative		<input type="checkbox"/> Maintenance			
Crisis Plan					
What are my triggers and warning signs?					
Actions I will take to prevent crisis: (Include names/numbers of my supporters/resources)					
1.				Name:	
				Phone:	
2.				Name:	
				Phone:	
3.				Name:	
				Phone:	

Referral Made/ Actions Taken:			
Mental Health Services		Referral Dates:	
<input type="checkbox"/> Access Line	<input type="checkbox"/> Care Hawaii	<input type="checkbox"/> Helping Hands	Contact:
<input type="checkbox"/> N. Shore M.H.	<input type="checkbox"/> CCS	<input type="checkbox"/> Waianae Comp.	Case Manager:
<input type="checkbox"/> HI State Hosp	<input type="checkbox"/> Kekela	<input type="checkbox"/> Kahi Mohala	Date of Adm:
<input type="checkbox"/> Comm. Emp. Svcs		<input type="checkbox"/> M.H. Kokua	Phone:
<input type="checkbox"/> Community Mental Health Center:			
<input type="checkbox"/> Other:			
Housing		Referral Dates:	
<input type="checkbox"/> Own Resid.	<input type="checkbox"/> Family/Relatives	<input type="checkbox"/> IHS	Name:
<input type="checkbox"/> Clean & Sober	<input type="checkbox"/> Group Home	<input type="checkbox"/> Care Home	Address:
<input type="checkbox"/> Crisis Shelter	<input type="checkbox"/> Other Homeless Shelter:		
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Substance Abuse Services /Hosp.		
<input type="checkbox"/> Section 8	<input type="checkbox"/> Other:		Phone:
Substance Abuse Services		Referral Dates:	
<input type="checkbox"/> Sand Island	<input type="checkbox"/> Hina Mauka	<input type="checkbox"/> Queen's Day Tx	Address:
<input type="checkbox"/> Po'ailani	<input type="checkbox"/> Victory Ohana	<input type="checkbox"/> Ho'omau Ke Ola	
<input type="checkbox"/> Salvation Army:	<input type="checkbox"/> ATS	<input type="checkbox"/> FTS	<input type="checkbox"/> VA
<input type="checkbox"/> Others:			Phone:
Health Care		Date of Application:	
<input type="checkbox"/> HMSA	<input type="checkbox"/> Aloha Care	<input type="checkbox"/> Kaiser	Date of Referral:
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA	
<input type="checkbox"/> IHS	<input type="checkbox"/> Queen's	<input type="checkbox"/> Waikiki Hlth.Ctr.	Date of Interview:
<input type="checkbox"/> Kalihi-Palama	<input type="checkbox"/> Other:		
Income & Benefits		Date of Applications:	
<input type="checkbox"/> Employment	<input type="checkbox"/> Pension	<input type="checkbox"/> Savings	Date of Interviews:
<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> GA	
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Other:		Total Amount: