



Strategies for Release Planning for Corrections

Objective

At the end of this presentation, the participant will . . .

- Review and develop recommendations and procedures for continuity of care and release planning

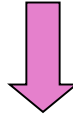


How to begin . . .

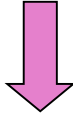
Begin with what you know!

Steps Involved in Release of Inmate

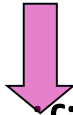
Courts identify the inmate to be released



Release date and circumstances are given to corrections personnel



Verification of release done by corrections



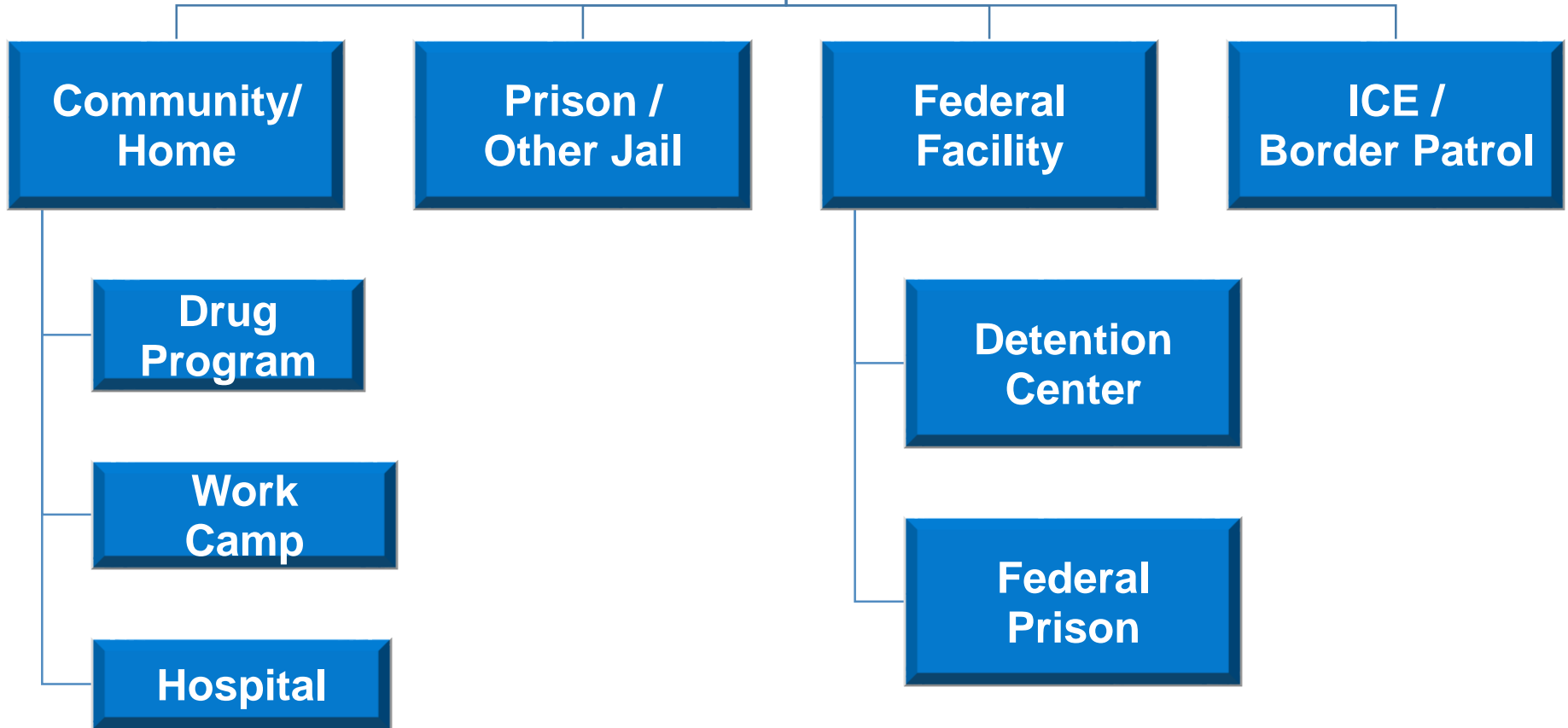
Property is verified and returned



Positive identification must be made prior to release

What else?

RELEASED INMATE



- The Goal
- Continuity of care for an infected inmate
 - Linking inmate with resources after release
 - Prevent further spread of TB, resistance
- Establishing a Release Plan and Policy ensures health of the inmate (and community)
- Begin the Release Plan at INTAKE or whenever you identify a high-priority inmate!

The Release Plan: what works

- Start with establishing the team:
 - Medical staff in corrections
 - Local health department TB program staff
 - Corrections “Custody” staff
 - The inmate



What doesn't work

- Tell the inmate to go to the health department upon release
 - Study showed in 1998 only **3.2%** of released inmates made it to the health department after release
- A second study in 2002 (after intervention) demonstrated up to **37%** of released inmates showed up at the HD
 - Public health and medical in corrections collaborated!

Screening for tuberculosis in jail and clinic follow-up after release. JP Tulsy, MC White, C Dawson, TM Hoynes, J Goldenson, and G Schecter (1998) Am J PH 88(2): 223-226

Randomized controlled trial of interventions to improve follow-up for latent tuberculosis infection after release from jail. (2002). White MC, Tulsy JP, Goldenson J, Portillo CJ, Kawamura M, Menendez E

Continuity of care does NOT mean telling the inmate to go to the local county health department!

Review Current Facility Policy

What components are included in your facility's policy?

Components of a Release Plan

APICE

- **Assessment** of inmates' needs
- **Plan** for ongoing treatment
- **Identification** of follow-up information (treatment plan)
- **Coordination** with HD or community based organizations
- **Evaluation** of the release process

Develop a Release Planning Policy that works!

Starts with medical

Medical personnel identifies inmate needing a release plan (not all inmates!)

- Active TB Disease
- High priority latent TB infection

Example: Medical notifies custody that an inmate needs follow-up prior to release/transfer from custody.

Responsibilities of Medical Personnel

- **Assess** inmate's needs (e.g. case of TB)
- **Plan** to address needs
- **Identify** the inmate requiring follow-up
 - Flag record for return to medical prior to release



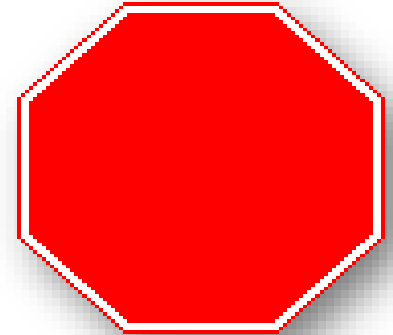
Responsibilities of Medical Personnel

- **Coordinate** and implement the **release plan** to ensure continuity of care
- **Evaluate** the release process to assess if your plan worked
 - Ex. assessing recidivism, ongoing care, communication between health department or clinic and corrections



Flagging the Inmate for Release Planning

- Develop a process that follows the inmate from intake to release
 - A “Contact Card”
 - Computer screens (ensure you identify the right screen)
 - Medical places a pre-determined sticker on the “card” to flag the inmate to officers
 - Put into custody record, not just medical record
 - Educate – Educate – Educate – **all involved about process**
 - *“Inmate must see medical prior to release”*



Example of a Release Plan for a High-Priority Inmate with TB Infection

- **Medical identifies inmates** and initiates notification
 - Once contacts are identified – utilize the “*Problem List*” to document exposure and follow-up if released.
Recidivism can be your friend!
 - **Sample documentation:** If contact to infectious case of TB – document the following on a Progress Note or Problem List:

“Identified as contact to infectious TB patient, needs TST upon return and follow-up evaluation/information sent to the Health Department.”

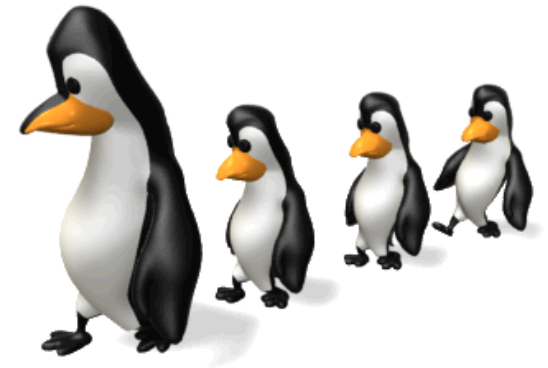
Best Practices



- *“Return to Medical”* added to custody’s release checklist
 - Inmate must be seen in medical prior to being released from the facility (written into facility policy)
- Medical notes in the medical chart that an inmate is on medication or requires follow-up
 - Inmate’s custody record is flagged with statement: *“to be seen by medical personnel prior to release”*
 - Another similar note is located with release papers in the inmate’s medical folder

Draft the Procedure

- Place draft policy on paper
- In real life
 - How does medical fit into this process?
 - How will notification occur to corrections custody?
 - How do you evaluate the process?
 - Test the procedure – modify, if necessary
- Walk through all the steps from intake to release from the facility, include transfers to other facilities



The Policy

- Now that the procedure is established – write the policy
- Should be incorporated into
 - Corrections policy (SOP)
 - Medical policy



Continuum of Care

- After release, HD gathers follow-up info to assure treatment plan is followed
 - Completion of treatment
 - Missed appointments
 - No follow-up
- HD communicates back with facility
- Continuum of care for patient
 - Identify ongoing needs
 - Assure completeness of medical record

Ex. if re-arrested, aids in ongoing care

Review the Release Plan

- Bring the team together
 - All members present
 - Done at regular intervals
 - Set in a non-confrontational environment
 - Assess effectiveness
 - Identifies strengths as well as weaknesses
- Outcomes/Goals
 - Identifies trends
 - Offers a mechanism for discussion, not confrontation
 - Excellent tool for teaching staff
 - Makes expectations clear
 - Identifies areas for improvement

Evaluate the Release Planning Process

- Answer these questions
 - Did the ex-offender transfer to the health department with minimal effort?
 - Did all of the paperwork come from the facility?
 - Did the challenges to completion of treatment get addressed?
- In addition
 - Did the completion of treatment information get sent back to the correctional facility?
 - Where can we improve upon the process?

Evaluation of the Policy

- Evaluate the policy's effectiveness
- Monitor regularly
- Assess how well the procedure works
- **Communicate ongoing reviews with the Team**
 - Continue collaboration between corrections and public health partners



Tips for Ensuring Effective Release Planning

- Monitoring release planning is critical
- For Health department Staff:
 - Anytime you have a TB patient
 - Check the jail/department of corrections website
 - Has the patient been incarcerated recently?



You've decided to make the change!

- Anticipate challenges

“But we've never done it that way!”

- Good News – you'll see those challenges go away!



“But we’ve never done it that way!”

- Challenges may include
 - Manipulative Inmates
 - Medical staff is not always timely
 - Unable to locate information/medication
 - Not enough staff to do all this work
- Release Planning may be time-consuming for medical/corrections – but definitely necessary

There May Be Legal Implications



- If the inmate is a diagnosed or potential TB patient, there may be implications for the correctional facility if the inmate is:
 - Not identified to health department
 - Not treated appropriately
 - Infectious and spreads disease to staff or others

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WITH
TUBERCULOSIS,
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