

Transition Planning and Continuity of Care

Developed by Kirsten Peebles, MA, LMHC
For the Jail Technical Assistance Team
DSHS Office of Forensic Mental Health Services
Feb. 24, 2020

Training Overview

- The OFMHS provides training to jails regarding best practices for behavioral health services in jail settings
- This training focuses on transition planning and continuity of care for incarcerated persons with mental illness

Learning Objectives

Participants will learn about:

- Transition planning best practices
- Continuity of care best practices
- Why both are important
- What to include in policy

Overview

A disproportionate amount of people who suffer from mental illness and substance use issues are incarcerated, verses in the community. Many within this population lack access to basic needs and services upon release, which can lead them to be enmeshed in a cycle of costly justice system involvement.

–Pew Center on States (2011): Developing transition plans and maintaining continuity of care helps to ensure a successful transition into the community and promotes a reduction in recidivism.

Purpose

- Improve quality of care for individuals in jail who have mental illness and/or substance use disorders
- Improve continuity of care with outside providers
- Reduce recidivism by increasing stable support through continuity of care

How the Community is Impacted

- Mental illness and substance use disorders are involved in [1 out of every 8](#) emergency department visits by a U.S. adult (estimated 12 million visits)
- Mood disorders are the [most common](#) cause of hospitalization for all people in the U.S. under age 45 (*after excluding hospitalization relating to pregnancy and birth*)
- Across the U.S. economy, serious mental illness causes [\\$193.2 billion](#) in lost earnings each year
- [20.1%](#) of people experiencing homelessness in the U.S. have a serious mental health condition
- [37%](#) of adults incarcerated in the state and federal prison system have a diagnosed mental illness
- [70.4%](#) of youth in the juvenile justice system have a diagnosed mental illness
- [41%](#) of Veteran's Health Administration patients have a diagnosed mental illness or substance use disorder

www.nami.org/Learn-More/Mental-Health-By-the-Numbers

How Jails are Affected

- Population of people with mental illness and/or substance use disorders increased
- Higher acuity in jail housing units
- Higher rates of repeat offenders
- Increased financial and staffing strain
- Jails have become the largest psychiatric facilities in the U.S.

How to Break the Cycle

- Connecting incarcerated persons with services prior to release can assist in breaking the cycle of the revolving door of incarceration
- SAMHSA suggests using the method of Assess, Plan, Identify, and Coordinate (APIC) as a best practice for transition planning
- The APIC model helps provide guidance in developing a framework for behavioral health, the justice system, and community providers to work collaboratively

ASSESS

- It is recommended that jails develop a universal screening and assessment process for all persons booked into a correctional setting
- [This process is further outlined in OFHMS Screening and Assessment training](#)
- The purpose is to identify a person's clinical needs, social needs, and community risk

PLAN

- Transition planning should begin as soon as possible, ideally at intake
- Transition plans should be developed based on needs identified during the screening process and/or observations made during the incarceration



IDENTIFY

- Identify community connections and programs that may assist with post-release services
- If the person is connected with a community provider prior to arrest, communication to facilitate a warm handoff at release is recommended
- If the person does not have established community care, connect them with a community provider prior to release, if able

COORDINATE

- Coordinate the services according to the needs of individuals. To avoid treatment gaps upon release, coordination with receiving services should be ongoing.



What is Transition Planning?

- Transition planning is utilizing a discharge plan to direct the person's need of services
- Once the plan has indicated areas of need, staff is able to identify which services to connect the individual with upon release

What is Continuity of Care

- Continuity of care is a quality of care which involves collaboration with all concerned treatment providers to ensure continuation of care and reduce repetition of services provided



Continuity of Care cont.

- Research done by Van Walraven, Oake, Jennings and Forster (2010) indicates there are three domains of continuity of care
- The first domain is the individual-provider relationship. This would be continuity with a single long-term provider overseeing a patient's overall care. It is noted that not all individuals will have long-term care providers established or maintained.

Continuity of Care cont.

- The second domain is Continuity of Information. This exists when the provider has access and the ability to utilize past information

Examples include: Previous diagnoses, medications, historical records, etc.

Continuity Of Care Cont.

- The third domain is Management Continuity. This is when patient care is seamless and coherent between providers

Example: If an incarcerated person is taken offsite for a medical appointment, discharge care instructions should be received from the offsite provider and reviewed by the medical staff

Why is this Important?

- Incarcerated persons who may have received mental health treatment have more opportunity to remain stable, and less opportunity for traumatization when supported and connected with services that meet their individualized needs
- The need for individualized support and care has been evidenced by historical situations in which incarcerated persons have brought suit to organizations due to inadequate release services

Why is this Important? cont.

- A landmark case, Brad H. V. City of New York, found it to be imperative to provide discharge planning and continuity of care to those persons who participated in mental health services, while in the jail and prison settings
- Brad H. V City of New York found that without sufficient discharge planning, mentally ill inmates were likely to return to the same conditions, if not worse, after release and are at a higher risk of recidivism

What are Some Low Cost Resources?



Release Resource Handouts

- Local crisis line number
- Local crisis housing and shelters
- Local mental health/substance use community providers
- Local food and clothing resource centers
- Local Social Security office
- Local office to obtain ID
- Directions to public transportation
- Regional Community Services Office (www.dshs.wa.gov/esa/online-community-services-office-cso)

What to Include in a Discharge Care Kit

- A list of prescribed medications and directions on use
- A sufficient amount of medication to allow them time to connect with services in the community
- Referral information to include location, date, and time of any appointments coordinated prior to release
- Results of any lab or diagnostic testing done while in custody
- Bus passes (if or when available)

What To Include In Policy

- SAMHSA's [Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail or Prison: Implementation Guide](#). This guide provides specific guidelines and examples of implementation
- Policy should also include who corrections staff should contact if their facility has no mental health department and are treating/discharging a person with mental illness and/or substance use disorder

What Questions Do You Have?

For additional assistance or training on this process, please email us at:

jailtechnicalassistance@dshs.wa.gov

Thank You!

Please don't forget to complete our training evaluation survey at www.research.net/r/KRD8QY8

A downloadable PDF version of this training and video is available at our website:

www.dshs.wa.gov/bha/office-forensic-mental-health-services/jail-technical-assistance-program

References

- Fd.org. (2019). *Formulating a Correctional Treatment Plan in Keeping with the Purposes of Sentencing*. [online] Available at: https://www.fd.org/sites/default/files/criminal_defense_topics/essential_topics/sentencing_resources/formulating-a-correctional-treatment-plan.pdf [Accessed 11 Oct. 2019].
- Pew Center on the States. (2011). *State of recidivism: The revolving door of America's prisons*. Washington, DC: The Pew Charitable Trusts.
- Substance Abuse and Mental Health Services Administration. *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*. (SMA)-16-4998. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

References Cont.

- Doug Jones, Discharge Planning for Mentally Ill Inmates in New York City Jails: A Critical Evaluation of the Settlement Agreement of *Brad H. v. City of New York*, 27 Pace L. Rev. 305 (2007)
- Available at:<https://digitalcommons.pace.edu/plr/vol27/iss2/4>
- Van Walraven, C., Oake, N., Jennings, A., & Forster, A. J. (2010). The association between continuity of care and outcomes: A systematic and critical review. *Journal of Evaluation in Clinical Practice*, 16(5), 947–956. doi.org/10.1111/j.1365-2753.2009.01235.x