

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Continuity of Patient Care

POLICY # CC-8

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SUBJECT: Aftercare Planning for Inmates in Health Services

EFFECTIVE DATE:

November 2007

SUPERCEDES DATE:

October 2007

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## PURPOSE

It is the purpose of this policy to set guidelines for the provision of aftercare planning services to those inmates receiving mental health services, developmental disabilities services and/or deemed as medically needy by definition and with release from prison imminent. This planning will occur utilizing the bio-psycho-social-cultural-environmental model defined below.

## STANDARD

Every inmate who is identified as a recipient of mental health or developmental disabilities services and those inmates identified as medically needy by definition with release anticipated **within 90 days** will have a comprehensive, collaborative, cooperative aftercare plan **completed and placed in the health service record no later than 30 days prior to the anticipated date of release.**

## DEFINITIONS

- 1) Mental Health Recipient: an inmate who is receiving mental health services during the last six months of incarceration: inpatient, residential, day training, or outpatient.
- 2) Developmental Disabilities Services Recipient: an inmate who has been evaluated per DD Services Policy # 415 and found to be in need of specialized case management services while incarcerated.
- 3) Medically Needy: Inmates who have unstable chronic disease, or acute care needs including those who are due to be discharged from the hospital, skilled or long term care nursing needs, which require medical care post release. Examples include but are not limited to:
  - a) Medications
  - b) Medical follow-up by a physician or other medical provider (dialysis, diabetic monitoring, physical therapy, dental, surgery, etc.) and
  - c) Coordination of service provision with others outside of the Division of Prisons (for example: Social Security Administration, Supplemental Security Income, Vocational Rehabilitation, Departments of Social Services, churches, Community Corrections, Section 8, rest homes, nursing homes, family care homes, group homes, shelters, hospitals, etc.)
- 4) Bio-psycho-social-cultural-environmental perspective: Consideration in aftercare planning will take into account the medical, psychological, emotional, family, community support, financial, employment and educational needs of the inmate.
  - a) Medical needs will include any chronic or terminal illness/injury requiring medical care, as defined in this policy.
  - b) Mental Health needs will include mental illness, developmental disabilities, inmates with physical disabilities under the ADA, and/or substance abuse needs.
  - c) Family needs will include home plan and placement needs other than home placement.
  - d) Financial needs will include employment, Social Security, Supplemental Security Income, Disability benefits from employers and other sources, Veteran's Administration, retirement benefits, as well as any other sources of income.
  - e) Employment needs will include contact with previous employers, if appropriate, to verify return to prior employment, as well as referral for Vocational Rehabilitation services as indicated.
  - f) Education needs will include coordination of services with the local community college for continuation of ABE, GED, or vocational training classes. Education will also include continuation of studies for college level credits towards degree programs offered at the community college level.

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- 5) Comprehensive, collaborative, cooperative aftercare planning process: The completed aftercare planning form (MH 42, 43, 44 in OPUS) and accompanying documentation will reflect that the efforts made during aftercare planning:
- Address each area noted on the Aftercare Plan (MH 42, 43, 44 in OPUS) and included in the bio-psycho-social-cultural-environmental perspective defined above
  - Reflect an effort on the part of all involved parties within the Division (i.e. mental health staff, medical staff, nursing staff, pharmacy staff, programs staff, transitional services staff, custody staff, etc.) during the aftercare planning process
  - Reflect the consensus of each involved staff member and the inmate in the aftercare planning process
  - Reflect coordination of services with appropriate community provider networks.

### TIME FRAMES

As is the philosophy for the Division of Prisons, aftercare planning will begin the day that the inmate arrives in prison. All treatment, educational and vocational services made available to the inmate will be focused on desired outcomes prior to release. The responsible social worker in Mental Health (MH) will begin the information gathering processes in aftercare planning **no later than 6 months** prior to the anticipated date of release. The formal aftercare planning process will begin in earnest **no later than 90 days** prior to the anticipated date of release. A completed Aftercare Plan (MH 42, 43, 44 in OPUS) will be on file in the health services record **no later than 30 days** prior to the anticipated date of release.

### PROCESS:

Mental Health Aftercare Planning:

- MH social workers will be responsible for release date tracking of the mental health and developmental disabilities caseloads at their assigned facilities. Inmates in Mental Health and Developmental Disabilities Services will be tracked by the mental health social workers using the Mental Health Social Work Tracking System using the OPUS Mental Health and DD Release Screens (MH57).
- Social Workers in mental health will have primary responsibility for the completion of the aftercare planning process for the inmates on the mental health, medical (as defined in this policy), ADA and developmental disabilities caseloads.** At those facilities where the social worker for mental health is absent, the MH staff psychologist assigned to the facility will complete the aftercare planning process as outlined here.
- MH social workers will begin the aftercare planning process with an assessment interview of the inmate and review of the mental health record. The MH social worker will coordinate aftercare planning with the staff psychologist, case manager, transitions services staff, medical and/or nursing staff, and any other DOP staff with knowledge of the inmate and his/her situation while incarcerated. For those inmates being released with conditions of probation and/or parole in place, the MH social worker will co-ordinate and document the co-ordination of aftercare planning with the Probation/Parole Officer. Documentation of this coordinated planning process will be recorded in the health services record (progress notes section) by the MH social worker.
- The MH social worker will verify the pending home plan of the inmate with the assigned case manager. It is the primary responsibility of the assigned case manager to verify the home plan of the inmate. In cases where home placement is not feasible or the inmate requires out-of-home placement, the MH social worker will coordinate that placement and advise the case manager of the final "home" plan. In cases not involving specialized care home placements, the assigned case manager will receive assistance from the MH social worker in identifying resources for housing in the community. Inmates requiring involuntary commitment at time of release will be processed according to current NC General Statute.

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- e) The MH social worker will contact the appropriate local mental health/developmental disabilities/substance abuse provider for follow-up care post release. The MH social worker will facilitate an appointment for mental health, developmental disabilities and/or substance abuse services with the local provider **scheduled within the first 48 hours post release**, whenever possible. This information is documented on the Aftercare Plan (MH 42, 43, 44 in OPUS) with the date, time, location, address, and contact person noted on the form. Directions to the facility may be included. In the case of appointment unavailability, the MH social worker will note the date, time, and location of the "Walk In" or "Crisis" clinic.
  - f) The MH social worker will complete the Medical Follow Up section of the Aftercare Plan (MH 42, 43, 44 IN OPUS) as appropriate referencing the guidelines below.
  - g) The Financial Support section of the MH 42, 43, 44 in OPUS will be completed by the MH social worker reflecting the employment, disability, retirement or other income sources for the inmate. Examples of referrals for this section could include employers, SSA/SSI, VA, disability insurance providers, etc.
  - h) The Agency Referrals Sections of the MH 42, 43, 44 IN OPUS will be completed to show any and all agency referrals for coordinated continuity of services post release for the inmate. Examples of referrals for this section could include the local community college, JobLink Center, Employment Security Commission, Vocational Rehabilitation, Job Service Offices, Veteran's Service Offices, Dept. of Community Corrections, etc.
  - i) The MH social worker will complete the last section of the MH 42, 43, 44 IN OPUS Other Pertinent Information Regarding Release Plans from information in the inmate health services record, nursing staff records, and OPUS information. **At no time is the mental health diagnosis to include in this information.**
  - j) The MH social worker finalizes the Aftercare Plan (MH 42, 43, 44 IN OPUS) by signing and dating it at the bottom and assuring that the original is completed on the MH 42, 43, 44 in OPUS **no later than 30 prior to the anticipated date of release** with a copy for the Transitions Release Packet (DC-935) to be given to the inmate at the time of release.

### Medical Aftercare Planning:

- a) Nursing staff at the facility will identify medically needy inmates with 90 days remaining until date of anticipated release. Nursing staff at the facility will monitor the release list for the facility once each week using OPUS on the Web:
  1. On DOC Homepage, click "DOC Web Applications"
  2. Click "OPUS Information"
  3. Login
  4. Click "Health Services"
  5. Click "Medical Search"
  6. On medical search screen, identify "DOP facility"
  7. At the "Projected Release" field enter today's date as the "min" and the date 3 months from today's date as the "max"
  8. Click "Search"
- b) After identification, the nurse at the facility will complete the Referral for Medical Aftercare Planning, (DC-524A) outlining the medical needs of the inmate. Nursing staff initiating the DC-524A are responsible for making all medical provider appointments prior to release. The nurse will confirm with the Social Worker the city and state for which the inmate will be residing upon release. The appointments will be documented for the Social Worker on page 2 of the DC-524A for inclusion in the MH 42, 43, 44 Aftercare Plan in OPUS. The original completed referral form will be routed to the MH social worker responsible for that facility within 3 days of completion. A copy of the referral form will be filed in the health services record.

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- c) Upon receipt of the aftercare referral form, the MH social worker will meet with the inmate, review the medical record, consult with the facility medical and nursing staff, consult with the Outreach nurse in the case of an inmate with HIV/AIDS, and complete the Aftercare Plan (MH 42, 43, 44 IN OPUS) **no later than 30 days prior to the anticipated date of release.**
  - d) The MH social worker will meet with the case manager and advise of the home plan for the IP55 Inmate Release Plan screen.
  - e) **The mental health social worker will assure that the original of the completed Aftercare Plan (MH 42, 43, 44 IN OPUS) is completed in OPUS no later than 30 days prior to the anticipated date of release.**
  - f) A copy of the completed Aftercare Plan (MH 42, 43, 44 in OPUS) will be placed in the Transitions Envelope (DC-935) by the MH social worker. This plan along with the other documents in the Transitions Envelope (DC-935) will be provided to the inmate at the time of release.
  - g) On the date of release, the nursing staff will complete a Medical Discharge Instruction Form (DC-524B). A copy of this form, along with the completed Aftercare Plan (MH 42, 43, 44 in OPUS) will be provided to the inmate at the time of release. The original completed Medical Discharge Instruction Form (DC-524B) will be filed in the health services record by the nursing staff, along with the original completed Aftercare Plan (MH 42, 43, 44 in OPUS) which has been filed by the MH social worker.
  - h) Inmates will be released with a supply of current medications sufficient to provide for the transition period between release and onset of community medical services. This supply may be a 30-day supply or remaining medications on hand at the time of release as is appropriate.
  - i) The Transitions Release Envelope (DC-935) which is given to the inmate at the time of release will consist of a copy of the completed Aftercare Plan (MH 42, 43, 44 in OPUS), a copy of the completed Medical Discharge Instruction Form (DC-524B), and, in the case of the inmate with HIV/AIDS, the Medical Information for Releasing HIV Inmates Form (DC-917). Confidential HIV information should be placed into a sealed envelope before placing the information into the Transitions Envelope (DC-935) This packet will be assembled by the nursing staff at the releasing facility and given to the inmate at the time of release.

*Paula Y. Smith, M.D.*

11/30/07

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Paula Y. Smith, MD, Director of Health Services      Date

SOR: Social Work Program Director  
Infectious Disease Co-ordinator  
Director of Nursing  
Director of Case Management Services