

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-13

SUBJECT: DISCHARGE PLANNING

POLICY: A component of effective health care, mental health and developmental disability treatment planning is development of long-range goals inclusive of discharge planning. As inmates near release, Health Services and CTS will assure that inmates are involved in planning for continuity of care into their particular community setting.

REFERENCE: OAR 291-124 - 0060
NCCHC Standard P-E-13

PROCEDURE:

- A. A discharge plan will be developed for inmates with significant health, mental health and developmental disability problems that will require complex or coordinated community health care, mental health and developmental disability services that the patient cannot arrange for themselves and supervision in the community. The Medical Transition Case Manager, the Mental Health Release Specialist and the Developmental Disability Case Manager is available as a resource for assistance with discharge planning. The discharge plan will include as needed: referral to a community agency or provider, assistance in application for Presumptive Medicaid and SSI benefits if necessary, and a discharge summary. The inmate should also be asked to sign a release of information whenever a request for information can be anticipated.
- B. Discharge orders will be written by the assigned practitioner for patients who are being released and require prescription medication for the continuing treatment of chronic illness and mental health symptoms. Inmates will receive up to a 30-day supply of medication when adequate notification of pending release has been received by the Pharmacy. Adequate notification is at least two (2) weeks. If the assigned practitioner has not written discharge medication order(s), a discharge supply may be dispensed per an existing valid order.
- C. Patients who are being released and are receiving medication(s) for an acute illness may take their medication to complete the course of therapy consistent with accepted medical practice. Medication must be provided in an appropriate container (amber bottle).

Discharge Planning

- D. Should an inmate have an acute health care need present at discharge, health care staff will assure that the appropriate level of care is available to the inmate at release, inclusive of the need for hospitalization. If an inmate poses a danger to himself or others or is unable to care for his/her basic survival needs in the community, a civil commitment process may be initiated by CTS.
- E. Prior to release, the inmate will meet with health care staff and be provided with verbal and written discharge care instructions. The importance of proper follow-up aftercare will be stressed. A copy of the discharge planning documents will be kept in the health care record. See attached documents.

Effective Date: _____

Revision date: May 2007

Supersedes P&P dated: April 2007

**SAMPLE – Attachment 1
P&P P-E-13**

TO: (INSTITUTION NAME)

FROM: _____
(Name of Inmate)

SUBJECT: NEED FOR ONGOING/FOLLOW-UP HEALTH CARE

It has been explained to me that I have _____

(Name of Condition)

which requires medical follow-up. I understand that the recommended follow-up includes:

- 1.
- 2.
- 3.

I assure Institution Name Health Services that I will be responsible for seeking health care services in the community. I understand that before the supply of medication provided by the Department of Corrections is depleted, I must see a community practitioner for renewal of the medicine. I understand that I am financially responsible for the health care services I seek.

I am aware that with a signed release of information, copies of pertinent medical records will be mailed free of charge to my new health care practitioner.

I have been given a copy of this memo so that I may refer to it and follow through with the recommended care.

SIGNED: _____ DATE: _____

Please Print Name: _____

Witness: _____
Department of Corrections Health Care Provider

Witness: _____

SAMPLE – Attachment 2
P&P P-E-13

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Dear

This letter is to notify you that you have a health care condition that warrants further medical follow-up.

You were scheduled for a follow-up appointment for _____
_____ however you were released from
(Institution Name) prior to this appointment. You should contact your private physician for follow-up care as soon as possible.

In order to have your medical records sent to your physician, you must sign a release of information at your physician's office. No medical records can be released until we receive this form.

Please remember you are financially responsible for this appointment.

If you have any questions, you may phone the (Institution Name) Clinic at (Phone Number).

Sincerely,

Health Services Manager

**SAMPLE – Attachment 3
P&P P-E-13**

Re: _____
Name and SID

To Whom It May Concern:

The above-named patient received mental health services and medication as listed below for the noted condition(s):

DIAGNOSES: _____

MEDICATION(S): _____

DATES OF SERVICE: _____

Mental Health Provider Signature _____
Date

Additional notes/comments: _____

Note to patient:
Support and educational services are available to you, family members and friends through NAMI. Phone 1-800-343-6264.

Oregon NAMI- www.nami.org/sites/NAMIOregon; email- namioregon@qwest.net
Multnomah County NAMI – phone (503) 228-5692
Washington County NAMI – phone (503) 356-68345
Clackamas County NAMI – phone (503) 656-4367
_____ County NAMI – phone _____

MEDICAL/MENTAL HEALTH CARE may be available at a county clinic nearest you.

Mental Health record requests should be sent to:
Counseling and Treatment Services
2575 Center St NE
Salem, OR 97310
Fax: 503-378-5118