

# MEDICAL ADVOCATE DISCHARGE PLANNING

**MEDICAL ADVOCATE DISCHARGE PLANNING** is an individual level intervention that aims to provide inmates nearing release with a plan for accessing medical and social services after discharge. The key characteristics of Medical Advocate Discharge Planning are: the compassion, dedication, and clinical knowledge of the discharge planner, who is also a registered nurse; the individualization of each interaction the discharge planner has with an inmate; and the trust that is built between each inmate and the discharge planner as they work together to ensure a healthy transition back to community life.

## CURRENT ACTIVITY SETTING

Federally-Qualified Health Center,  
Medical Discharge Planning

- ✓ Directly links the client to medical care
- ✓ Gets the client in a conversation about starting medical care
- ✓ Brings the agency closer to where HIV+ people are so that the conversation can begin

## I. DESCRIPTION

### OBJECTIVES

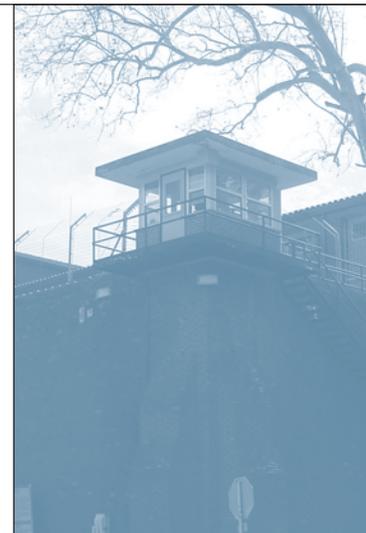
- ▶▶ To ensure continuity of health care for individuals who are recently released
- ▶▶ To decrease the frequency of emergency room visits by formerly incarcerated individuals

### POPULATION SERVED

- ▶▶ Soon-to-be-released inmates who have serious or chronic medical needs

### ACTIVITY DESCRIPTION

Incarcerated individuals with serious or chronic health conditions see a medical advocate from a local community health agency who helps formulate a discharge plan designed to assist individuals in maintaining their health care while transitioning into community life.



QUICK NOTES:

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### **Activity Preparation**

- ▶▶ The medical discharge planner keeps a running list of inmates due for release in the next week or two.
- ▶▶ S/he reviews the medical records of the listed inmates, prioritizing any record that notes a history with chronic disease, HIV, substance use, sexual abuse, or mental disorders.
- ▶▶ The discharge planner consults a set of residential-assignment lists to locate the units where the inmates she needs to see are housed. S/he meets with each of them in their respective units at least three days before they are discharged.

### **Introductory Visit**

- ▶▶ The medical discharge planner meets face-to-face with each of the high priority inmates first. During introductions, s/he gives the name of the sponsoring clinic.
- ▶▶ Then, the discharge planner asks if the inmate knows their date of discharge. If not, s/he tells the inmate the release date.
- ▶▶ S/he and the inmate discuss the inmate’s medical needs. In this exchange, the discharge planner asks if the inmate is receiving appropriate medications and inquires about the medications’ effectiveness. They also discuss nutrition as a part of general medical care.
- ▶▶ S/he continues with a “mini-depression screening.” When necessary, s/he makes a direct referral to an organization providing mental health services in the jail.
- ▶▶ The discharge planner then goes over the inmate’s options for clinical care after release and asks the inmate’s preference.
- ▶▶ Once a clinic has been identified, the discharge planner explains how the inmate can access health care services at that clinic.
- ▶▶ S/he asks the inmate about insurance. If the inmate has none, the discharge planner discusses publicly-funded sources of health care coverage.
- ▶▶ S/he also helps the inmate fill out applications for food stamps and local food banks.
- ▶▶ When the applications are complete, the discharge planner shifts the conversation to changes that the inmate could experience post-release and how such changes can be managed.
- ▶▶ The discharge planner writes a clinic referral, attaching a list of the identified medical needs. For an inmate who is either pregnant or co-infected with HIV and Hepatitis C, s/he writes a referral to an appropriate specialty clinic that provides comprehensive services in one place.
- ▶▶ S/he usually offers to notify the clinic that the inmate will soon be in touch. In some instances, s/he offers to schedule the first appointment for the inmate.
- ▶▶ Before ending the visit, the discharge planner asks, “Have I answered all of your questions?”

### **Follow-up Visit**

- ▶▶ The inmate and discharge planner have one follow-up visit, which occurs right before the inmate’s release.
- ▶▶ The discharge planner goes to the facility’s holding area on weekday mornings to follow-up with any inmate who has begun the discharge planning process.
- ▶▶ S/he makes sure each inmate has their medical paperwork, including referrals, the health insurance numbers for their city and state, information on the clinic they have chosen, and the name of the doctor they will see.
- ▶▶ While in the holding area, the discharge planner may also have first-time visits with other inmates. Meeting them one-on-one, the discharge planner identifies a clinic near their respective homes and provides them with some basic information about its services.
- ▶▶ These visits are confidential. The discharge planner does not have to report any of the information discussed to the correctional staff.

### **Tracking Linkages to Care**

- ▶▶ After each day of inmate visits, the discharge planner returns to the agency and enters inmate data, including the referrals made, into a computer database.
- ▶▶ Also, the discharge planner completes a summary sheet for each of the inmates she or he visited that day, including their demographic information, diagnoses, and the medications they are taking.
- ▶▶ This summary sheet is forwarded (by fax) to providers at the clinic where the inmate will be seen as a patient. When the inmate has followed up on a referral to a health provider, the discharge planner enters it into the agency database.

### **Advocacy Work**

- ▶ In addition to helping inmates create a post-release plan, the discharge planner assists inmates who are having difficulty accessing health care services within the correctional facility. As a medical advocate, the discharge planner works with the correctional facility personnel to make sure the inmates get the care services and medications they need. The discharge planner also meets with the Department of Health's HIV Administration, the correction facility's mental health staff, other service providers working in the jail, and the deputy warden to discuss special concerns with inmate health and to advocate for individuals who need medical attention.

### **PROMOTION OF ACTIVITY**

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- ▶ Word of mouth within inmate population and from discharge planner
- ▶ Orientation program for new inmates
- ▶ Clinic pamphlet
- ▶ Clinic advertisement in a resource handbook distributed to inmates

## **II. LOGISTICS**

### **STAFF REQUIRED**

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- ▶ Medical discharge planner
- ▶ Medical assistant to help with administrative work, including the preparation of health-information packets for inmates and visits to inmates when the discharge planner is not available

### **TRAINING & SKILLS**

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- ▶ The medical discharge planner must be a registered nurse.
- ▶ Staff should have the following: an ability to draw out critical medical and personal information from an individual in a limited amount of time, a non-judgmental disposition, the ability to express compassion without "enabling" negative behavior, a willingness and capacity to be very flexible, a confident and "fearless" attitude in the correctional facility, and knowledge of HIV infection and transmission.

### **PLACE OF ACTIVITY**

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- ▶ A private corner in each correctional unit, with two chairs
- ▶ Sometimes, if the inmate's mobility is restricted, the activity takes place in the inmate's cell.

### **FREQUENCY OF ACTIVITY**

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- ▶ Available to male inmates on weekdays from 8:00 a.m. - 5:00 p.m.
- ▶ Available to female inmates two times per week

### **OUTSIDE CONSULTANTS**

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None

### **SUPPORT SERVICES**

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Bilingual (Spanish and English) translators

## CONDITIONS NECESSARY FOR IMPLEMENTATION

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- ▶▶ This activity must have backing from several sources:
  - The correctional facility in which the activity takes place;
  - The government at all levels, including the Office of the Mayor;
  - The clinic's full staff;
  - Community organizations, such as medical providers, faith-based groups, and agencies for the homeless.

## III. STRENGTHS AND DIFFICULTIES

### STRENGTHS

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- ▶▶ The discharge planner's delivery of compassionate care
- ▶▶ The activity's ability to coordinate the efforts of government agencies with medical providers and non-profit, faith-based, community, and mental health organizations

### WEAKNESSES

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The demand for services overwhelms the capacity of providers to supply them.

### DIFFICULTIES FOR CLIENTS

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- ▶▶ Limited access to medical discharge planning services. At least six percent of the inmates released are never seen by the discharge planner.
- ▶▶ Not enough privacy during discharge planner visits
- ▶▶ Doesn't include the securing of post-release housing

### DIFFICULTIES FOR STAFF

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- ▶▶ Staff is unable to meet the demand for services.
- ▶▶ The correctional facility lacks education on preventive care.
- ▶▶ Some inmates do not show a "proactive attitude" in seeking out care.

### OBSTACLES FOR IMPLEMENTATION

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A lack of much-needed services for housing, substance abuse treatment, and treatment for the sexually abused can make it difficult for individuals to follow through on their discharge plans.

### ACTIVITY NOT SUITED FOR

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N/A

## IV. OUTCOMES

### EVALUATION

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- ▶▶ The clinic stores and reviews patient information in a database.

- ▶▶ The clinic tracks the number of patient visits to a service provider and the location of visits.
- ▶▶ Every month, the clinic prepares a report on the number of people served by the activity, the top five diagnoses, and which former inmates met with service providers after their release.

## EVIDENCE OF SUCCESS

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- ▶▶ Correctional officers ask questions about the service's methodology, like, "How do you get them to talk to you?" Their questions suggest the discharge planner has earned the inmates' confidence and trust.
- ▶▶ Service provider feedback reveals that inmates who meet with the discharge planner bring others to their care visits.
- ▶▶ Community stakeholders report that trust has grown between this clinic and other agencies, because the clinic helps to communicate the individual health needs of the inmates to health care providers in both the correctional facility and the community.
- ▶▶ Preliminary data indicate an increase in the number of inmates who visit service providers after release, and a decrease in the number of visits that each makes to emergency rooms.

## UNANTICIPATED BENEFITS

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- ▶▶ This activity helps people to gain access to medications.
- ▶▶ It facilitates the building of relationships between community and government agencies.

## "CONNECTING TO CARE" ELEMENTS OF ACTIVITY

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- ▶▶ Care decisions rest with the inmate.
- ▶▶ The discharge planner attends to each inmate individually.
- ▶▶ Because the discharge planner does not work for the corrections system, it is easier for inmates to have trust and confidence in her or him.
- ▶▶ The staff shows true dedication in linking people to appropriate care.
- ▶▶ Discharge planning ensures that at least once during an inmate's incarceration someone has listened without judgment and offered to help.
- ▶▶ The activity receives support from many in the city health department and department of corrections, and in the correctional facility—from its director to its front line workers.

## KEEP IN MIND...

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- ▶▶ The activity cannot be performed without third-party reimbursement, so Ryan White CARE Act programs are important to the activity's success.
- ▶▶ The sponsoring agency should attend community events and meetings and also become recognized in the correctional system as a team player.
- ▶▶ It is essential to have support at all levels of the correctional facility's hierarchy.
- ▶▶ Learn what the needs are of those in charge of the correctional facility and offer to help meet them.
- ▶▶ Help the correctional facility see the positive effects of the program.

