

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 inmate-patients near release, Health Services and Behavioral Health will assure that they are involved in planning for successful continuity of care as they transition into their particular community setting.

REFERENCE: NCCHC Standard P-E-13
OAR 291-124 – 0060 (DOC)
OAR 855-041-0056 (Board of Pharmacy)

PROCEDURE:

- A. 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 attachments 1-4.
- B. A multidisciplinary Discharge Plan will be developed for patients with complex health, mental health and/or developmental disability problems. This is especially important in cases that would require specialized or coordinated community health care, mental health, developmental disability and case supervision services of such complexity that the patient could not be expected to adequately arrange them for themselves in the community. The Medical Transition Case Manager, the Mental Health Release Specialist and the Developmental Disability Case Manager is each 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, and a discharge summary. The inmate will also be asked to sign a release of information whenever a request for health information is anticipated and a limited Power of Attorney when medications will be sent to the Parole Officer.

- C. Discharge orders will be written by the assigned practitioner for patients who are being released and who require prescription medication for the continuing treatment of chronic illness and mental health symptoms. . (Note: If the assigned practitioner has not written discharge medication order(s), Pharmacy may dispense from an existing valid order.) Inmates will be provided a 30-day supply of medication appropriately packaged by Pharmacy for use in the community. This medication will be ordered and made available to the patient at discharge or will be forwarded, with the patient's written authorization, to the assigned Parole and Probation officer in the county where the patient is releasing
- D. Patients who are being released and are receiving medication(s) for an acute illness may take their DOC issued medication with them to complete the course of therapy consistent with accepted medical practice; however medication must be properly packaged and correctly labeled in accordance with Oregon Board of Pharmacy before they can be dispensed to the patient.
- E. Should an inmate have an acute health care need present at discharge, to promote continuity of care, health care staff will assure that the appropriate level of care is available to the inmate at release, inclusive of the need for hospitalization.
- F. 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 Behavioral Health Services.

Effective Date: _____
Review date: August 2014
Supersedes P&P dated: April 2014

“EXAMPLE”

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: _____

“EXAMPLE”

[]

[]

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,

Medical Services Manager

**Behavioral Health Services
Community Contact Release Information**

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) 356-6835
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:

Behavioral Health Services
2575 Center Street NE
Salem, OR 97310
Fax: 503-378-5118

OREGON DEPARTMENT OF CORRECTIONS
(Pharmacy Service)

Discharge Medications

- Medications handed to inmate _____ Yes _____ No
- Medications Refused _____ Yes _____ No

Inmate Signature: _____ Date: _____

Medications to be sent after discharge to the below address _____ Yes _____ No

Authorization to Act as Agent

I, _____ (print name), SID# _____ authorize my county parole office and parole officer to act as my agent to receive, hold, and provide to me my prescription medications prepared for my release by the Oregon Department of Corrections, Central Pharmacy.

Inmate Signature: _____ Date: _____

Witness (print name): _____ Title: _____

Witness Signature: _____ Date: _____

Address to ship medications:

Attention of: _____
Agency: _____
Address: _____

