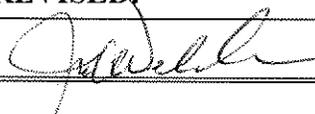


POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER E-13.01	PAGE NUMBER 1 of 3
	RELATED NCCHC/ACA STANDARDS: P-E-13, J-E-13/4-4347	
CHAPTER: 11 HEALTH SERVICES	SUBJECT: OFFENDER MEDICAL RE-ENTRY	
EFFECTIVE DATE: 9/9/2011	REVISED:	
APPROVED FOR PUBLIC RELEASE		

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: To create a system that provides offenders with available medical services and resources that will make their transition to the community successful.
- III. APPLICABILITY: All Department of Correction (DOC) employees and Vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. DEFINITIONS: See glossary.
- V. POLICY:
 1. It is the policy of the Department of Correction to support the return of healthy, productive, and crime-free individuals to the community. To this end, the Department has identified eight (8) key elements for a successful medical reentry program.
 - a. Assessment – Offenders will be screened for medical, mental health, and substance abuse problems upon entry to DOC facilities. For medical and mental health, the DACS intake screening will identify needs. For substance abuse, an UNCOPE screen (see attached) will determine the need for further assessment. Additional assessment will follow as needed. A mental health screen (GAINS Brief Mental Health Screen/Attached) will be done within sixty (60) days prior to release. Referrals are to be made where there is an identified need.
 - b. Release(s) of Information (ROI) – Upon entry, ROI’s will be obtained quickly by medical/mental health staff to obtain necessary healthcare information from community providers. Prior to return to the community, ROI’s will be offered to offenders to coordinate timely healthcare information from DOC medical records back to community providers.

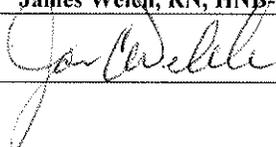
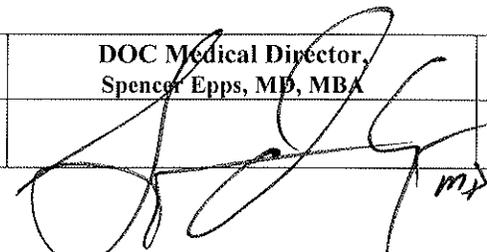
STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER E-13.01	PAGE NUMBER 2 of 3
SUBJECT: OFFENDER MEDICAL RE-ENTRY		

- c. Medical Record – The offender will be advised, during discharge planning, that the medical/mental health providers will provide, to a licensed community provider, all medical, mental health, and substance abuse treatment information available and/or needed for continuing care in the community.
- d. Discharge Planning - Discharge planning begins at intake. A discharge planning form will be initiated and placed in the offender’s file. The medical and mental health providers will work with the offender to develop a comprehensive plan, covering the other seven elements of medical reentry. This plan will be updated throughout the offender’s period of incarceration. (See Discharge Planning policy for copy of plan.)
- e. Benefits – The DOC will work with it’s vendors and other State agencies, such as the Department of Health and Social Services, to help eligible offenders obtain Medicaid, Medicare, VA, or other health benefits upon release.
- f. Medication Supply – In compliance with DOC policy on discharge planning, offenders with serious medical and/or mental health needs will receive a thirty (30) day supply of medication at time of release. To ensure receipt of the medication, all offenders will be brought through medical at discharge.
- g. Referrals – Medical and mental health referrals, where the offender has an identifiable community-based provider, will be done at least thirty (30) days prior to the offenders’ release to the community. In the event that there is not a viable community provider, resources will be provided to the offender which identify providers, agencies and organizations in their community that may assist with needed services.
- h. Housing – Where an offender has an identifiable chronic medical, mental health or developmental need for housing, and the offender reports he or she will be homeless upon release, the providers will complete a medical/mental health housing needs assessment. When this assessment indicates an urgent need for housing assistance, the providers will attempt to coordinate with appropriate State and community agencies to secure placement in nursing, assisted living, transitional or other available housing. Medical/mental health staff will document on the discharge plan if housing assistance was needed, and the attempts made to secure housing.

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2. Documentation of action on all elements of re-entry will be made on the discharge plan.
 - a. During the release process, all offenders will be brought through the medical department for final review of care. Medical staff will ensure during this final visit that the offender has been provided a copy of his or her discharge plan for re-entry to the community.
3. The BCHS, as part of its continuous quality improvement process, may audit for compliance with this medical re-entry policy.

Approval:

Date of Policy/Revision	BCHS Bureau Chief, James Welch, RN, HNB-BC	Date	DOC Medical Director, Spencer Epps, MD, MBA	Date
9/9/2011		10/12/11		10/13/11

BRIEF JAIL MENTAL HEALTH SCREEN

Section 1

Name: _____ <small>First MI Last</small>	Detainee #: _____	Date: ____/____/____	Time: _____ AM PM
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Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <u>ever</u> been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check <i>all</i> that apply):		
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Under the influence of drugs/alcohol	<input type="checkbox"/> Non-cooperative
<input type="checkbox"/> Difficulty understanding questions	<input type="checkbox"/> Other, specify: _____	

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

Not Referred

Referred on ____/____/____ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

INSTRUCTIONS FOR COMPLETING THE BRIEF JAIL MENTAL HEALTH SCREEN

GENERAL INFORMATION:

This Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process.

This screen should be administered by Correctional Officers during the jail's intake/booking process.

INSTRUCTIONS FOR SECTION 1:

NAME: Enter detainees name — first, middle initial, and last
DETAINEE#: Enter detainee number.
DATE: Enter today's month, day, and year.
TIME: Enter the current time and circle AM or PM.

INSTRUCTIONS FOR SECTION 2:

ITEMS 1-6:

Place a check mark in the appropriate column (for "NO" or "YES" response).

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

ITEMS 7-8:

ITEM 7: This refers to any *prescribed* medication for any emotional or mental health problems.

ITEM 8: Include any stay of one night or longer. Do NOT include contact with an Emergency Room if it did not lead to an admission to the hospital

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

General Comments Column:

As indicated above, if the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

All "YES" responses require a note in the General Comments section to document:

- (1) Information about the detainee that the officer feels relevant and important
- (2) Information specifically requested in question

If at any point during administration of the BJMHS the detainee experiences distress, he/she should follow the jails procedure for referral services.

INSTRUCTIONS FOR SECTION 3:

OFFICER'S COMMENTS: Check any one or more of the four problems listed if applicable to this screening. If any other problem(s) occurred, please check OTHER, and note what it was.

REFERRAL INSTRUCTIONS:

Any detainee answering YES to Item 7 or YES to Item 8 or YES to at least two of Items 1-6 should be referred for further mental health evaluation. If there is any other information or reason why the officer feels it is necessary for the detainee to have a mental health evaluation, the detainee should be referred. Please indicate whether or not the detainee was referred.



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES
245 McKEE ROAD
DOVER, DELAWARE 19904
Telephone: (302) 857-5217
Fax: (302) 857-5496

UNCOPE SCREENING
Age 18 and Above

Offender Name: _____ SBI: _____ D.O.B: _____

In the past year, have you ever drunk or used drugs more than you meant to^{1,2}:

YES NO

Have you ever neglected some of your usual responsibilities because of alcohol or drugs?²:

YES NO

Have you felt you wanted or needed to cut down on your drinking or drug use in the last year^{1,2}:

YES NO

Has anyone objected to your drinking or drug use?^{3,1} OR has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use²:

YES NO

Have you ever found yourself preoccupied with wanting to use alcohol or drugs?² OR Have you found yourself thinking a lot about drinking or using:

YES NO

Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom^{2,1}:

YES NO

Number of Positive Responses: _____ (Two or more positive responses indicate possible abuse or dependence. Four or more positive responses strongly indicate dependence.)

1. Brown, R. L., Leonard, T., Saunders, L. A., & Papasouliotis, O. (1997). A two-item screening test for alcohol and other drug problems. *Journal of Family Practice*, 44, (2), 151-160.

2. Hoffmann, N. G. & Harrison, P. A. (1995). *SUDDS-IV: Substance Use Disorders Diagnostic Schedule*. Smithfield, RI: Evinco Clinical Assessments.

3. Hoffmann, N. G. (1995). *TAAD: Triage Assessment for Addictive Disorders*. Smithfield, RI: Evinco Clinical Assessments