

Transitional Planning and Discharge Planning of Prisoners.

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One of the major emphasis of Case Management is to provide a cost-effective, thoughtful and safe transitional and discharge planning, within a needed population (Powell & Tahan, 2010, p. 285). Inmates have demonstrated an imperative necessity for case managers to develop an adequate transitional and discharge planning upon their release. Therefore, the focus of this paper is based on that particular demographic group. The five main sections explored in relation to prisoners are the health and social disparities associated with incarceration, the consequences of these disparities when reentering the community, the difference between transitional planning and discharge planning, the required steps for a successful transitional and discharge planning and the role of skilled cultural competent case managers based on this demographic group. Incarceration in The United States has brought a variety of issues that must be addressed for effective community readjustment of a released convict.

Incarceration has been extensively escalating since 1970, in The United States particularly in low-income black population and medically underserved individuals (Alexander, Brockmann, Dickman, Dumont, & Rich, 2012, p. 1). Untreated substance abuse and mental illness in this country is one of the major causes of this growth of lock ups (Dickman, Rich, & Wakeman, 2011, p. 2081). *Major depression and psychotic disorders are four times to eight times as prevalent among inmates as in the general population* (Dickman et al., 2011, p. 2081) and drug abuse ranges above fifty percent in prisons (Alexander et al., 2012, p. 5). What really makes it alarming are not the prisoner exacerbated mental disorders, the main issue is that *only 22% of the state prisoners and 7% of jail inmates receive mental health treatment while incarcerated* (Dickman et al., 2011, p. 2081) and only fifteen percent of inmates receive drug abuse treatment (Alexander et al., 2012, p. 5). The untreated conditions promote involvement in

high risk sexual activities and needle sharing, either for tattooing or substance abuse. These practices have placed the prisoners in this country within a range of HIV infection three times higher and hepatitis C nine to ten times higher than the non-incarcerated population (Alexander et al., 2012, p. 1). In addition, chronic conditions such as diabetes, hypertension, asthma and many others are relatively higher among the individuals in prison than within the general population as well (Alexander et al., 2012, p. 3-4). On the other hand, health issues are not the only disadvantage faced by this population; social disparities are present too.

This low-income community has a high percentage of homelessness, marginal housing, unemployment and lack of access to healthcare, which becomes more prevalent upon release from prison. *Because homelessness and incarceration share similar risk factors, many of the incarcerated were homeless before entering the criminal justice system* (Alexander et al., 2012, p. 9). In addition, *yet most released inmates lack medical insurance, and Medicaid benefits have often been terminated upon incarceration* (Dickman et al., 2011, p. 2083). Finally, *the disproportionate incarceration of young black men is also associated with low wages and rising unemployment rates which further exacerbate disparities in health* (Dickman et al., 2011, p. 2082). Common health and social disparities prevalent within this group, if left unattended upon the inmate's reentry to the community can result in a variety of consequences, which can be prevented through proper pre-release, manage care.

Inappropriate care in health and social issues faced in prison are consequently brought into the transitional period when readjusting to the community, this can lead to a variety of negative effects associated with incarceration. Deaths from drug overdose are one hundred and twenty nine times more likely to happen during the first two post-released weeks and deaths from any other cause are twelve times more likely as well among former inmates than in general

population (Dickman et al., 2011, p. 2082). Those other causes putting the former inmates at high risk of deaths include cardiovascular diseases, homicides, suicides, and HIV complications (Binswanger et al., 2007, p. 4-5) In addition, the lack of health insurance and home stability has turned the emergency room, into the frequent point of use to obtain primary health care to meet extensive medical, psychiatric and social needs (Altice, Chen, Qiu, Larkin, & Meyer, Frequent Emergency Department Use Among Released Prisoners With Human Immunodeficiency Virus: Characterization Including a Novel Multimorbidity Index., p. 80). Finally, there is a high prevalence of re-incarceration among ex-convicts with serious mental illnesses due to poor management, during the process of readjustment in the community (Baillargeon et al., 2010, p. 392). Adding to the trend of re-incarceration is the fact that correctional facilities are the only means of sustained contact with a health care system for many inmates, whose mental illnesses are not severe or are non-existent (Alexander et al., 2012, p. 8). An effective transitional and discharge planning are crucial for an individual experiencing the health and social issues exacerbated during incarceration, for a successful readjustment in the community without consequences.

Transitional planning and discharge planning are different processes that depend on each other to promote appropriate outcomes following a prison released. Transitional planning is an interdisciplinary process that involves collaboration, assessment and evaluation of healthcare and psychosocial needs of an individual during and after incarceration (Powell & Tahan, 2010, p. 161). The principal objective is to promote a transition from prison to the community effectively. Discharge planning is the process that involves discharging the inmates from prison to home or any other facility; it is the connection between the ex-inmate and the community resources (Powell & Tahan, 2010, p. 161,285). Early transitional planning and discharge planning allow

the case manager to follow adequately all the steps of both types of planning for efficient and satisfactory post-discharge outcomes.

Discharge planning is an integral process of transitional planning (Powell & Tahan, 2010, p. 161). Therefore, the case manager performing these types of processes must follow different steps to achieve valuable outcomes. Transitional and discharge planning begin by screening the inmates to identify those in need of care once released from prison (Foust, Mirafzali, & Siegler, 2003, p. 213). This screening involves, attempts to suicide, diagnosis consistent with chemical dependency, no insurance or unemployment, lack of social support system, history of non-adherence, suspected abuse, diagnosis of catastrophic illness or injury, chronic disease or other diagnosis with long term treatment requirements (Foust et al., 2003, p. 212). Existence of any of these conditions, place the inmate in need for an appropriate continuity of care to adequately reentry the community. Early identification of individuals who require case management services upon prison release, will allow the necessary referral to be done on time and an effective coordination of future community care. After recognizing those in need of case management interventions, the next step would be to perform an assessment (Foust et al., 2003, p. 213). During this step, three methods are used to obtain the required information. Those methods are medical record review, prisoner interview and family involvement if available. This assessment covers inmate topics like physical and mental status, functional abilities, financial situation once in the community, anticipated needs at discharge like housing, education and understanding of health conditions (Foust et al., 2003, p. 213).

The third step would be the identification of problems, for example what community services are available for the individual in need? Or are the inmate's financial resources adequate once in the community? (Foust et al., 2003, p. 214). The last step and most important is

the development and implementation of an adequate plan (Foust et al., 2003, p. 215). This plan depends on the assessment, which is the one that determines the clinical and psychosocial needs to be met during the implementation of the planned interventions. The plan must meet the future prisoner needs in the community, involve his or her support system if present and must be completed before the inmate is released. All of those steps are essential for a high quality discharge process, but they should go in conjunction with the case manager's roles, which will reflect the previously mentioned cultural consideration within this demographic group. This combination will promote an outstanding discharge planning for each individual.

The different cultural consideration within this group will influence the competent Nurse Case Manager to focus on certain responsibilities, which will lead to an outstanding continuation of care in the community, preventing future consequences. One of the major emphasis of an inmate discharge planner is to pay special attention to the specific health disparities that most in this group faces. Therefore, those who are experiencing them will obtain a good coordination of care with an appropriate linking to the necessary resources once reentering the community. In addition, focusing on those health disparities will promote valuable education on topics like discharge planning, new medication and most importantly safe sex and susceptibility of drug overdose after incarceration. This action will promote adherence to treatment while in the community, reduce high risk sexual behaviors once reentering in the society and diminish mortality rate related to a decrease physiological tolerance to drugs, after a period of abstinence while in prison (Binswanger et al., 2007, p. 6). Moreover, following up after their returned to society is significant as well, this will ensure that former inmates are using the resources they were linked to appropriately, especially mental health services. Finally but not least, for those inmates with chronic diseases, coaching and support will prevent non-compliance to treatment

during their self-care management in the community (Powell & Tahan, 2010, p. 57). A suitable linking to resources and enforcing certain case management responsibilities based on those health disparities reduced the possibility of an ineffective continuity of care.

Another cultural consideration that the inmate discharge planner must carefully focus on is the previously mentioned social issues that most of the prisoner experience upon release. It is a reality that all those low-income individuals going to prison will face upon reentering the community an escalating rate of homelessness, medically underserved, and unemployment. Based on these cultural considerations, the discharge planner must be competent and knowledgeable regarding available resources to cover the different emerging psychosocial needs. The Fortune Society is one of the organizations that can be used to integrate the former prisoner into the community. This organization provides housing, education, employment and facilitates post release linkages to essential healthcare services such as mental health, drug abuse, HIV and others. Linking them to these types of resources will reduce the stress of trying to obtain housing, seek gainful employment, reintegrate into their community and gain access to healthcare to treat a variety of conditions exacerbated during incarceration. This will promote successful outcomes during the readjustment process in the community and prevent short and long term consequences associated with unattended disparities upon their release from prison.

In conclusion, former inmates are a population that is in urgent need of an appropriate case management involvement to avoid negative effects associated with incarceration. An adequate transitional planning and continuation of care, which include the respective discharge planning steps and reflect the case manager cultural competence will promote outstanding outcomes. Therefore, the appropriate implementation of those two processes will definitely impact nursing practice, as it will show through a proactive process a population facing less

pessimistic results in the community and incrementing public safety. Eventually, the disparities caused by the lack of insurance will disappear. The Affordable Care Act has given the opportunity to former prisoners to obtain Medicaid during incarceration and even after they are released into the community. This Medicaid expansion within this population will impact healthcare leading to improvement, because it will facilitate the opening of a greater number of treatment doors for former inmates. As result, this will reduce ex-convicts frequent use of the emergency room, relapse into wrongful acts and their mortality rate. This is an optimistic step, toward a better community.

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