



DEPARTMENT OF CORRECTIONS
 AGENCY OF HUMAN SERVICES
 STATE OF VERMONT

NUMBER

____ POLICY
 ____ DIRECTIVE
 ____ PROCEDURE
 361.01.07 PROTOCOL

SUBJECT

Continuity of Care for Medical/Mental Health Services

EFFECTIVE DATE

8/20/97

REVIEWED AND RE-ISSUED

SUPERSEDES

NEW

RECOMMENDED FOR APPROVAL BY:

John A. Spinelli SIGNATURE

AUTHORIZED BY:

Robert J. ... SIGNATURE

I. AUTHORITY

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

II. PURPOSE STATEMENT

The purpose of this protocol is to provide a standard by which continuity of medical and mental health care is ensured throughout all stages of the inmate's incarceration including, but not limited to, contacts with past and current providers in the community and referral to community resources when indicated.

III. APPLICABILITY/ACCESSIBILITY

All individuals and groups affected by the operations of the Vermont Department of Corrections may have a copy of this protocol.

IV. DEFINITIONS

Qualified Health Personnel: are physicians, dentists, and other professional and technical workers who by state law engage in activities that support, complement, or supplement the functions of physicians and/or dentists, and who are licensed, registered and/or certified as is appropriate to their qualifications to practice; further, they practice only within their licenses, certification, or registration.

Mental Health Professional: means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner or other qualified person determined by the Commissioner of Developmental and Mental Health Services.

Continuity of Care: the process by which the sharing of information between providers within and outside the correctional community, regarding the care and treatment of health and mental health problems, facilitates the provider's ability to meet these needs in all individuals.

V. PROTOCOL

Continuity of care begins when an inmate arrives at a VDOC facility where a thorough medical and mental health history, is obtained. This process shall be completed in accordance with protocol 361.01.01 (mental health receiving screening). At the time of this screening, or at any point thereafter where it is clinically indicated, staff should obtain a *Release of Information* from the inmate. This facilitates the process of obtaining past health and mental health records.

A. Health Care Services

1. Obtaining previous health records to provide continuity of care.
 - a. Upon an inmate's admission to DOC, he or she will receive health screening to identify any acute or chronic health conditions; current medications; and/or health history.
 - b. If an inmate has a condition for which previous health records would be helpful in providing continuity of care, the inmate will be asked to sign a *Release of Information* form (if one has not already been obtained) from the provider or hospital which previously provided health services in accordance with Directive 254.02 (Access to Offender Medical and Mental Health Records).
 - c. Refusal to authorize release of information shall be clearly documented.
2. Continuity of Care Within the System
 - a. Chronic Care - for conditions needing follow-up care on a continual basis, (i.e., diabetes, hypertension, etc.), guidelines will be followed as set forth in Chronic Care protocols until the inmate is discharged from the clinic.
 - b. Intrasystem Transfers.
 - (1) When an inmate is transferred to another DOC facility, the top portion of the *Intrasystem Transfer Summary* form will be completed by the sending facility identifying current problems, medications and outstanding appointments/consultations. Any abnormal lab/x-ray values requiring follow-up will be noted.
 - (2) The receiving DOC will:
 - (a) review the Intrasystem Transfer Summary form;
 - (b) review the inmate's health record;
 - (c) interview the inmate;
 - (d) complete the lower portion of the Intrasystem Transfer Health Screening form;
 - (e) make necessary referrals and appointments.
 - c. Continuity for Consultations
 - (1) Outstanding consultation requests will be reviewed by the physician on a monthly basis to ensure that:
 - (a) the consultation is scheduled;
 - (b) the appointment date falls within established guidelines; and
 - (c) the timeliness is appropriate.

- (2) In the event that a referral exceeds the established time frame guidelines, a progress note will be entered to explain the delay.
- d. Continuity for Transferred, Discharged, or Released inmates - DOC will provide the Responsible Health Authority with a list of all inmates who are expected to be transferred or discharged from the system on a regular basis. All anticipated transfers, discharge/released inmates' health records and health status will be reviewed by health service staff prior to an inmate's release. Those inmates with Special Needs that are ongoing will have a discharge plan documented on the *Health Status Report*, and a copy will be provided to the inmate to facilitate continuity of care.

B. Mental Health Services

1. Obtaining previous mental health records to provide continuity of care.

- a. If during an initial screening, any mental health assessment or evaluation or during any other encounter, the inmate discloses a prior incarceration at any VDOC facility, the mental health staff member receiving the information must request the previous mental health records.
- (1) The mental health staff member must complete a *Chart Request* form and forward it to the medical and/or mental health records office. Additionally the staff member shall document this action in the current progress notes.
 - (2) The clerk receiving the *Chart Request* form will log the request in the Record Request Log. A search for the inactive record will then be conducted.
 - (a) If the record is located, it will be forwarded to the appropriate mental health staff member and incorporated into the inmate's current mental health record;
 - (b) If the record cannot be located, the clerk shall return the *Chart Request* form requesting additional information.
 - (c) A response must be given within three working days.
- b. Obtaining past mental health records from correctional facilities outside the VDOC.
- (1) If during an initial screening, any mental health assessment or evaluation or during any other encounter, the inmate discloses a prior incarceration at a correctional facility outside the VDOC, the mental health staff member receiving the information must request the previous mental health records from that facility.
 - (2) Efforts shall be made to receive a response within 3 working days or as soon as possible.
 - (3) A note of this action shall be documented in the inmate's mental health chart.
- c. Obtaining private mental health records
- (1) If an inmate has been receiving mental health care prior to incarceration or if the inmate appears to have a significant past history of mental health problems, the inmate will be asked to sign the *Release of Information* form if he or she has not already done so.
 - (2) The mental health staff member shall submit the form to the administrative staff who will then send for the requested information by mail, fax, etc.

- (3) Upon receipt of the information, administrative staff shall forward it to mental health staff for review.
- (4) If receipt of the information, based on clinical judgment, precludes waiting for any delay in response, the mental health professional should attempt to contact the outside provider by phone; if the outside provider is unwilling to release the information over the phone, a faxed *Release of Information* form will be provided.
- (5) Documentation of these actions shall be noted in the inmate's mental health chart.

2. Continuity of Care Within the System

a. Intrasystem Transfers

- (1) All inmates who are transferring to another facility within VDOC will have their mental health records reviewed by the designated mental health staff prior to transfer.
- (2) The appropriate Transfer Screening form shall be completed and forwarded to the receiving facility.
 - (a) This screening will include a review of the mental health record and documentation of any ongoing treatment needs.
 - (b) A plan for continuity of care shall be communicated directly to the receiving facility in order to ascertain proper follow-up.

b. Discharge

- (1) Released inmates with chronic mental health problems will be provided with a completed discharge summary upon release for continued care.
- (2) The discharge summary shall include provisions for treatment completion, individualized planning and referral to appropriate resources in the community.
- (3) In accordance with confidentiality requirements, mental health information shall be shared with any mental health providers to whom the inmate may seek services.

VI. REFERENCES

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

NCCHC 1992 Adult Standards P-41, P-50.

NCCHC 1996 Adult Standard J-42.

ACA 1990 : 3-4330, 3-4348, 3-4356.

Chronic Care Clinic Procedures and Protocols

DOC SOPs: [Health Care Services]

254.2 [Access to Offender Medical and Mental Health Records]

VII. DRAFT PARTICIPANTS

This directive was drafted by Thomas Powell, Ph.D., Clinical Director, 103 S. Main St., Waterbury, VT 05671. Also actively participating in development of this directive were Erin Turbitt, Sandy Dengler, Shirley Meier, R.N., M.Ed., and Chris Carr, Ph.D.