Indiana Department of Correction
Transitional Healthcare

New and Improved....Oh wait we are just new!

Transitional Healthcare Team

Dr. Kristen Dauss
Chief Medical Officer

Christine Daniel
Executive Director of Transitional
Healthcare

Maranda Sparks
Transitional Healthcare Manager

Transitional Healthcare Department Oversight

- Established health care coverage for releasing persons
- Intensive release planning for the special-needs population
- Officer Breann Leath Maternal Child Healthcare Unit
- Transitional Healthcare Facilitators and Liaisons
- Community partnerships with CHMCs, sister agencies, and vendors
- Advocating for prevention of a justice response to a social determinants of health issues

History of the Transitional Healthcare Department

Prior to September 2019:
- Medicaid Processing Unit and Special Needs Releases under umbrella of Case Management and Re-Entry Services
- Re-Entry planning under umbrella of Contracted Medical Vendor
- Creating band aid responses to social determinants of health issues
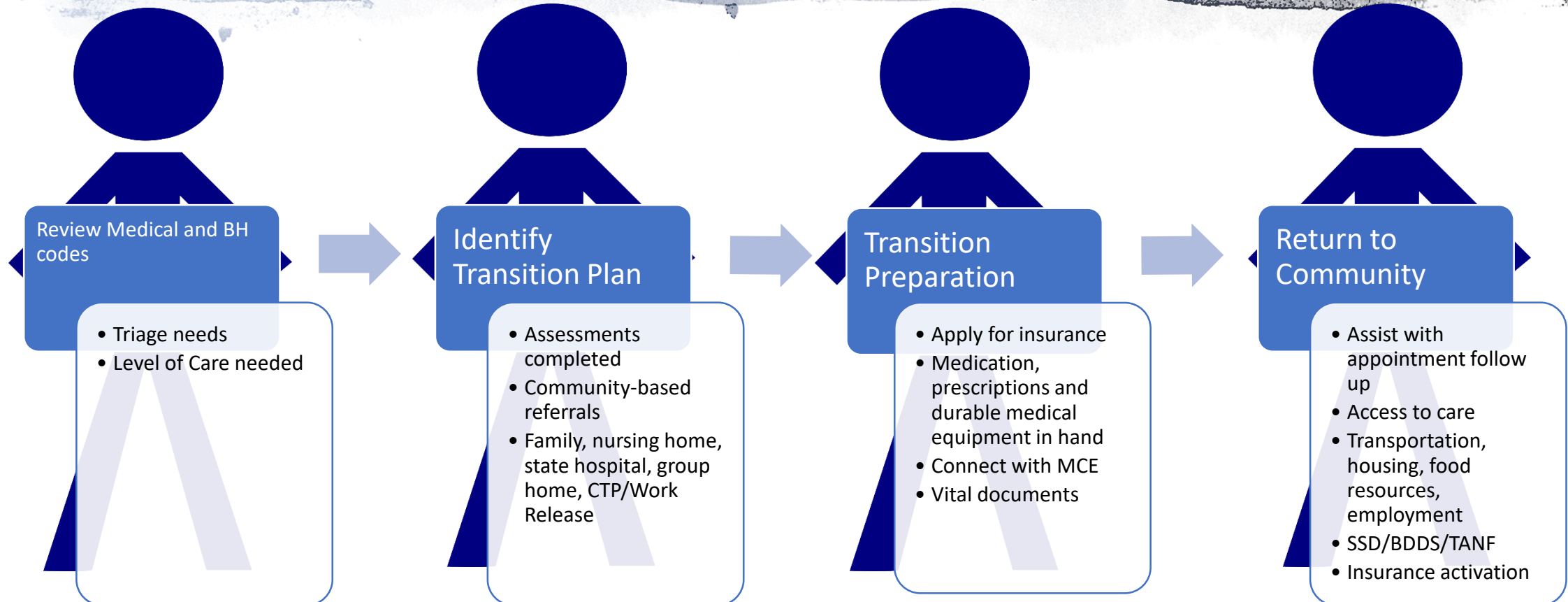
September 2019:
- Establishment of the Transitional Healthcare Department under umbrella of the Medical Division

Case Management vs. Transitional Healthcare

Case Management: RNR model, case planning, program referrals, progress reports, placement

Transitional Healthcare: Medical model, review medical records. Social service or community service referrals

Transitional Healthcare

Review Medical and BH codes
- Triage needs
- Level of Care needed

Identify Transition Plan
- Assessments completed
- Community-based referrals
- Family, nursing home, state hospital, group home, CTP/Work Release

Transition Preparation
- Apply for insurance
- Medication, prescriptions and durable medical equipment in hand
- Connect with MCE
- Vital documents

Return to Community
- Assist with appointment follow up
- Access to care
- Transportation, housing, food resources, employment
- SSD/BDDS/TANF
- Insurance activation

Numbers 2019Let's Talk Numbers 2019

- **Recidivism rate for severe mental health codes:**
  - C Code: 39%
  - D Code: 35%
  - E Code: 40%
  - F Code: 45%
- **Recidivism rate for severe medical health codes:**
  - B Code 31%
  - C Code: 10%
  - F Codes: 31%
- **Upcoming releases within 3 years over 65:** 320
- **Officer Leath MCHU:**   **Babies: 10**   **Pregnant Moms: 11**
- **Average monthly releases that require THD assistance:** 50

How do we release plan?

- Triage by medical/mental health need
  - Ability to care for one's self
  - Psychotropic injections, prescribed life determining medication, need for durable medical equipment
- Identifying social determinants of health
  - Access to care, income level, food insecurity, employment status, racial segregation, gender inequity, education
- Review time served in IDOC and age
- Best releasing location that offer's best success for transitional care into community

COVID 19 Release Planning

- **Changes daily due to active COVID cases within IDOC**

- Facilities with active cases must:
  - Quarantine and test all upcoming releases within the next 10 days
  - Release with a mask and COVID education
  - Contact releasing placement of COVID 19 exposure
  - Attempt to secure food delivery assistance as needed
  - Contact local health department for contact tracing if needed

- All facilities must screen releasing offender, provide mask, and educational information about COVID 19

GUIDELINES FOR RELEASE

SCREENING PROCESS

IDOC is screening all releasing individuals for COVID-19 symptoms and performing temperature checks within 24 hours of release.

CLEARS release screening process:

- Release as normal
- Ensure individual has a face covering
- Provide COVID-19 prevention information

DOES NOT CLEAR release screening process:

- Immediately place individual under medical isolation
- Evaluate individual for medical treatment and COVID-19 testing
- Ensure individual is wearing a face covering at all times

* IDOC is testing all releasing individuals if the individual's housing facility has had a COVID-19 positive staff or offender case in the last 10 days.

RELEASE FROM MEDICAL ISOLATION/QUARANTINE*

If an individual under medical isolation or quarantine is to be released
before the recommended 14-day medical isolation or quarantine period is complete,
the following should be initiated:

CONFIRMED POSITIVE & SUSPECTED

- Contact local health department to which the offender is being released for further monitoring
- Contact family member or placement facility prior to release
- Provide additional guidance to offender and offender family in accordance to CDC guideline for release
- Ensure safe transport and continued shelter
- Continue medical care through IDOC Transitional Healthcare Team
- Ensure individual has a face covering
- Provide COVID-19 prevention information

NEGATIVE CASE, BUT INDIVIDUAL IS ILL

- Ensure safe transport and continued shelter
- Continue medical care through IDOC Transitional Healthcare Team
- Ensure individual has a face covering
- Provide COVID-19 prevention information

* IDOC is currently testing all individuals under medical isolation and quarantine for COVID19.

Current THD Initiatives

Medicaid Taskforce	Activating SNAP benefits for releasing citizen
Transitional Healthcare Facilitators	IDOC/SOAR Partnership
Regional Recovery Hub	To Go Naloxone Bags
Hep C Transition Planning	Continued partnership with CareSource and special population

What Support We Need From You

- **Address barriers to social determents of health through community partnerships**

- **Address recidivism rates for offenders with severe mental health and medical codes**

- **Enhance focus on recidivism for minority population related to social determinants of health**

- **Increase attention for releasing long term offenders**

- **Educate stakeholders on services provided by THD**

- **Increase maternal health services for the pregnant population**

Contact Us!

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    - Same email on the IDOC Offender Progress Reports

The End

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Questions