Recommendation 4

Improve discharge planning from jails, hospitals and emergency departments.

Introduction

In January 2021, DHS administered a public engagement feedback survey to collect input on 16 recommendations generated by the Crisis Response Stakeholder Group. In this report, the overall response numbers and a summary of respondents' comments on this recommendation are described. Then, we provide a deeper dive into the specific suggestions and concerns respondents provided, along with quotes that help to illustrate these comments.

Recommendation Description

Recommendations were briefly described in the survey, while more detail was provided in the Recommendations PDF document. Individuals taking the survey had the ability to download the recommendations document before starting the survey but we do not know who took this step or not. Both descriptions are included below.

Recommendations Document

Improve discharge planning from jails, hospitals and emergency departments. Individuals leaving jail, the emergency department or hospitals may need continued services to address their behavioral health needs. A coordinated discharge plan can ensure these individuals receive the continued care they may need, and that no one falls through the cracks upon leaving a facility. Ideas include:

- Consider standardizing coordination with community providers at discharge from jail
- Need a way for jail discharge planners to know which providers the individual was previously connected to
- Reduce or eliminate fines and fees to ensure people have adequate financial resources to access housing
- All level 1 trauma centers should have a Licensed Clinical Social Worker or behavioral health experienced social worker available 24/7
- Create post-crisis teams that reach out to people after discharge to make sure they have the basic needs, services and supports they may need after leaving a facility
- Warm hand-off and immediate follow up is necessary, within 24 hours if possible
- Consider expanding the role of "forensic liaisons" to increase the geographic coverage of jail discharge planning

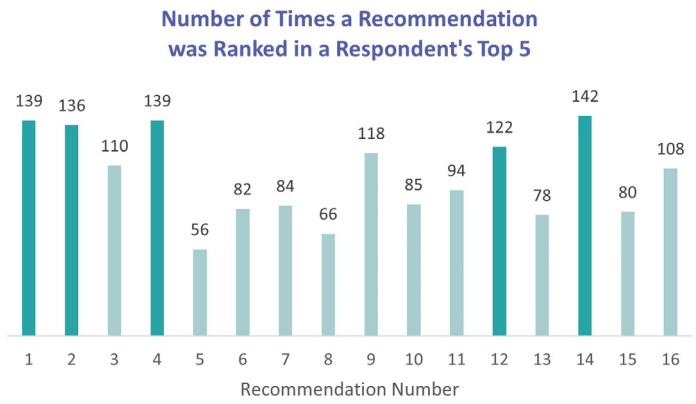
Survey

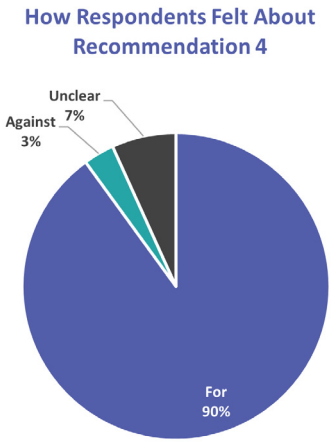
Improve discharge planning from jails, hospitals and emergency departments. Individuals leaving jail, the emergency department or hospitals may need continued services to address their behavioral health needs. A coordinated discharge plan can ensure these individuals receive the continued care they may need, and that no one falls through the cracks upon leaving a facility.

What do you think of this recommendation?

Number of Responses and Rankings

340 respondents wrote comments about Recommendation 4. Additionally, 139 respondents ranked Recommendation 4 in their top 5. Responses were organized into three categories: Pro, Against and Unclear.[1] See rankings and descriptions for all recommendations in the chart and table below. The top 5 most-ranked recommendations are highlighted in the chart.





16 Recommendations for Improving Crisis Prevention and Response

Rec	Description
1	Improve the quality and increase the availability of crisis walk-in centers and other services that are available 24 hours a day, 7 days a week to receive a person experiencing a crisis.
2	Improve mobile crisis options and functioning.
3	Support first responders across the county to receive needed, ongoing training.
4	Improve discharge planning from jails, hospitals and emergency departments.
5	Enhance designated phone line(s) for connecting individuals to human services so that healthcare systems, providers and discharge planners have one place to call when patients need immediate human services and supports.
6	Establish a structure and set of protocols that is responsible for overseeing and holding accountable the full crisis system.
7	Develop a system or resource with real time information on service availability (e.g., eligibility criteria, area or population served, appointment availability).
8	Increase availability of easy access, low-barrier respite centers and similar models.
9	Launch co-response teams to respond to 911 calls.
10	Develop awareness around an alternative number to 911 that people can call when someone is experiencing a behavioral health crisis and explore strategies to provide a behavioral health response to 911 calls involving individuals in crisis.
11	Increase the availability of preventative and proactive outreach supports to prevent a crisis before it occurs.
12	Address basic housing needs.
13	Establish and fund more community-led and operated crisis response models.
14	Make sure qualified, trained frontline staff are available 24/7 for individuals experiencing crisis and that these staff have the appropriate compensation, support and caseloads to provide the best services possible, no matter the time of day.
15	Develop a process to address mistrust and hurt between communities and government, including law enforcement.
16	Increase the number of Black, Indigenous and People of Color (BIPOC) behavioral health providers.

The highlighted recommendations were most often ranked in the top 5 by survey respondents.

[1] For responses were in favor of the recommendation. Against responses were against the recommendation. Unclear responses left it unclear what the respondent thought and included individuals whose comments made it seem likely that they misunderstood the recommendation as well as those who wrote comments responding to something other than the recommendation.

Summary of Comments on Recommendation 4

Overall, respondents felt the current system was not working well enough. They called for service coordination -- between jails and community providers and services, between hospitals/emergency departments and outpatient providers – to be more comprehensive and proactive. They called for more and better services – to meet basic needs, address all levels of care -- to connect people to on discharge (and to prevent crises to begin with). Respondents noted that individuals are vulnerable when being discharged from jail or discharged from a medical facility, and that they are in need of assistance to connect to services.

Many also expressed the need for discharged individuals to have a say in creating their own care plan, with others recognizing that individuals have varying levels of willingness/interest in following their care plan, and that this could be a barrier. Some suggested that more service coordination and involvement of peers could increase follow through on care plans. Respondents hoped and expected that improving the discharge process would improve outcomes, leading to fewer readmissions and less recidivism.

Responses to this recommendation were grouped into the following categories, which are described in more detail on the following pages: [2]

- Discharge Process Improvement Ideas
- Service Coordination Must be Improved
- More and Better Services are Needed
- Other Ideas/Concerns

[2] Some comments were assigned multiple themes and some responses didn't fit into a theme.

Discharge Process Improvement Ideas

Respondents generally felt discharge processes of emergency departments, the jail and hospitals were not sufficient.

1. **More specificity is needed:** Discharge plans need more specificity and should not just be a piece of paper with phone numbers on it. Suggestions for what should be in a discharge plan include: emails, phone numbers, addresses, capacity for new patients, transportation information, information about services, different levels of services/options explained.
2. **Appointments should be scheduled:** Follow up appointments should be scheduled before an individual leaves, with a process for scheduling those appointments if individual is discharged after hours. Respondents suggested including overnight/afterhours staff in any implementation planning.
3. **Appointments should be sooner:** Appointments should be scheduled sooner after discharge, so there is not as much of a gap between care.
4. **Discharge planning should begin earlier:** Discharge plan creation should start earlier, especially for those in jail. For those in jail, it should include service providers coming to the jail to meet with future patients/clients to start that relationship. One respondent suggested looking how the Fortune Society in NYC helps individuals transitioning out of Rikers.
5. **Are suggested providers and services accepting new patients?** Providers or facilities an individual is referred to should be pre-checked to ensure they have the capacity, willingness and ability to take on new patients.
6. **Client-Driven:** Respondents said it was important that discharge plans be reasonable, doable and respectful to the client and that clients should be included in creating their own plan.
7. **Additional Comments on this Theme:**
    a. **Levels of Care**: Respondents noted that individuals should be better routed to the appropriate level of care. (Examples of poor discharge placement were: JRS clients being sent to the CRC; people needing partial hospitalization being sent to outpatient care; previously 302-ed homeless individuals being discharged to the street.)
    b. **Client Willingness:** Respondents noted that no matter the services or coordination offered, individuals were sometimes unwilling or uninterested in following their care plans.
    c. **Contacting Individuals:** Some individuals may not have phones when discharged – consider how these individuals fit into a follow up process. Also, try to ensure discharged individual is given accurate contact information.
    d. **Medications:** Create a way to get medications to people more quickly after discharge, especially from jail or a behavioral health center.

What Respondents Said about Discharge Improvements:

"100% agree with this. Unfortunately, when it comes to leaving jail/prison people are denied access to various programs so that's a whole law-making issue that needs to be addressed, but there definitely can be more work done to develop discharge planning that includes the CX's input. CX's input is key for it to actually be successful and this needs to happen well before they are actually discharged."

"This is essential and should be prioritized. ERs/hospitals are still discharging people who do not have any insurance or have MA as quickly as possible with little or no follow up in place. Handing a person a piece of paper with a phone number on it is NOT ethical or sufficient."

"In complete agreement with this as many are just discharged from the jail with nothing in place for services let alone a safe place to go or even food. The discharge process needs to be more comprehensive so that they don't get lost in the system."

"Discharge planning is critical. It would be ideal if the next appointment is already scheduled, and the individual knows exactly where to go and why they are going there. Discharge plans should include information about the various supports available, phone numbers that can be called, and explain various levels of support that are offered."

"This is a huge need. Working in the homeless system, I often engage with individuals recently discharged from jail/prison/hospitals without anywhere to go and/or without clear guidance for continued care."

Service Coordination Must be Improved

Respondents overwhelming said that dedicated, proactive, full-time coordinators were needed to help individuals follow their discharge plans, and said much more is needed to help individuals follow their care plans, including peers, transitional housing, and communication between services and providers.

1. **Proactive Service Coordinators/Navigators/Social Workers/Case Managers Needed**: These full-time coordinators would help to advocate for individuals and connect them to services.
    a. DHS should centralize a service coordinating process, providing a managed care service to help individuals follow their care plan.
    b. Coordinators should take on role of connecting individuals to services via a warm handoff, scheduling appointments for individuals, checking on referrals for individuals.
    c. Discharged individuals should be followed up with on a regular basis by coordinators/case managers to ensure individuals are able to follow discharge plan, to help remove barriers. Respondents suggested coordinators checking in 1 or 2 days after discharge, 1 week after, every week, every month.
    d. A proactive mobile therapist/service coordinator could go to someone's home to help that individual to coordinate services and care.
2. **Peers and Mentors Would be Useful:** Respondents suggested peers might be useful to act as longer-term mentors and navigators, especially for those leaving jail. It was suggested that any implementation plan to improve the discharge process should include a peer review board of individuals who have been at the ACJ or experienced previous mental health crises.
3. **Better Communication/Collaboration**: Respondents noted that there are challenges in communicating between the jail and service providers in the community.
    a. Jail staff should have access to Clientview.
    b. For those discharged from jail, discharge plan creation should include everyone (parole, social worker, care provider) to ensure everyone is on the same page.
    c. Jail staff need to better communicate information to outside providers, and outside providers need a way to share their information with the jail. Specifically, if jails can, they should inform outside service providers when their patients are discharged; jail psychiatrists should also be able to access outside care plans.
    d. Information sharing between levels of care must be made easier.
    e. Individuals may need to sign a release/consent to the coordination of services.
4. **Transition Housing**: Respondents suggested having safe, voluntary housing for individuals who are discharged who don't have a place to go or who want help transitioning back to community (especially for those discharged from jail), that could be used for 1 week to 2 months. This housing would give people a permanent housing address to help them reactivate SSI and medical assistance and allow staff time to assess their need for services.

What Respondents Said about Service Coordination

"Discharge planning is really important, but having someone to help the client with FOLLOWING the plan is just as important."

"A list of resources is provided now - what is needed is actual referrals and then follow up from those providers. When people are getting back to the business of their everyday lives after being incarcerated or hospitalized: following a recommendation isn't on their list of priorities, even if they want the services. If providers reached out to them, instead of waiting to see if someone calls: it takes the burden off the individual."

"This makes a lot of sense. I do think that beyond a coordinated plan, though, these folks need a sponsor of sorts to act as a continued support. While a plan may be a great start, I'd suspect these folks could need years of support. Could this plan involve a mentorship component? Perhaps some of the sponsors could be folks who were also formerly in these situations and could act as guides for those coming out."

"I think this is very important and absolutely needed. Even if it were a type of service coordination center where individuals could call in to inquire about the status of their referral, etc. would be helpful. Otherwise individuals often call the ED/jail/etc. looking for answers that no one can give them."

"While I agree, I work in the system and believe that a lot of time this is attempted. People don't always agree so while this is a good part of the puzzle, it relies on out of our control factors such as person willingness and service availability. Maybe develop a specific service or function to provide active outreach to person and service for a specified period of time to ensure services going well and address barriers."

"I think this is great, but harder to implement. People are so overwhelmed and having good, solid d/c planning can be time consuming and a challenge, especially when services are limited, overwhelmed or just not available in the area. Also having more staff whose sole job is to provide GOOD d/c care is needed - we are too short staffed in these areas and the people [it] falls to are overwhelmed with other things."

"Providing options for resources in the area, as well as having designated teams who follow up with patients 2 days post-discharge and 1 week post-discharge may improve loss to f/u, as many patients feel they are 'kicked out the door' when given these resources, and do not meet inpatient criteria. Having a person reach out to ensure they are cared for and their mental health matters to someone is crucial."

"Absolutely we need a patient navigator, bridge, or warm handoff to make a successful transition. There are so many variables and factors from costs, transportation, knowledge, technology, etc that can serve as barriers to next step. If there was a social worker trained to help the consumer navigate and ease this transition that would be wonderful."

"Highly agree. I have been practicing in Pittsburgh since 2009, and have yet to figure out a way to speak to a clinical person at the jail to coordinate care, or receive notes or discharge medications. Getting treatment in jail is like getting treatment in a black hole. Often times patients themselves don't even know what medications they were receiving, and like I said, it's impossible to get any sort of records/documentation or speak to a clinician."

More/Better Services are Needed

Respondents noted that even if service coordination is improved, it won't help much if there are not enough services to connect people to.

1. **Services to Address Basic Needs**: Respondents noted that there needed to be an increase in services to meet the basic needs of those being discharged from jail (or otherwise).
    a. Those needs might include: health insurance, free or low cost health care, bus passes or cab fare, a phone, a safe place to stay, food, medications, employment and cash.
    b. Respondents suggested targeted funding to those recently discharged from jail to help with the transition back to community.
2. **More Beds/Programs/Services**: Respondents noted that the infrastructure for basic services needs improvements and that more services are needed – waitlists are long. Some suggested additional services in the following categories:
    a. For those with intellectual disabilities and autism
    b. Behavioral Health beds/slots/programs
    c. Medical respite and shelters for medically fragile patients
    d. More options for those whose level of care is below 302/residential threshold
    e. Re-entry programs and housing
    f. Mental health urgent care
    g. Community-based services and supports
    h. Overall, respondents said more staff was needed so better service coordination doesn't overburden agencies
3. **Better Services in Jail and Hospitals**: Respondents suggested that mental health assessments and care in jails could be greatly improved, and that emergency departments might need more time/resources to help needy people. It was suggested that providers should be reimbursed for time spent doing follow-up care and coordination.
4. **Reducing Barriers to Care:** Respondents suggested reducing providers' criteria for accepting patients, and fixing issue of individuals being denied access to programs.

What Respondents Said about Services that are Needed

"This is a mixed bag. If there are not appropriate places for the incarcerated individuals to be discharged, then this is a moot point. Focus on the actual social service infrastructure in this county first!…"

"Yes yes yes. Smooth transition is so important. We've learned that from the Jail Collaborative work. But this is really three recommendations with very different messages and avenues of change. Unless we have champions who want to do work from inside of jails, hospitals and emergency departments, I tend to think that we should focus on improving human services first."

"The ability to implement this recommendation will be largely based on the availability of community-based services and supports that institutions can collaborate with for discharge planning. I would first prioritize accessible, community-based services and then support discharge planning that connects to those services."

"This recommendation assumes there are adequate services and supports available in the community. Nothing could be further from the truth related to people with ID/autism. If services and supports were adequate in the first place, people would be far less likely to end up at the jail. You cannot have a discharge plan without somewhere to send people. One cannot fall through a crack between jail and something else that does not exist."

"This is a necessity. An issue with this may be wait time for new services to start upon leaving the hospital. If a discharge plan is put in place, but new services have a wait list of a month or more there are still individuals falling through the cracks prior to their next service starting or choosing not to utilize the support once it is available. There needs to be a warm hand off upon discharge."

Other Ideas and Concerns

There were some ideas mentioned that didn't fall into an overarching category. These ideas are outlined below.

1. Jails/hospitals/the County should partner with community organizations to improve discharge planning. Suggested partners included: FlikShop, PGH Mutual Aid, Jailbreak, Foundation of HOPE.
2. Better discharge planning process should not delay discharges.
3. Abolish bail and jail or divert from jail in the first place.
4. Create a County-funded service to pay for medications for physical ailments.
5. A rule barring discharging an individual to the street.
6. Concern about what it would cost to improve discharges in a meaningful way.
7. Support for families of those with mental health issues would be useful, as families are often helping ensure individuals follow their discharge plans.