

Discharge Planning: A Win for the Community and the Jail

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Educational Objectives

01

**Describe the
benefits of a
discharge planning
program**

02

**Examine the ins and
outs of developing a
discharge planning
program**

03

**Identify ways to get
the stakeholders
involved and on
board**



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According to HUD's 2021 Annual Homelessness Assessment Report & NAMI data:

326,000 Sheltered Homeless

21% of people experiencing homelessness also have a serious mental illness

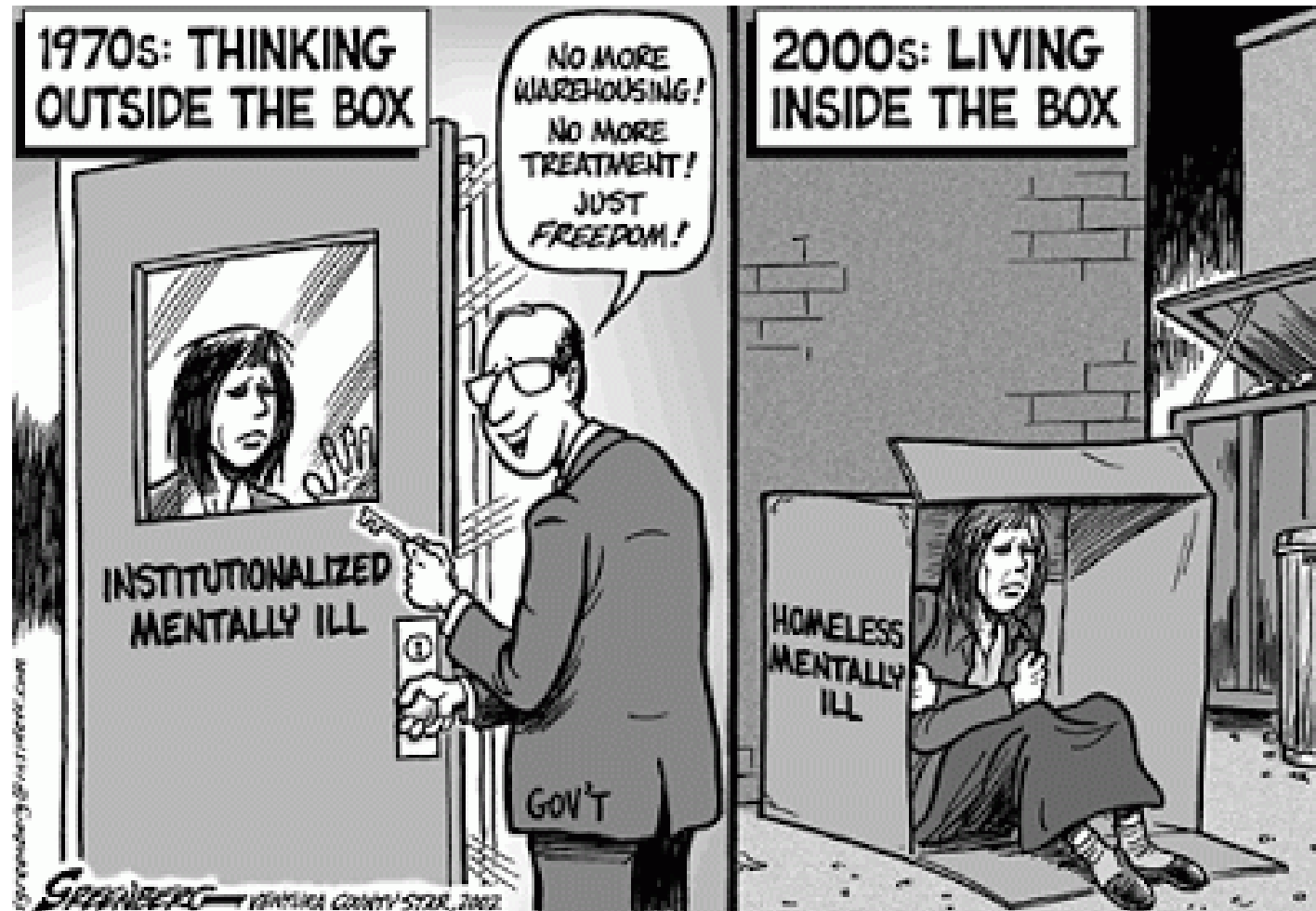
38% of people experiencing homelessness are dependent on alcohol

26% of people experiencing homelessness are dependent on drugs



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Policy Shift



According to NAMI and Bureau of Justice Statistics:

About 2 million times each year, people with serious mental illness are booked into jails

About 2 in 5 people who are incarcerated have a history of mental illness (37% in state and federal prisons and 44% held in local jails).

66% of women in prison reported having a history of mental illness, almost twice the percentage of men in prison.

In the United States, 58% of adults who have been in state prisons and 63% of people who have been sentenced to jail have drug use disorders compared to 5% of the general adult population



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Why discharge planning?

Homelessness is associated with increased risk to be involved in the criminal justice system. Research shows high rates of homelessness for offenders leaving state prisons and local jails. Once they are homeless, these individuals are at increased risk to reengage in illegal activities that result in re-incarceration.

According to The American Psychiatric Association:

- “Timely and effective mental health discharge planning is essential to continuity of care and an integral part of adequate mental health treatment.”

According to American Medical Association:

- “Correctional and detention facilities should provide medical, psychiatric, and substance misuse care that meets prevailing community standards, including appropriate referrals for ongoing care upon release from the correctional facility in order to prevent recidivism.”



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OUR SOLUTION—F2ACT

RELEASE

RESOURCES

COMMUNITY
SUPPORT

**FAMILIAR FACES ACTION AND COMMUNITY
TRANSITION**



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Who is a Familiar Face?

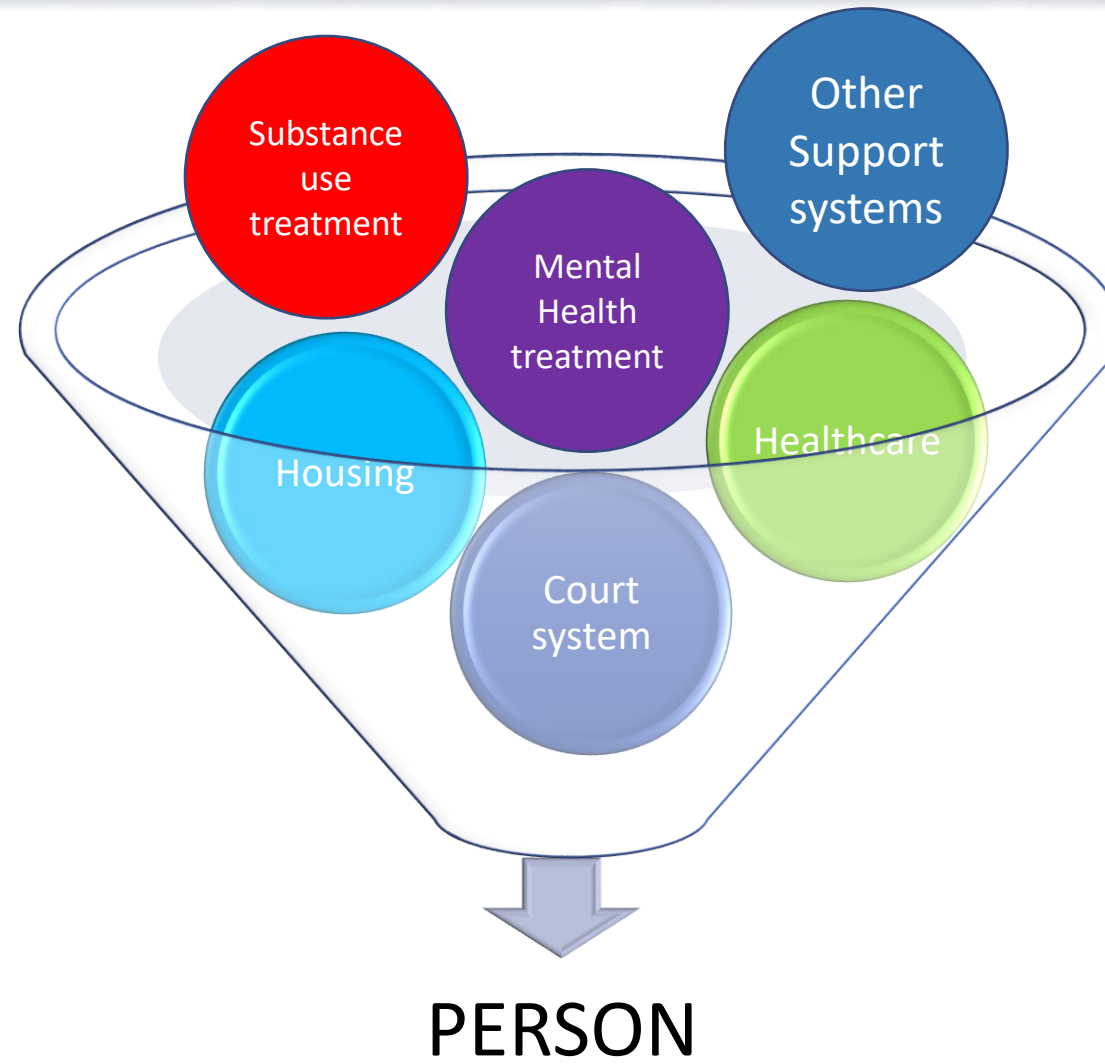


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Benefits of Discharge Planning

Link	Link participants to resources
Reduce	Reduce Recidivism
Prevent	Prevent Return to Homelessness
Invest in	Invest in Human Potential
Maintain	Maintain Gains





Partnerships we formed



Peace Hospital

UL of Health



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Stakeholders on board



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DISCHARGE PLANNING COMPONENTS

Reentry Referral Specialist role:

- ✓ Medication
- ✓ Health insurance
- ✓ Shelter/housing
- ✓ Public transportation/bus tickets
- ✓ State ID
- ✓ Warm hand-off

Community Outreach Specialist role:

- ✓ Backpack
- ✓ Continuation of treatment/care
- ✓ Employment assistance
- ✓ Any other reentry related assistance



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Does discharge planning work?



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Our Data

F²ACT program participant data

- Data was pulled from July 1, 2015 to August 31, 2017
- Source: Excel file

Booking records for the F²ACT participants

- Data was pulled from July 1, 2013 to August 31, 2019
- Source: XJail database



Results

Category	Count	Percent
Complete success: Zero Bookings since Release	161	22.5%
Success: Fewer Number of Bookings since Release	315	44%
Success: Equal Number of Bookings since Release	83	11.6%
Recidivism: Greater Number of Bookings since Release	157	21.9%

78%
success



Results: Complete Success

**Average days
booked**

**Before:
157.71**

**After:
0**

**Total days
booked**

**Before:
25,391**

**After:
0**

**25,391 fewer days
Savings of \$1,825,866.81**



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Results: Fewer bookings

Average days booked	Before: 199.51	After: 137.81
Total days booked	Before: 55,289	After: 36,525

18,764 fewer days
Savings of \$1,349,319.24



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Results: Equal Number of Bookings

Average days booked	Before: 133.08	After: 135.35
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Total days booked	Before: 10,114	After: 10,085
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29 fewer days
Savings of \$2,085.39



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Recommendations and Next Steps

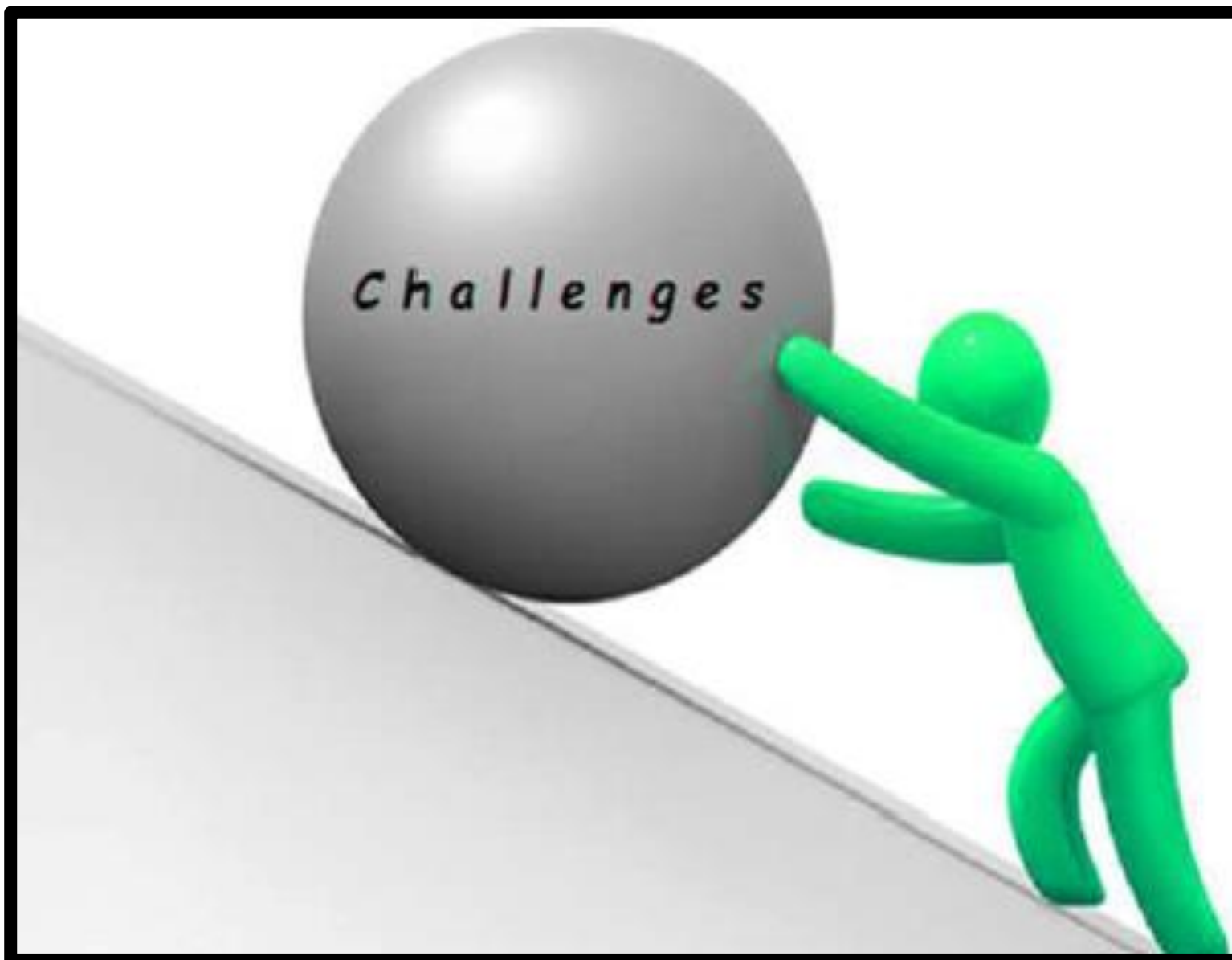


Based on this analysis, a new data collection system was implemented to improve data quality and gather more variables of interest



Consider using a comparison group for the next evaluation to see if there are differences between outcomes for those who received and did not receive program services





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