



Department of Justice and Public Safety
Adult Custody Services

Policy: **Discharge planning and Transitional Supports F9**
Effective: July 2013
Revised: December 2022

MISSION STATEMENT

Adult Custody Services is committed to providing professional practices that respect human rights and ensure safety for all. To be successful we will deliver fair practices, incorporate transparent policies and procedures, ensure independent quality assurance processes, and provide program access that allows for educational, cultural, traditional, and faith-based services as well as mental wellness and community re-entry assistance.

PURPOSE

To assist adult client's transition back to their community following a period of custody by making the necessary linkages and referrals with needed resources and, providing specific information in writing, to the client to improve their chances of succeeding with their plan.

LEGISLATIVE AUTHORITY

[Corrections Act NB Regulation 35\(a\)](#)

SCOPE

This policy applies to all employees of the Adult Custody Services division of the Department of Justice and Public Safety.

POLICY GUIDELINES

Discharge Planning, unlike re-entry planning that begins at the time a client is admitted into custody, represents the final stage of the re-entry process. It is by and large meant to address the immediate needs of the client upon their release from custody, a time when the client can be most vulnerable to re-offending due to an inability to address immediate needs (e.g., methadone maintenance, lack of transitional housing).

PROCEDURE

Responsibility of Correctional Programmer

As part of their case/program management duties for incarcerated persons serving a sentence of 30 days or more, Correctional Programmers shall

- Create a folder in the Institutional Shared Drive with the client's name and CIS number and include a Discharge Planning and Transitional Supports form in which the Programmer and the Nurse will complete their respective sections. Programmer shall notify nursing staff that the form exists and ready for their input.

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- Ensure that the client signs an informed consent permitting the programmer to discuss his/her case with other community service providers, and to refer him/her for services.
- Ensure that all pertinent contacts made with community agencies and individuals are documented in CIS and, where applicable, included on the form.
- Ensure that the form is completed in its entirety, including medical section, no later than one week prior to the client's release from custody.
- Ensure that the plan is clearly written, outlining with whom the client will be meeting, where, when, and how they will get there, if applicable.
- Ensure that the discharge plan has been explained to the client, he/she understands, and signs the discharge plan indicating his/her agreement and intention to comply.
- Ensure, where available, that the client has received some literature containing information on community resources in his/her respective home community.
- Ensure that the client receives a hard copy of the completed and signed discharge plan; and
- Once the form has been completed in its entirety and signed by the client and programmer, scan and email the entire Plan to those with whom the client will be meeting in the community, in advance of client's release (nursing staff to be copied into email to health providers); this includes scanning and emailing to Probation Services.

(Note: although the client will receive the whole form, depending on his/her level of functioning, the summary page of the discharge plan may prove to be the most useful)

Responsibility of Clinical staff

As part of their health-related duties for incarcerated persons serving a sentence of 30 days or more Clinical staff shall, upon receiving notice from the programmer that a file has been opened in the Institutional shared drive on a specific client about to be released from custody,

- Have the client sign a consent form specific to medical information, permitting the sharing of health information and referral to community health provider(s).
- Ensure all contact information is included in medical section of the Discharge Planning and Transitional Supports section.
- Advise the Institutional Programmer once the medical referrals to community health providers are done and discharge form completed.

Note: A signed copy of the plan in its entirety will be provided to the client by the programmer

RELATED POLICY

C11 Release/Discharge
E10 Client Guide
F1 Classification
G5 Medications
G6 Consent for Medical Treatment
Adult Institutional Policy Manual N.B