CaTCH Protocol-Correctional To Community Healthcare: Facilitating Post-incarceration Healthcare Follow-up
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PURPOSE
- To facilitate community-based transitional primary healthcare for inmates after release from local county Correctional Facility

BACKGROUND
- 2013: 2 million inmates incarcerated in USA
- Inmates have higher rates of asthma, hypertension, arthritis, diabetes, hepatitis, and myocardial infarction
- Released inmates return to their communities with little or no access to healthcare
- Lack of access to post-release healthcare places former inmates at risk for serious consequences of their chronic physical and mental health problems
- Inmates are at a 12 times greater risk of death within the first two weeks post-release as compared to individuals of the same race, sex, and age
- Inmates have little to no healthcare prior to incarceration
- Healthcare during incarceration may be first time treatment for chronic disease
- 13,000 inmates incarcerated at local county facility

OBJECTIVE
- Develop a primary healthcare discharge referral protocol for county inmates
  - Evaluate current system in county Correctional Facility
  - Build consensus around organizational process change
  - Utilize semi-structured interview questionnaire to evaluate inmates’ post-release primary healthcare needs
  - Develop a discharge follow-up protocol for healthcare
  - Establish a formal agreement with a community-based facility for post-release healthcare

LOCAL PROBLEM
- Inmates have multiple chronic health problems
- Limited medications provided at time of release; Rx’s rarely provided
- No well-developed or articulated primary healthcare follow-up program
- Arranging primary healthcare post-release sole responsibility of ex-inmate

THEORETICAL FRAMEWORK
Mary Naylor’s Transitional Care Model

PROCESS IMPROVEMENT
- Meet with stakeholders to assess organizational needs
- Study the operations and processes for releasing inmates post-incarceration
- Identify a model of care to inform the discharge protocol
- Consult with community-based healthcare clinics to find an agency that would accept post-release inmates
- Interview current cohort of inmates to define their post-release healthcare needs
- Develop the discharge protocol

CONCLUSION
- Inmates have high rates of chronic illness and unmet primary healthcare needs post-release
- CaTCH Protocol provided a conceptual model for developing a seamless transition process from correctional to community-based care
- CaTCH Protocol benefits older inmates with chronic health problems and inmates without an identified source of post-release care
- Reducing difficulties for inmates obtaining post-release healthcare may influence inmate transition back into the community
- Healthy people promote healthy communities
