



The Assess, Plan, Identify, and Coordinate (APIC) Model

Description/aim	<p>Developed to launch SAMHSA’s GAINS Center’s Re-Entry Initiative, the Assess, Plan, Identify, and Coordinate (APIC) model is a framework of best-practice guidelines for post-release discharge of people with mental health and addictions (MH/A) needs. Guidelines should be tailored to the local context. The model was designed to support community re-entry of inmates and detainees of the correctional system. It focuses on the elements of successful re-entry to plan their transition to the community and help them engage with supportive services after their release.</p> <p>The model focuses on several key components required at the individual level, based on the APIC acronym: (1) Assessment of needs and risks; (2) Plans for treatment; (3) Identification of services; and (4) Coordination of the transition plan via linkages to community supports. The goal is to ensure that the released individual is discharged with information specific to their unique needs and circumstances.</p> <p>At the system level, the APIC model highlights the importance of collaboration among multi-sectoral community partners to ensure that the community is committed to the transition process. This can take the form of a local jail transition coordinating group/oversight committee to apply the APIC model at the individual level. The aim is to develop an overarching community plan for transition from the criminal justice system to the community, within the parameters specified by the group and its identified mechanisms. Such system-level activities are required prior to the creation of individual transition plans.^{1,2}</p>
Populations	<p>Individual Level: Jail inmates and detainees of the correctional system who have MH/A needs (the model was originally developed for people with co-occurring disorders).</p> <p>System Level: Community/agency representatives from corrections and community care sectors/agencies.</p>
Gap addressed	<p>Transition from the corrections system to the community (begins at the initial entry point into the corrections system and can apply to short-term detention as well as long-term incarceration).</p> <p>The Sequential Intercept Model embeds the APIC principles into Intercept 4 (Reentry) of the GAINS Center’s criminal justice–mental health continuum (see http://gainscenter.samhsa.gov/pdfs/integrating/GAINS_Sequential_Intercept.pdf).³</p>

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Key components

Individual Level:

- ❖ **Assess** clinical/social needs and risks to public safety before release (e.g., using standardized screening tools).
- ❖ **Plan** for treatment and other services to address and prioritize the individual's needs and remove obstacles to successfully community re-entry (e.g., address needs regarding housing, health care, MH/A, employment, income support) in collaboration with the individual to ensure that they have a say in their plan.
- ❖ **Identify** services and programs the individual will likely need after release (through sharing information between correctional and community services regarding referral and outcome expectations). The guide suggests providing resource lists to those who are detained for under 48 hours so that they know where to turn upon release.⁴
- ❖ **Coordinate** the transition plan to ensure immediate access to care.^{1,2}

System Level:

- ❖ Determine target population and parameters for transition initiative through a strategic planning activity.
- ❖ Develop roles and responsibilities for all staff involved in the implementation of the APIC model at the individual level (e.g., jail staff to conduct screening and assessment; community providers to articulate their capacity for accepting referrals, providing services, and participating in follow-up activities).
- ❖ Create working arrangements between organizations (e.g., via protocols or MOUs).
- ❖ Ensure that information management systems are in place (following privacy regulations).
- ❖ Ensure cross-training of staff (e.g., cover topics such as confidentiality and information sharing, and type of information to be exchange – this could lead to the development of release forms).
- ❖ Help develop or compile specific guidelines, processes, and materials for each APIC component.^{1,2}

Services, sectors,
levels of care
involved

Corrections and community service sectors

Resources required

- No specific human resources are needed, but the developers suggest using “dedicated transition planning staff”
- Staff may need training
- Process and outcome monitoring and quality frameworks needed for implementation
- Electronic medical records may be useful
- New procedures might be needed to document cases and share information



Readiness for
Implementation

Related Toolkit available, with examples of forms, assessments, and planning guides to assist with applying the APIC model in practice:

http://www.jjay.cuny.edu/Jail_Admin_Toolkit.pdf.⁵

The National GAINS Center developed a Re-entry Checklist to use in applications of the APIC model: http://gainscenter.samhsa.gov/pdfs/reentry/Reentry_Checklist.pdf.⁶

Effectiveness
Evidence

APIC was developed in response to an extensive review of the justice system that highlighted inadequate planning of discharge and transition for inmates with mental health needs and co-occurring addictions. The model was based on feedback from jail administrators and a review of research literature that included studies on the organization of jail mental health programs and the elements that may support transition planning after jail release.

Over time, APIC has been discussed in various reports and papers. To date, few quantitative studies have assessed the effectiveness of applying the APIC model as a whole. Some pilot studies of the GAINS Re-entry Checklist in two U.S. jails suggested that the checklist was beneficial, and shared several lessons to consider.

Usage in Ontario is unknown, but an extensive review from the Schizophrenia Society of Ontario identified APIC as a “promising practice” in other jurisdictions.⁷

Contacts

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References and
Resources

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APIC: Practical Strategies for Improving Assessment, Planning, Identification, and Coordination of the Justice-involved Individual

Assess and Plan

- Ensure that the first two components of the APIC Model (**Assessment** and **Planning**) are carried out *as early as possible* upon the individual's entry into the justice/correctional system – ideally within the first 48 hours.^{1,2}
- Screening and assessment should be related to all needs/risks, utilizing standardized tools and processes that are also culturally sensitive and client centred.²
- Types of screening tools for re-entry planning highlighted in the *Toolkit for Reentry* include: medical, mental health (e.g., *Brief Jail Mental Health Screen*), substance abuse, homelessness, and multipurpose (e.g., *Level of Service Inventory-Revised and Level of Service Inventory-Revised: Screening Version*) (http://www.jjay.cuny.edu/Jail_Admin_Toolkit.pdf).³
- Use “Fast-track” screening/assessment strategies when individuals spend less than 3 days in a facility or might re-enter the community at any moment.² Screening is a quick process that can identify the need for immediate attention, further comprehensive assessment, or treatment, and does not require substantial training.^{4,5}
- Use existing or suggested documentation tools (e.g., the National GAINS Center's Re-Entry Checklist – http://gainscenter.samhsa.gov/topical_resources/reentry.asp) for developing a community re-integration plan.⁶
- Obtain client, and even family, input when creating transition plan so that the approach is tailored to the client and incorporates their lessons about what worked/did not work in the past.
- Address all potential (even basic) needs in the transition **plan**, including clothing, food, transportation, healthcare, shelter, etc., and begin to **identify** where to refer.²

Identify and Coordinate

- Ensure that case managers or transition planning staff are aware of all evidence-based community services (perhaps using existing databases such as ConnexOntario).
- Communicate and share information, practices, processes, and referral packages across sectors – it is necessary for corrections/justice staff and community service providers to form close working relationships.⁷
- Ensure that copies of the transition plans or summaries are distributed to the client and all correctional staff and community service providers prior to release – this will help with seamless **Coordination** of the plan and *continuity of care* from the justice system to the community. The ideal approach would be to use electronic documents/ information sharing protocols^{1,2,7}
- Ensure warm hand-offs when making referrals .
 - Could involve making appointments for the client (with their/family involvement) and following up to ensure that the client attended and to find out about subsequent referrals.

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- If longer-term incarceration, could consider a “jail in-reach” model, in which community providers come to the facility to begin engaging with or educating clients prior to release.²⁷

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All of the above elements can be facilitated at the system-level, through a focused oversight group

References

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* For an example of a Jail Inreach Model, see the EENet summary of the Jail Inreach Project: <http://eenet.ca/wp-content/uploads/2013/08/Jail-Inreach-Project.pdf>. For an example of a transition planning model used in hospital to community transitions see the EENet summary of the Transitional Relationship Model: <http://eenet.ca/wp-content/uploads/2013/08/Transitional-Relationship-Model.pdf>.

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