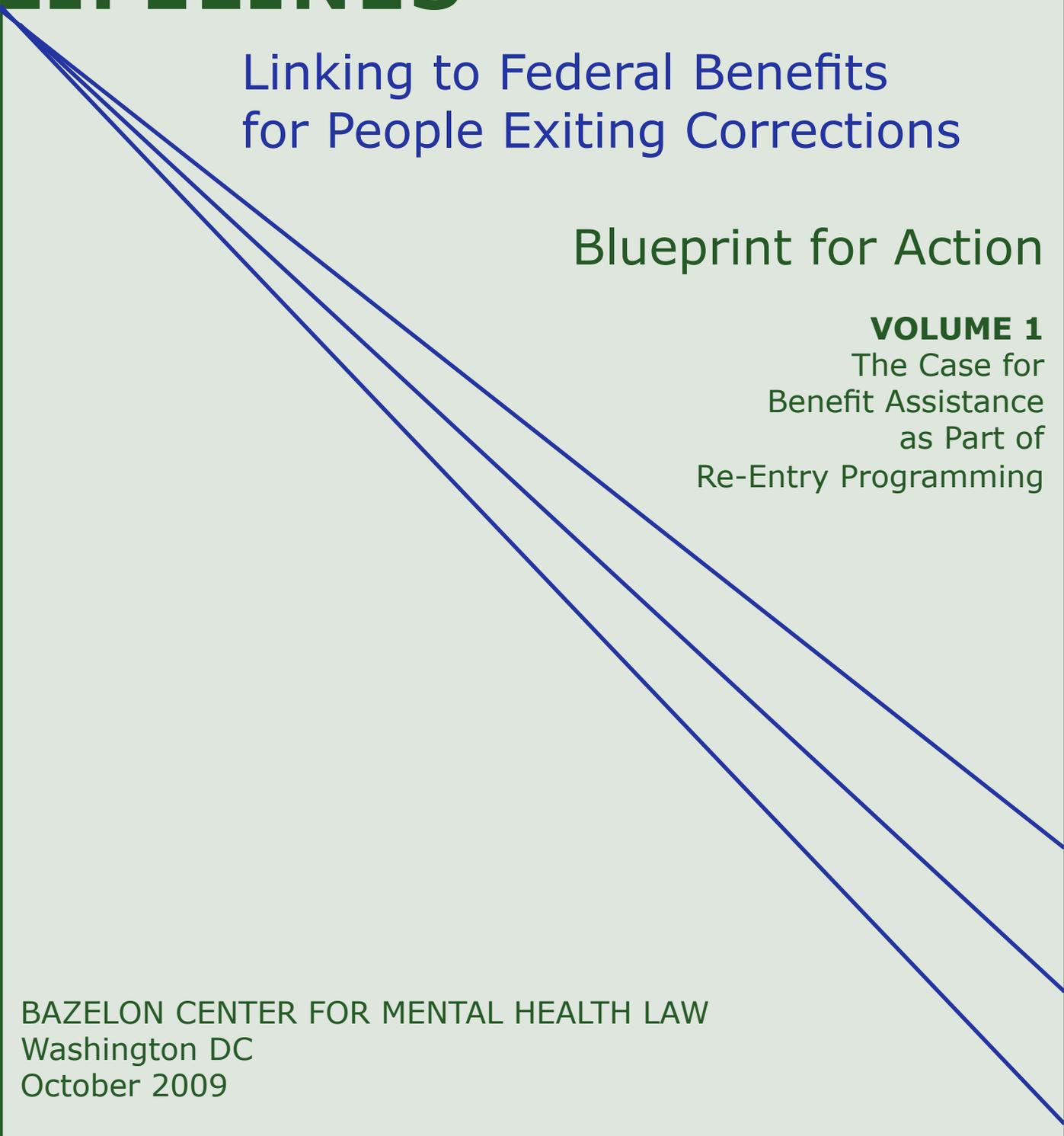


LIFELINES



Linking to Federal Benefits
for People Exiting Corrections

Blueprint for Action

VOLUME 1

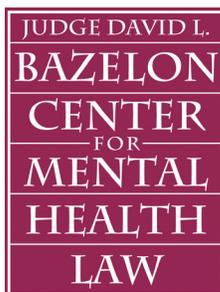
The Case for
Benefit Assistance
as Part of
Re-Entry Programming

BAZELON CENTER FOR MENTAL HEALTH LAW
Washington DC
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LIFELINES

Volume 1

Introduction

Policy makers have growing concern about the high rates of incarceration in jail and prison and the corresponding high cost. Compounding the problem is the large number of people with mental illnesses who cycle in and out of jail or prison because they never receive the community mental health services that can enable them to function successfully in the community.

Roughly 16 percent of all prisoners have a serious mental illness. Far more—over half of all prison and jail inmates, according to a 2006 Department of Justice report—have a clinical diagnosis, treatment history and/or symptoms of mental illness. Recidivism rates for this group are also high. Within 18 months of release, 64 percent of those with mental illnesses are re-arrested—more than twice the rate of ex-inmates generally.

This situation has led to great frustration among all stakeholders—lawmakers, government officials, families and advocates. Corrections officials are concerned about safety, families are unhappy that more was not done to prevent the arrest and imprisonment of people with mental illnesses, and the inmates themselves often have a particularly hard time adjusting to incarceration.

Breaking this cycle is not simple, and it is not possible for correctional systems to do it alone because community mental health systems must be part of the solution. One opportune time to act is upon re-entry. With adequate planning and immediate access to supports in the community, inmates with serious mental illnesses can make a successful transition. Corrections, mental health, substance abuse and other human service agencies can team up to ensure that connections are made to the services and supports that can make the difference between success and failure.

With adequate planning and immediate access to supports in the community, inmates with serious mental illnesses can make a successful transition.

An important component of this re-entry support is helping inmates to access the benefits for which they may be eligible. Federal benefits can provide resources for housing and basic living needs, access to treatment and other support services. Yet only one third of inmates nationally receive such discharge-planning services.

Benefit restoration (the focus of this publication) is not, by itself, a guarantee of successful re-entry. Instead, it should be seen as part of a broader strategy to help all inmates reintegrate themselves in society. But for people with serious mental illnesses (and others with disabilities), benefits will be the key that enables them

to unlock doors. Without Medicaid/Medicare, income support (SSI/SSDI), Veteran's benefits or housing support, these individuals will be at great risk. Helping inmates apply for these programs prior to release can make benefits immediately accessible upon release. This is very important because research shows that the first weeks in the community are critical, with arrest rates highest soon after release or shortly thereafter and declining over time.

It might seem that an initiative to facilitate timely access to benefits upon release is straightforward. There is, however, much complexity because the effort entails federal, state and local laws, and benefit programs themselves are complex, with differing eligibility rules, procedures and portals. Inmates who lack family, community supports and education will find it especially hard to jump through the various enrollment hoops and may not even know about programs that could help them.

Lifelines is a blueprint for action. It lays out a map to help those who are engaged in re-entry initiatives to wend their way through the complexity of federal benefit programs efficiently and effectively. It provides information and recommendations on how to take advantage of federal rules and how to align state and local policies with them so as to create a comprehensive system of services and supports upon release.

The blueprint offers a framework to achieve specific goals in a systematic way. If followed, its recommendations will lead to a systematized approach enabling states, localities and correctional facilities to replicate successful programs and prevent wasted effort and avoidable problems. By standardizing aspects that can be standardized, and laying out options for those that cannot, the blueprint enables readers to understand what is needed to accomplish the goal and where problem-solving and adaptation are necessary to accommodate local conditions and unique circumstances.

The blueprint is presented in three volumes:

- This volume lays out the case for undertaking a benefit initiative within a broader strategy for successful re-entry, including data on need and cost-benefit analyses from existing initiatives.
- Volume 2 lists steps that states, local governments or jails and prisons can take to ensure access to benefits for inmates exiting the facility.
- Volume 3 contains resource materials and links to helpful information and models that can assist those who are implementing such policies and programs.

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The Case for Benefit Assistance as Part of Re-Entry Programming

Why Public Officials Should Support Benefit Initiatives

One in 31 adults in the United States is imprisoned or on probation or parole, at an aggregate cost of about \$68 billion annually.¹ Often, the first incarceration sets the stage for the next as even relatively minor crimes or violations of conditions of release result in return to prison or jail. The costs of incarceration are therefore driven not only by the number of adults arrested and sentenced for a first offense, but also by recidivism and the re-incarceration of parole and probation violators.

- According to the US Department of Justice, each year nearly 650,000 people are released from state and federal prison, but within three years over half will be in some form of legal trouble again.²
- Two thirds of prison admissions in 2005 were parole violators and half the people in jails are there because of probation violations.³

All along the continuum, from arrest to community re-entry, policymakers are seeking ways to stem the growth in corrections without jeopardizing public safety. While programs such as pre- and post-booking diversion are an effective way to reduce incarceration rates, re-entry initiatives are another critical strategy. A growing body of literature, derived from research studies and demonstration projects, shows the effectiveness of these efforts. New federal programs provide substantial resources to states and localities, and a number of state and local re-entry programs are now leading the way.

Individuals with Mental Illnesses in Corrections

Re-entry programs can be particularly effective for individuals with serious mental illnesses. Today, a significant percentage of those incarcerated are people with mental illnesses.

- In 2006, the Department of Justice found that 43% of jail inmates and 32% of state prison inmates reported some symptoms of a mental illness, and that 24% of jail inmates and over 15% of state prison inmates said they had experienced psychotic symptoms in the previous 12 months.⁴
- More recently a study based on professional screening and assessment found that 16.9% of individuals entering jails have the most serious mental illnesses and the greatest need for ongoing treatment, and that there are as many as 2 million bookings annually of people with serious mental illnesses.⁵

Individuals with serious mental illnesses are also likely to be recidivists.

- Ex-prisoners with serious mental illnesses in significantly greater numbers than other ex-prisoners experience new legal troubles (64%), generally within 18 months.⁶
- Often these are non-violent property offenses and low-level crimes (e.g., trespassing, disorderly conduct) or violations of conditions of release.⁷

The slide of individuals with mental illnesses into the criminal justice system results in large part from a failure of the public mental health system and other safety-net systems to address the needs of people with serious mental illnesses in the community.

- In one study, 21% of jail inmates and 24% of state prison inmates had been assessed by a professional as having a mental health problem in the year before arrest, yet only 23% of those reporting mental health problems had been treated for these problems in the year before arrest.⁸
- In Massachusetts, a study of public mental agency clients showed that nearly 28% of those with serious mental illnesses were arrested in a 10-year period.⁹
- In a survey of homeless people in San Francisco, 63% of respondents had tried to access mental health treatment, but 31% of them never received any. Of those who were accepted, 24% received services for less than one month and another 25% for only two to six months. More than half (51%) reported negative experiences with the mental health system.¹⁰
- After a review of 6,624 clients in the Los Angeles mental health system, arrest was found not associated with meaningful increases in service use, pointing to potential missed opportunities for treatment.¹¹
- Overall, roughly 7% of all people with severe and persistent mental illness have been incarcerated.¹²

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Once incarcerated, inmates with mental illnesses have longer sentences than other inmates (a mean of five months longer for the same crime) and are also more likely to serve their maximum sentences.¹³

- Among those diagnosed with a serious mental illness, 50% served their maximum sentence—often because community services and housing could not be found.

- The Bureau of Justice Statistics estimated that this added time in correctional facilities cost state prison systems at least \$5.7 billion in 2005. This does not include the higher costs associated with serving inmates with psychiatric conditions.

A Problem for Corrections

While incarcerated, people with mental illnesses stretch already overtaxed correctional resources. The trauma of imprisonment frequently leads to greater behavior disturbances. Sensory deprivation, social isolation and inactivity, not unexpectedly, contribute to a worsening of the individual's condition. Inmates with serious mental illnesses are more likely to be charged with rules violations and be injured in fights. They are also subject to bullying by other prisoners, punitive sanctions and practices like solitary confinement. These experiences exacerbate both the symptoms and severity of their mental illnesses and impair their mental functioning.

People with mental illnesses require more time and cost correctional systems more than other inmates. They may be assigned to specialized units that require extra staff and may need additional security personnel to protect them from other inmates or to avert suicide, and may also require more health and mental health care.

Ensuring Successful Release Solves These Problems

For individuals with mental illnesses—not to mention people with other disabilities—the key to successful re-entry is access to a range of services and supports immediately upon release. Breaking a cycle of repeated incarcerations and deteriorated mental functioning is possible, but it requires more than haphazard discharge planning.

People with serious mental illnesses face great odds when they are released. Because of their criminal record and their problems in functioning, they are likely to be poor and have a difficult time finding housing or employment and meeting other basic needs. In fact, often they have experienced significant problems prior to involvement with the criminal justice system. Inmates with serious mental health problems are significantly more likely than other incarcerated individuals to have experienced homelessness, sexual and physical abuse, and foster care placements. One study¹⁴ found that:

People with serious mental illnesses face great odds when they are released. Because of their criminal record and their problems in functioning, they are likely to be poor and have a difficult time finding housing or employment and meeting other basic needs.

- State prisoners with mental health problems were twice as likely to have been homeless in the year before their arrest (13% compared to 6%).
- In the month before arrest, prisoners with mental illnesses were more likely to be unemployed (30% vs. 24%).
- Jail inmates with mental health problems were three times as likely to report being physically or sexually abused (24% vs. 8%).
- State prisoners with mental health problems were twice as likely to have lived in a foster home, agency, or institution while growing up (18% vs. 9%). Moreover, while incarcerated these inmates are also more likely to have been formally excluded from participation in vocational or educational programming, and because of odd behavior or poor social skills they often lack positive social interactions.

To avoid recidivism and make a successful re-entry into society, people with mental illnesses require a number of services and supports in the community. To access these services, they need federal and other benefits to which they may be entitled. Careful release planning is essential.

Timing is also critical. Benefits need to be in place as quickly as possible to avoid homelessness, abject poverty and lack of treatment. One of the most important services will be access to health and mental health care.

- A study of the Florida correctional system found that a significant number of people released from Florida prisons experienced adverse behavioral health events before receiving adequate outpatient treatment (30% had no treatment prior to the adverse event and 40% received treatment at the time of the adverse event).¹⁵

To access public mental health system services the individual will need to be enrolled in either Medicaid or Medicare. Medicaid now pays for half of all public community mental health services; its share of the cost has increased rapidly and the trend is predicted to continue.¹⁶

Public officials are looking for ways to reduce the rates of incarceration and cut spending without jeopardizing public safety. High incarceration and recidivism rates, along with higher levels of spending when people with serious mental illness are incarcerated, are outcomes that society cannot afford.

The High Cost of Doing Nothing

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rates, along with higher levels of spending when people with serious mental illness are incarcerated, are outcomes that society cannot afford.

- Two counties (King County, Washington, and Summit County, Ohio) that have analyzed their costs for jail, hospital and other placements for a population that repeatedly cycles through these systems found that in the course of one year each county spent more than \$1 million on just 20 people who were repeatedly committed to hospitals for 72 hours, jailed or put in detoxification facilities. These figures do not take into account significant additional costs of law enforcement, courts and provision of treatment in jail and prison.¹⁷
- Nevada spent a million dollars on one man who cycled through hospitals and jails. The author of a 2006 *New Yorker* article, “Million Dollar Murray,” argued that the state was making unwise choices when it repeatedly paid for unproductive crisis interventions instead of housing, health care and support services in the community.¹⁸
- Each year, Florida spends \$140,000 for each forensic mental health bed, for a total cost of \$250 million a year. Many of the individuals filling these beds could have been assisted by services in the community. That represents a third of all mental health funding in Florida, according to the *Miami Herald*.¹⁹

Texas, Maryland, Nevada and New Jersey have shifted the focus of parole from monitoring and enforcement to facilitating successful community integration. The focus on mental health treatment, vocational services, family support and public assistance is seen as part of an array of positive approaches that have not only lowered incarceration rates but also decreased crime rates.

Repeated incarcerations serve no one’s interests. Currently, systems are purchasing poor outcomes and incurring large expenses that could be avoided through case management, income support, housing and health care assistance. Without benefits, released prisoners—especially those with serious mental illness—are likely to become homeless, require expensive emergency crisis health and mental health services, and be hospitalized or re-incarcerated.

According to the Justice Policy Institute, implementing policies that reduce the number of people entering and returning to prisons can be an effective means of saving taxpayers’ money and keeping communities safe. Cited as examples are four states—Texas, Maryland, Nevada and New Jersey—that have shifted the focus of parole from monitoring and enforcement to facilitating successful community integration. The focus on mental health treatment, vocational services, family support and public assistance is seen as part of an array of positive approaches that have not only lowered incarceration rates but also decreased crime rates.²⁰

Benefit Initiatives

Re-entry programs can reduce recidivism, increase public safety and provide an improved quality of life for ex-inmates, including those with serious mental illnesses. Identifying the benefits to which inmates may be entitled and facilitating prompt access to those benefits are key components of successful re-entry initiatives. Ideally, this work should be done before release, but if this is not practical, as soon after release as is feasible.

Critical federal benefits are:

- Federal disability income programs: Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)
- Medicaid and Medicare
- Veterans pensions and compensation and VA health care
- Food Stamps
- Public housing programs

In addition to health services, released inmates need immediate access to cash income to pay for housing, food and other necessities. For individuals with serious mental illnesses, federal disability benefits are often the only way they can obtain necessary cash support.

The Value of Benefits

These benefit programs bring federal dollars into local and state economies. Without them, states and localities would be challenged to find the revenue to support the services needed by those released from jail or prison. Additionally, furnishing benefits leads to improved outcomes for the recipients.

Research indicates that Medicaid benefits increase access to mental health services for released inmates. A 2006 study of two Washington counties found that inmates with Medicaid coverage upon release:

- Were almost twice as likely to use mental health services as their counterparts without Medicaid coverage.
- Were able to access services faster than those who had no Medicaid coverage (having a crucial five- to seven-day advantage).
- Received significantly more days of service compared with those without Medicaid.²¹

Inmates with mental illnesses who have this access to mental health services upon release then have fewer re-arrests. In a study that tracked inmates with mental illnesses for three years following release:

- Those who received community case management were significantly less likely to be re-arrested; and
- If re-arrested, the arrest came after a longer interval in the community before re-arrest.²²

Another study in King County, Washington found:

- There were 16% fewer detentions in the year following release from jail and more days spent in the community by inmates with mental illnesses who had access to services upon release.²³

In addition to health services, released inmates need immediate access to cash income to pay for housing, food and other necessities. For individuals with serious mental illnesses, federal disability benefits are often the only way they can obtain necessary cash support. Several states have initiated programs to assist inmates in applying for federal disability benefits prior to release. Nationally, about 40% of Social Security disability applications are accepted without the need for further information. Two states that have focused on helping inmates make these applications have found that the rate can be much higher:²⁴

- In Oklahoma, a specialized discharge-planning program for individuals with mental illnesses in three prisons raised the acceptance rate for disability benefits to nearly 90% of applications accepted on the first submission. As a result, inmates with serious mental illnesses leaving prison are able to obtain timely cash support for housing and basic needs.
- The Texas Correctional Office on Offenders with Medical or Mental Impairments addresses the need for offenders with disabilities to access federal benefits and links them to community services. Applications were approved by SSA at a higher rate than previously, and one specialist (who paid particular attention to detail, obtained supporting medical information and responded to requests for additional information) was particularly successful, with 92% approval of applications in 2002.

There are many examples of successful re-entry and diversion programs for people with serious mental illnesses. Evaluations of these programs generally show reduced jail time and improved connection to services.

Data from Re-Entry and Diversion Programs Show Value

There are many examples of successful re-entry and diversion programs for people with serious mental illnesses. Evaluations of these programs generally show

reduced jail time and improved connection to services. Some evaluations also calculate cost-effectiveness and savings to the taxpayer.

The Nathaniel Project in New York City is a comprehensive program of alternative services for individuals with psychiatric disabilities who have been indicted on a felony offense and face a lengthy prison sentence. This diversion program provides a range of services to support clients in the community, including assisting them in obtaining benefits and accompanying them to appointments.

- 80% of clients in the Nathaniel Project successfully engaged in treatment; 53 participants had 7 total arrests in the year following intake to the program, compared to 101 arrests in the prior year.²⁵

In Allegheny County, Pennsylvania, through a collaboration between corrections and human services agencies, a Collaborative Forensic Support Program has been developed that includes a focus on access to benefits. The project provides a range of re-entry services and supports. As a result:

- There has been a 15% reduction in the recidivism rate.
- Former inmates with serious mental illnesses had a recidivism rate of only 10%.²⁶

In Multnomah County, Oregon, Transition Services United provides a comprehensive set of services for offenders upon release, including pre-release planning and case coordination. The primary focus is on offenders with special needs, including those with mental illnesses (who represent 35% of the clients). Inmates are also assisted to make the first appointment for federal and state benefits.

- Offenders who have access to services and housing upon leaving incarceration are less likely to recidivate.
- 78% of high-risk, high-need offenders, including those with mental illnesses, were able to move into stable housing, obtain employment or entitlements.²⁷

The Jericho Project in Shelby County, Tennessee is a multisystem collaborative post-booking diversion and supervised community release program for individuals with serious mental illnesses, including those with felony charges. Comprehensive transition plans are developed that include benefits enrollment and

When state officials looked at the reasons for increases in their prison populations, they found that the growth was being fueled by breakdowns in parole and probation systems. Those with addictions and/or mental illnesses were being returned to prison, not for new crimes, but because of violations of the conditions of release. After identifying the problem, the state changed its approach.

community linkages. Evaluation data indicate significantly fewer days spent in jail, reduced recidivism and increased quality of life and treatment compliance.²⁸

- Aggregate jail days dropped from 13,946 days in the year preceding the start of the Jericho Project to 6,159 in the year following.
- At \$91 per day, the 7,787 fewer days adds up to \$708,617 in savings for 55 participants or \$12,884 per person.
- Overall, individuals averaged 99 fewer days per year in jail. Fewer than half were re-arrested within 12 months, even though the participants averaged more than 15 arrests lifetime.

King County jail in Washington has a comprehensive program for incarcerated veterans that focuses on reducing recidivism. The program provides an array of services, including benefit assistance. In 2006, 250 veterans participated. This program has:

- Reduced the number of episodes and duration of incarceration by the participating veterans, who had an average recidivism rate of 17% compared with the county average of nearly 60%.
- From 1998-2005, the program had an average annual savings to taxpayers of \$550,791.²⁹

The City of Philadelphia has administered a Forensic Intensive Recovery program which provides treatment, case management and vocational services to individuals released via early parole. The program found that:

- Shifting responsibility for benefits applications to a single benefits case manager and completing applications prior to release led to reduced disruption in treatment and reduced the amount of time that Medicaid staff spent processing applications.³⁰

Texas provides community-based drug treatment, mental health services and closer supervision rather than re-imprisoning violators. When state officials looked at the reasons for increases in their prison populations, they found that the growth was being fueled by breakdowns in parole and probation systems. Those with addictions and/or mental illnesses were being returned to prison, not for new crimes, but because of violations of the conditions of release. After identifying the problem, the state changed its approach.

- After two years, Texas found that these new efforts had reduced parole

The most successful approach to pre-release discharge planning and benefits assistance is a collaborative effort among the various state (or local) agencies that address the range of needs individuals have as they reenter society. Cross-agency collaboration is vital.

revocations by 25 percent. This in turn obviated the need for a new prison, without adversely impacting public safety.³¹

California Mentally Ill Offender Crime Reduction (MIOCR) grant program was initiated in 1998 to reduce crime, jail crowding and criminal justice costs associated with offenders with mental illnesses. The program provides funds to counties to enhance services for offenders with mental illnesses while in custody and after release. Services include assistance in securing entitlements. MIOCR produced extremely good outcomes which are relevant in demonstrating value for other states and communities. The program collected data at six-month intervals for two groups, those receiving enhanced treatment and a randomly selected control group receiving treatment as usual:^{32 33}

- Individuals who received the enhanced services of the program significantly reduced their criminal justice contacts, convictions and jail time compared to individuals who received usual services.
- Individuals in the enhanced treatment group had fewer arrests (reduced from 3.1 per person to 0.83), convictions and jail days (reduced from 107.1 to 7.8 days per person) than did individuals in the treatment-as-usual group.
- Enhanced treatment was much more effective than treatment-as-usual in helping offenders with mental illnesses obtain federal disability benefits and other forms of financial assistance.

What to Do

The most successful approach to pre-release discharge planning and benefits assistance is a collaborative effort among the various state (or local) agencies that address the range of needs individuals have as they re-enter society. Cross-agency collaboration is vital.

Research shows that the first three months in the community are critical, yet prisoners are far too often released without benefits or funds to cover basic needs. Providing access to services through access to benefits promotes successful community re-entry, enhances public safety and is fiscally responsible since it lessens the likelihood of recidivism.

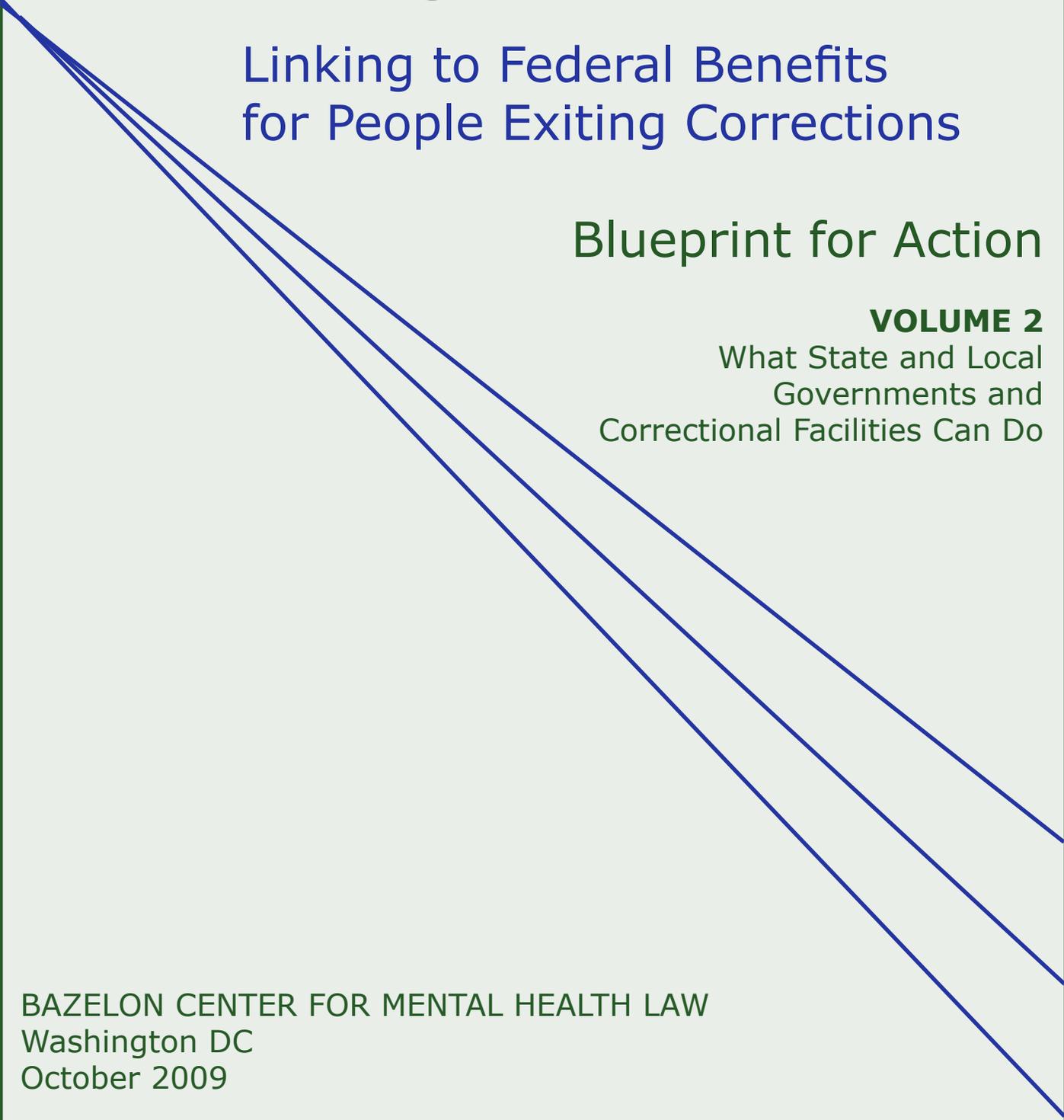
Policymakers should therefore focus on collaborative re-entry initiatives that include a serious initiative to establish inmates' eligibility for federal and other benefits. Volume 2 of this series provides a blueprint of how to do this and Volume 3 provides additional background information and a list of useful references.

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LIFELINES



Linking to Federal Benefits
for People Exiting Corrections

Blueprint for Action

VOLUME 2

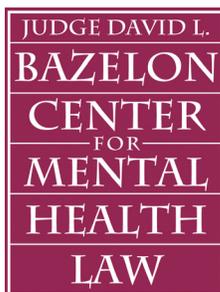
What State and Local
Governments and
Correctional Facilities Can Do

BAZELON CENTER FOR MENTAL HEALTH LAW
Washington DC
October 2009

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LIFELINES

Volume 2

Introduction

Policymakers have growing concern about the high rates of incarceration in jail and prison and the corresponding high cost. Compounding the problem is the large number of people with mental illnesses who cycle in and out of jail or prison because they never receive the community mental health services that can enable them to function successfully in the community.

Roughly 16 percent of all prisoners have a serious mental illness. Far more—over half of all prison and jail inmates, according to a 2006 Department of Justice report—have a clinical diagnosis, treatment history and/or symptoms of mental illness. Recidivism rates for this group are also high. Within 18 months of release, 64 percent of those with mental illnesses are re-arrested—more than twice the rate of ex-inmates generally.

This situation has led to great frustration among all stakeholders—lawmakers, government officials, families and advocates. Corrections officials are concerned about safety, families are unhappy that more was not done to prevent the arrest and imprisonment of people with mental illnesses, and the inmates themselves often have a particularly hard time adjusting to incarceration.

Breaking this cycle is not simple, and it is not possible for correctional systems to do it alone because community mental health systems must be part of the solution. One opportune time to act is upon re-entry. With adequate planning and immediate access to supports in the community, inmates with serious mental illnesses can make a successful transition. Corrections, mental health, substance abuse and other human service agencies can team up to ensure that connections are made to the services and supports that can make the difference between success and failure.

An important component of this re-entry support is helping inmates to access the benefits for which they may be eligible. Federal benefits can provide resources for housing and basic living needs, access to treatment and other support services. Yet only one third of inmates nationally receive such discharge-planning services.

Benefit restoration (the focus of this publication) is not, by itself, a guarantee of successful re-entry. Instead, it should be seen as part of a broader strategy to help all inmates reintegrate themselves in society. But for people with serious mental illnesses (and many others, such as people with physical disabilities), benefits

With adequate planning and immediate access to supports in the community, inmates with serious mental illnesses can make a successful transition.

will be the key that enables them to unlock doors. Without Medicaid/Medicare, SSI/SSDI, Veteran's benefits or housing support, these individuals will be at great risk. Helping inmates apply for these programs prior to release can make benefits immediately accessible upon release. This is very important because research shows that the first weeks in the community are critical, with arrest rates highest soon after release or shortly thereafter and declining over time.

It might seem that an initiative to facilitate timely access to benefits upon release is straightforward. There is, however, much complexity because the effort entails federal, state and local laws, and benefit programs themselves are complex, with differing eligibility rules, procedures and portals. Inmates who lack family, community supports and education will find it especially hard to jump through the various enrollment hoops and may not even know about the programs that could help them.

Lifelines is a blueprint for action. It lays out a map to help those who are engaged in re-entry initiatives to wend their way through the complexity of federal benefit programs efficiently and effectively. It provides information and recommendations on how to take advantage of federal rules and how to align state and local policies with them so as to create a comprehensive system of services and supports upon release.

The blueprint offers a framework to achieve specific goals in a systematic way. If followed, its recommendations will lead to a systematized approach enabling states, localities and correctional facilities to replicate successful programs and prevent wasted effort and avoidable problems. By standardizing aspects that can be standardized, and laying out options for those that cannot, the blueprint enables readers to understand what is needed to accomplish the goal and where problem-solving and adaptation are necessary to accommodate local conditions and unique circumstances.

The blueprint is presented in three volumes:

- Volume 1 lays out the case for undertaking a benefit initiative within a broader strategy for successful re-entry, including data on need and cost-benefit analyses from existing initiatives.
- This volume lists steps that states, local governments or jails and prisons can take to ensure access to benefits for inmates exiting the facility.
- Volume 3 contains resource materials and links to helpful information and model forms or policies that can assist those who are implementing such policies and programs.

Helping inmates apply prior to release can make benefits accessible immediately upon release. This is very important because the first weeks in the community are critical, with arrest rates highest soon after release and declining over time.

Blueprint for State Action

Coordinated efforts at the state, local and facility level have the greatest potential to bring about improved outcomes and lower recidivism rates for individuals with mental illnesses who become involved in the criminal justice system. While communities can implement effective strategies to reduce recidivism, states have more policy options and resources and can create efficiencies. States can provide leadership, technical assistance and access to federal agencies and resources that may not be available at the local level.

Holding a statewide conference can be an excellent way to lay the groundwork for an initiative to promote successful re-entry for people with serious mental illnesses in jail and prison. At such a conference, national experts can more fully explain the problem and some of the solutions to successful re-entry of offenders with mental illnesses, including access to benefits. The conference will help to garner the necessary political and stakeholder support and to identify the policy options likely to have the greatest impact. In addition to national experts, conference participants should include state prison administrators, local jail and mental health administrators, mental health and substance abuse provider agencies, advocacy organizations, key legislators and state agency officials (corrections, mental health, health, Medicaid and other human service agencies).

Once the commitment is made to proceed, consider the following steps for action at the state level.

Preliminary Steps

1 Set up an inter-agency planning group to develop an initiative that ensures that benefits are available upon release, as part of the state's broader plan to address re-entry issues.

- Form a group that includes, at a minimum, these core state agencies: Corrections, Mental Health and Substance Abuse, and Medicaid. Other important potential agency partners include Vocational Rehabilitation, Health, Housing, Veterans Affairs and Employment.
- Invite local representation as well: Prosecutors, parole and probation officials, public defenders, jail and prison administrators, and community mental health and substance abuse providers can contribute ideas and provide a different perspective than those working at the state level.
- Include other stakeholders either on the committee or as advisors: mental health and substance abuse advocacy groups, veterans groups and community organizations.

2 Ensure that appropriate individuals participate.

- From the core agencies, ensure that agency heads participate and are fully in agreement with the goals of the group. These are the individuals who can sign off on the necessary and significant policy changes.
- Arrange for other staff from these core agencies to meet more often to draft the details of the plan. This process should also involve other relevant agencies and stakeholders (see above).

3 Create a comprehensive plan for policies to ensure benefits upon release.

- Appoint one or more individuals on the interagency group to be responsible for fully understanding federal rules with respect to specific benefits for individuals who are incarcerated (i.e., SSI/SSDI, Medicaid, Medicare, Veterans' Benefits, TANF, Supplemental Nutrition Assistance Program (Food Stamps) and Housing).
- Review state policy barriers with respect to accessing these major federal benefits upon release (see below for potential actions allowable under federal law).
- Clarify the responsibilities of each participating agency to follow up with respect to necessary policy changes identified by this process.
- Develop Memoranda of Understanding between agencies, as appropriate, particularly between Corrections and Mental Health/Substance Abuse and between Corrections and Medicaid.
- Develop a plan to provide additional state benefits, supports and incentives to complement federal benefits.

4 Create linkages and working relationships with key federal agencies that have state or regional-level offices.

- Social Security Administration, Regional Office
- State disability determination service
- Medicaid Regional Office
- Veterans Affairs Regional Office

Implementation Steps

1 Design and promote appropriate screening and assessment tools in jails.

- Promote the use of effective screening tools in all jails for serious mental illness (individuals with these illnesses are likely to be eligible for benefits, even if they have never received them) and for suicide risk.
- Create or use an existing tool for identifying the relevant federal and state benefits the individual was receiving at the time of arrest, or that the individual has previously received. Include information on Veteran status and benefits.

2 Simplify the applications process for benefits, particularly Medicaid and Supplemental Nutrition Assistance Program (Food Stamps).

- Develop electronic systems for easy filing of simplified applications for major federal benefit programs (such as Medicaid, TANF, Food Stamps).
- Coordinate application forms so that data can be entered once in the electronic system for multiple applications (Pennsylvania has such a system, COMPASS. See <https://www.humanservices.state.pa.us/compass/CMHOM.aspx>).

3 Develop agreements about information-sharing.

- Become familiar with the requirements of federal privacy rules in the Health Insurance Portability and Accountability Act (HIPAA)¹ and the rule on Confidentiality of Alcohol and Drug Abuse Patient Records² (see appendix).
- Identify the degree to which these federal rules limit information-sharing between jails/prisons and community programs.
- Review state laws to identify any further restrictions.
- Amend state law, as necessary, to ensure that appropriate information-sharing can occur.
- Consider drafting a Memorandum of Understanding between the state mental health and corrections agencies to describe appropriate protocols for sharing information (both upon arrest and release) and for the use of agency databases.

4 Set standards for information-sharing.

- Set up training for corrections staff and community agencies on privacy rules and information-sharing protocols.
- Consider developing a unified, standard form for individuals to provide consent for the sharing of treatment information (for services upon release) and other health information that may be needed for benefit applications.
- Require prisons to forward mental health information to the community mental health agency that will provide follow-up care upon release.
- Encourage the use of web-based systems for sharing necessary information between institutions and community programs so credentialed professionals can match up records and obtain important treatment information.

5 Review potential funding sources for benefits work.

- Review options for changing state policy or priorities so as to access federal funds for release planning and implementation, such as the Substance Abuse and Mental Health Services Administration (SAMHSA) block grants and PATH projects for assistance in transition from homelessness. Use these funds to underwrite the costs of case management and other services for inmates that will be provided by community mental health and substance abuse agencies. See <http://mentalhealth.samhsa.gov/cmhs/Stateplanning/about.asp> and <http://mentalhealth.samhsa.gov/cmhs/homelessness/about.asp>
- Review potential federal sources for funding collaborations and planning at the state level, such as the Justice and Mental Health Collaboration program of the Department of Justice. (See www.ojp.usdoj.gov/BJA/grant/JMHCprogram.html).
- Take advantage of the Justice Department's Transition from Prison to Community Initiative. This is a technical assistance initiative that supports state-level efforts to ensure successful reentry. It seeks to bring together criminal justice stakeholders with other public and private agencies to work on implementing transition processes (see www.nicic.gov/TPCModel).
- Apply to the Department of Justice Office of Justice Programs, Bureau of Justice Assistance for funding (under the Second Chance Act) for an adult offender re-entry demonstration project to address pre-release benefit assistance. (See www.ojp.usdoj.gov/BJA/grant/09SecondChanceReentrySol.pdf).

- Amend Medicaid rules, if necessary, so as to claim federal matching funds for the administrative work of assisting inmates with their Medicaid applications.

Changing State Policy on Benefits

Social Security Disability Benefits

1 Work with the Social Security Administration (SSA) Regional Offices and the State Disability Determination Office to establish policies that enable offenders to obtain their Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits as soon as possible upon release.

- Set up a system with the state disability determination office to facilitate application processing through Pre-Release Agreements that jails or prisons can set up with their local SSA field office. This can include ways to flag and then quickly process applications from corrections facilities.
- Encourage jails and prisons to enter into these pre-release agreements with their local SSA office.
- Inform all jails and prisons that SSA medical determinations of allowance of benefits remain valid for 12 months, even if the inmate is not released.
- Advise jails and prisons that applications for SSI/SSDI can include SNAP (food stamp) applications.

2 Explore other ways in which the SSA can assist in this process.

- Develop an Interim Assessment Agreement with SSA that will provide a cash allowance on the day of release. The state's outlay will generally be repayable from SSA at a later date out of the individuals' SSI back benefit payment (see box).

SSA Rules

Jails and prisons can enter into pre-release agreements with SSA that allow inmates to file applications for benefits some time before release. SSA will consider these applications on a fast track, but jails and prisons must make certain commitments as well. Individuals can then be quickly restored to full cash benefit status upon release.

Collaboration with SSA significantly improves the rate of approval for offenders (Oklahoma achieved a 98% rate of acceptance of first submissions).

Interim Assessment Agreements with SSA

SSA allows state and local governments (including Corrections) to provide cash benefits to an individual upon release and then to reclaim this amount from the individual's back benefits when they are awarded. Under SSA Interim Assistance rules cash or vendor payments for basic needs can be made from state (or local) funds for months when SSI benefits are suspended or terminated, provided the individual is subsequently found eligible.

As of April 2009, SSA can do this electronically.

This policy is outlined at <https://s044a90.ssa.gov/apps10/poms.nsf/lnx/0502003001>

Medicaid

1 Create policies to suspend Medicaid eligibility when individuals are incarcerated.

- Create a state policy to suspend, rather than terminate, Medicaid eligibility during incarcerations that last no more than one year.
- Create a specific code in the Medicaid system for tracking purposes (as some states have done, including Oregon).
- If the state computer system cannot handle suspension of benefits, design a process outside the system that will protect the inmate's eligibility. This can be as simple as placing the person in fee-for-service Medicaid instead of paying a capitation fee to a managed care entity (as Maryland has done).
- Set up policies that guarantee there will be no billing from jails or prisons during incarceration, in which case the person can continue on the regular Medicaid computer rolls without the state's risking inappropriate federal payments.

2 Create policies to support continued eligibility for Medicaid for those who were eligible at the time of arrest.

- Set a policy to postpone redeterminations of eligibility for those in jail or prison until just prior to release.
- Authorize continued Medicaid coverage (state-only) for individuals who are incarcerated for a short period of time following arrest (such as 14-21 days).

3 Set up a process to establish Medicaid quickly upon release.

- Establish rules for filing of applications by inmates, including stipulating the earliest date for Medicaid to accept the application (can be 90 days before release for people with disabilities, 45 days for all others).
- Authorize the Medicaid card to be sent to the corrections institution prior to release and held for the inmate until the actual date of release.

Suspending Medicaid

Federal law permits individuals to retain their Medicaid eligibility while in jail or prison, even though federal funding is not available for services during incarceration.

Several states have laws and policies to suspend Medicaid: CO, FL, OH, MD, ME, MI, NC, NY, OR.

Individuals can qualify for Medicaid in many ways, and the rules are slightly different depending upon how a person qualifies.

To more fully understand Medicaid policy on this issue, check the Medicaid resources listed in the Resource section in Volume 3.

- Provide presumptive eligibility coverage to those expected to receive SSI benefits (such as those on suspension status) and have providers retroactively bill for services furnished after release but prior to final, formal award of benefits.
- Issue a temporary Medicaid card immediately upon release for those who are determined to be, in all likelihood, eligible for Medicaid upon release. (The state will be at risk, but only for the few individuals whose applications are denied.)
- Set up a policy to ensure that applications for Medicaid made in one county are valid in all.

Medicare

1 Review state policy to ensure that the state is taking advantage of federal rules.

- Set up a policy that permits the Medicare Part B premium to be paid by Medicaid (buy-in) for anyone on SSDI. Under federal rules, individuals with disabilities can be enrolled in SSI immediately upon release. The state can then pay the necessary Medicare premium (and obtain federal matching funds) while SSDI applications are pending.
- Have a policy to encourage all individuals with disabilities to apply for SSI before or immediately upon release, in order to establish their Medicaid eligibility (and thus to benefit from the buy-in policy).
- These policies will protect those who are later reinstated on SSDI benefits (and therefore Medicare) from facing large penalties for failure to pay the Part B premium. (If they are unable to afford those penalties, the ambulatory health care needs of people with psychiatric disabilities will be the responsibility of the state, rather than the federal government.)

Federal Rules on Medicare and Incarceration

Medicare will not pay for services while the individual is incarcerated.

Reinstatement is not simple:

- Part A (inpatient coverage) is automatically reinstated after release.
- Part B (outpatient coverage) can be reinstated, but requires payment of the premium. If the premium has not been paid the individual must reenroll, which can take many months.
- Part D (coverage for prescription drugs) can be reinstated if the individual applies to a Medicare prescription drug plan upon release. This can take a few weeks.

More information on the intricacies of Medicare reinstatement is available in the Bazelon Center fact sheets, *Federal Benefits for Individuals with Serious Mental Illnesses who have been Incarcerated* (see Resource list in Volume 3).

TANF (Temporary Assistance for Needy Families)

- 1 Review and, if necessary, amend state law regarding welfare benefits for those who have been incarcerated.
- 2 Suspend, instead of terminating, TANF status during incarcerations that lasts no more than one year. This ensures that the individual remains in the computer system and makes it easier to reinstate benefits upon release.
 - Ensure that the state opts out of the federal law's ban on TANF and SNAP (food stamps) for individuals with a drug felony conviction. This opt-out policy is permitted under federal law.
 - If this option is not chosen, consider amending the ban by exempting individuals who have completed treatment or are in treatment for their drug problem.
 - Ensure that applications for TANF made in one county are valid in all.
 - Use TANF resources to fund services specifically focused on successful transition upon release, including assistance with benefits, for low-income eligible individuals who are incarcerated.

Veterans' Benefits

- 1 Include screening for veteran status in any unified state-recommended screening tool for jails or prisons.
- 2 Review federal VA materials to identify potential sources of assistance for veterans to access their benefits and other services upon release.
 - Download and review the state-specific resource guide in order to understand what is available to veterans who are inmates. This can be accessed at www1.va.gov/homeless/page.cfm?pg=39.
 - Review the VA rules regarding compensation payments and pension benefits. (See www.vba.va.gov/bln/21/index.htm).
 - Review VA programs that are targeted to incarcerated veterans (see box).
- 3 Collaborate with the state Department of Veterans Affairs and Regional VA offices so as to:
 - Ensure that all inmates who are veterans can readily get information on

VA Resources on Veterans' Benefits

To find Veterans Re-Entry Specialists of the Veterans Integrated Service Network (VISN), see www1.va.gov/homeless/page.cfm?pg=41. To find an outreach specialist of the Healthcare for Re-Entry Veterans (HCRV) VA initiative who may be able to assist veterans in the state, see www1.va.gov/homeless/page.cfm?pg=38.

the benefits to which they may be entitled and how to file a claim from these offices.

- Identify all sources of support for incarcerated veterans and work with the state Veterans Affairs department to ensure that this information is well distributed.

Housing

1 Improve access to housing benefits upon release.

- Work with public housing authorities in the state to modify policies that might prevent ex-offenders having access to public housing (such as policies related to having a criminal record or drug arrest).
- Provide funds for transitional housing through the mental health and substance abuse systems or by providing funding to house those who are homeless.

Employment

1 Remove barriers to employment.

- Review and amend state laws that bar access to employment for criminal convictions where there is no connection between the offense and the employment opportunity.

2 Address opportunities for inmates with serious mental illnesses to access job training and specialized employment upon release.

- Collaborate with the state vocational rehabilitation agency to create opportunities for a vocational assessment prior to release.
- Create opportunities for released individuals to access supported employment programs funded by the state mental health authority.

Coverage While Benefit Applications Are Pending

1 Ensure that under state law, interim benefits for which released individuals are eligible can be available immediately upon release and replaced by federal benefits as those become available.

- Authorize a bridge program of general assistance for released inmates who have applications pending for SSI or SSDI.

- Require jails and prisons to provide inmates with a 90-day supply of any necessary medication to take with them when they are released.
- Create a program to pay upfront deposits on housing for released inmates.
- Adjust state laws to ensure that individuals who have been incarcerated do not lose their eligibility to participate in state government benefit programs (such as food, clothing, housing, medical care, disability pay, education and job training).

Interim Payment for Health & Mental Health Services

Oregon adopted an Interim Incarceration Disenrollment Policy for individuals detained for short periods of time. This policy specifies that individuals cannot be disenrolled from Medicaid during the first 14 days of incarceration. Payment for services in those 14 days comes from the state.

Other State Policy Changes

Identity Documents

1 Ensure that inmates have documentation of their identity when they are released.

- Create a process for the Department of Motor Vehicles (DMV) to create identification documents for inmates.
- Set a policy for DMV staff to go to corrections facilities on a regular basis to issue driver's licenses and other identification documents.
- Require corrections facilities to produce the necessary confirmation of identity, anticipated release date and confirmation of expected state residency.
- As an alternative, authorize corrections facilities to issue a photo identification card and a document certifying release. Authorize these documents to be used for public services and exchanged by the inmate for normal state identification documents following release.
- If there is a question of aliases, encourage jails and prisons to list all aliases used by the inmate and/or flag the document for follow-up by the DMV upon release.

Missouri State Identification Card

The Department of Corrections and the Department of Revenue are working together to provide state identification cards to offenders before release. Offenders must have a Social Security card and birth certificate; these identification documents are scanned at the institution and sent electronically to the Department of Revenue along with an application and photo.

2 Create policies that enable incarcerated individuals to retain a license to drive.

- Ensure that the state does not go beyond federal law with respect to suspension of driver's licenses (under the Federal Highway Apportionment Act states can limit suspension of licenses to six months for drug-related offenses).
- Give judges flexibility not to suspend or revoke a driver's license for non-driving related drug or other offenses.
- Authorize conditional driver's licenses for those who have no regular license, allowing restricted driving (such as to work, school, training or treatment).

Policies that Create Financial Obligations upon Release

1 Review state laws and policy on fees and other obligations of inmates upon release.

- Review the combined impact of all fees, collateral sanctions and charges imposed on inmates (court fees, jail fees, probation, child support, co-payment for medical services of jail or prison, etc.)
- Cap the total amount of an individual's income that can be collected for court or corrections fees.
- Authorize courts to waive the fees that can be waived to avoid placing an excessive burden on the offender (to prevent revocation and technical violations upon release).
- Require that child support payments be returned to no more than the pre-incarceration levels for at least some period of time (such as 60 days) after release.

Legislation in Oregon limits the financial burden on inmates upon release.

Collections for court-ordered financial obligations are capped at 20% of the released inmates take-home pay. Child support payments are also returned to pre-incarceration levels for the first 60 days. See Oregon Admin Rule 255-065-0005(5)

2 Ensure that collateral sanctions are not a barrier to successful re-entry.

- Follow the American Bar Association standards on collateral sanctions.
- At a minimum, limit collateral sanctions imposed upon conviction to those that are specifically warranted by the conduct constituting the particular offense.

Administrative Actions by Mental Health and Corrections Agencies

Mental Health System

1 Link mental health systems with jails and prisons and address issues of transition and smooth release to the community.

- Require community mental health agencies to review names of individuals who have been arrested and to follow up with all existing clients.
- Create a reimbursement stream for case managers to visit clients in jail or prison in order to engage in discharge planning, benefit applications and transition assistance.
- Create funding mechanisms for staff (if possible, peers) to meet individuals at the jail or prison upon their release and accompany them to the relevant benefit offices.

Corrections System

1 Explain state and federal policies.

- Produce an implementation manual to guide prison and jail personnel on re-entry.
- Include in this manual basic information on federal benefits—Medicaid, Medicare, SSI/SSDI, Supplemental Nutrition Assistance Program (Food Stamps) and TANF—with copies of relevant applications forms and their instructions, along with state policies and recommended practices.
- Distribute materials on federal benefits already produced by other entities, including the Bazelon Center for Mental Health Law, the GAINS Center and the Council of State Governments.
- Make available to jails and prisons copies of model agreements with human services agencies and model pre-release agreements with SSA.

2 Train corrections staff. The Bazelon Center’s *Creating New Options* is a training guide and PowerPoint presentation, available on its website, at www.bazelon.org/issues/criminalization/publications/newoptions.htm

- Organize trainings that can be used in prisons and jails regarding the importance of re-entry planning and of access to benefits for inmates.

- Offer basic training in federal benefit programs and information-sharing for jail and prison administrators.

Oversight and Evaluation

1 Set up a system to measure performance by the corrections system.

- Require reports on a regular basis from state prisons regarding their implementation of release planning and benefits initiatives.
- Require counties and cities to report similar data on their programs regarding release planning and benefits initiatives in jails.

2 Set up a system to measure performance by mental health and substance abuse systems.

- Require reports on a regular basis from community mental health and substance abuse programs that are linked to jails or prisons.

3 Determine a strategy for collecting and analyzing data on the outcomes and cost-effectiveness of the initiative.

- Identify data that is already collected by correctional facilities or state agencies and that can help in assessing impact of the initiative.
- Collect service-related data: hospitalizations of individuals released from jail or prison and, if possible, data on use of emergency rooms.
- Create a centralized collection system for this data.
- Assist jails and prisons to collect and report this data electronically.
- Consider also how to track recidivism of individuals helped by the initiative.

4 Use data for program improvement.

- Wait until there is sufficient experience to fully assess the program, potentially with three years of data.

Performance-measurement reports from prisons and localities should include data on the number of inmates who:

- have had a planning meeting regarding release (including benefit issues);
- have formal discharge plans;
- submitted benefit applications;
- received a decision on benefits prior to release;
- received bridge medications upon release and were linked to community case managers.

Performance-measurement reports from community mental health systems should include data on the number of inmates who:

- received case management prior to release;
- who received community mental health and substance abuse services following release.

- Track results and analyze to determine what is working well and what problems remain.
- Review the data and the state's initiative to determine areas of weakness.
- Expect some failures, but make changes to improve the initiative over time.

5 Contract for a full evaluation of release planning and discharge.

- Consider contracting with a university or private entity to conduct a full evaluation of the project.
- Conduct an evaluation that compares success rates for individuals who receive benefits and other release services with those who do not.
- Calculate cost savings using data from all systems.

6 Report to the Governor, Legislature and public on outcomes of the initiative.

- Data on cost-benefits of the initiative should be analyzed and reported in an easy to understand format.

Evaluations Show Reduced Costs

A review of three programs (in Texas, Philadelphia and New York) that assist inmates in filing pre-release applications for federal disability benefits shows that this not only increases the individual's access to care but also reduces the financial burden on state and local governments.

See: National Criminal Justice Reference Service: Conly, Catherine, H., Helping Inmates Obtain Federal Disability Benefits: Serious Medical and Mental Illness, Incarceration and Federal Disability Entitlement Programs. Washington DC: US Dept of Justice, Office of Justice Programs, National Institute of Justice (2007).

Available at: www.ncjrs.gov/pdffiles1/nij/216297.pdf

In addition to these potential strategies for state-level implementation, other actions can be taken by counties and cities and by local jails and state prison administrators that will improve access to benefits for those released from jail or prison. The following two sections address these issues.

Notes

- 1 45 Code of Federal Regulations §164.500
- 2 42 Code of Federal Regulations, Part 2.

Blueprint for Local Government Action

Local county or municipal governments are uniquely positioned to implement strategies to reduce the number of individuals with mental illnesses who are caught up in the criminal justice system. They can see how the shifting of costs between mental health and corrections leads to waste and inefficiency. And they can take steps to address it.

Local governments are, however, somewhat hamstrung by their inability to change policies on federal benefits. These remain the responsibility of the federal government, although states also have some policy options. Nevertheless, local governments can adopt policies and take actions to launch a jurisdiction-wide initiative to help people with serious mental illnesses re-enter society after leaving jail or prison.

This section of the blueprint focuses on opportunities for policy change at the local level, programmatic initiatives to support jails in helping inmates obtain benefits. Local governments may also want to combine a re-entry initiative with jail diversion in order to address this problem holistically.

One challenge that such an initiative will face is the number of people whose stay in local correctional facilities is very short. People who are held in local jails for only a few days or weeks, compared with those who are sentenced for several months or a year, will need a different kind of assistance with respect to accessing the benefits to which they may be entitled. The problem of helping those who stay in jail only a short time is addressed in the following sections.

This section should be read in concert with the next, the Blueprint for Action at the Facility Level, because local-government and facility-level policies should be aligned. Proposed actions in this section also may be similar to some of the proposed actions in the section on State Government Action; this is because some good policies can be implemented at either (or both) of those levels.

As at the state level (see the previous section), a jurisdiction-wide conference can be a good starting point for identifying the specific problems around successful re-entry and/or diversion of people with mental illnesses from jail, including issues relating to benefits. National experts, relevant state officials, local consumer and advocacy groups, community mental health providers and other stakeholders should be invited. The conference should both build support for such an initiative and help to identify the most critical local issues that need to be addressed.

Once there is a commitment to proceed, consider the following steps for action at the local level.

Preliminary Steps

1 Set up a planning group to design policies and develop a coordinated program initiative that involves all local jails in order to assist inmates with benefit reinstatement or new applications.

- Form a group that includes, at a minimum, core public agencies dealing with mental health, substance abuse, Medicaid and other social services along with local government elected officials.
- Include prosecutors, pre-trial services, parole and probation officials, public defenders, jail administrators.
- Invite stakeholder groups, such as mental health and substance abuse advocacy organizations, community groups interested in criminal justice issues, veterans' groups and others.
- With this group, review the extent of the problem and how it may be addressed. Read through the recommendations in the next section, the Blueprint for Action at the Facility Level, which addresses what jails can do to improve access to benefits. Consider how to promote and support those actions through local government policy and programs.

2 Use the planning group to create a comprehensive plan for addressing benefit issues for individuals in local jails.

- Clarify with each public agency what options are available for pre-release benefit enrollment assistance under federal and state law.
- Assign responsibility to each of the core participating agencies for follow-up on changes that will be needed to facilitate access to benefits within the existing legal barriers.
- Create formal Memoranda of Understanding between jails and service agencies (mental health and substance abuse, Medicaid, social services, etc.)

3 Create linkages with federal and state agencies.

- Create linkages with relevant local or regional offices of federal agencies, particularly the field offices of the Social Security Administration, Regional Office of the Veterans Administration, Regional Offices of the Centers for Medicaid and Medicare Services.
- Create linkages with critical state agencies, including the Departments of Veterans Affairs, Mental Health and Substance Abuse, State Disability Determination Service, etc.

4 Be realistic in expectations.

- Consider moving step-by-step to implement the plan, to avoid overloading the capacity of the local system to adopt new approaches.
- Address the highest priority needs first or start implementation as a demonstration project that will allow for modifications and problem-solving as the effort is rolled out.
- Focus first on the most critical benefits—disability benefits and Medicaid—when proposing changes to local policy (see policy changes suggested below).

Implementation Steps

1 Establish procedures for jails to screen all who are arrested, including those who may have a very short stay in the jail, so as to identify high-need individuals and assess their potential eligibility for benefits.

- Create a unified screening tool to be used by jails to identify at intake individuals who have a serious mental illness and thus may need services and benefits. Include screening for suicide risk.
- Create a second short screen with questions regarding current benefits the individual may have or have received in the past. Focus on federal disability benefits (SSI, SSDI), Medicaid, Medicare, Veterans benefits and TANF. This form should also ask for information about identification documents.
- Either as part of this tool or as a separate screen, create a form for jails to identify whether the individual was ever in the armed forces or the reserves, whether in combat, when discharged and whether the person has received a pension or compensation benefit from the VA or has ever been eligible for VA health care.

The GAINS Center has prepared a comprehensive analysis of screens that can be used by jails and prisons to identify individuals with mental health and/or substance abuse disorders. The analysis includes a listing of screens, with pros and cons for each, and information on how to obtain them. See <http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf>

2 Establish policies to utilize existing expertise in identifying individuals who may have a mental illness and/or addiction disorder.

- Engage pre-trial services in the early identification of individuals with a serious mental illness, particularly those who leave prior to arraignment, and begin the process of addressing benefit issues.

- Consider encouraging contracts for screening of jail inmates by local community mental health agencies or independent providers.

3 Improve access to benefit information for jail inmates.

- Prepare (or find) educational materials describing benefit programs that jails can provide to inmates (The Bazelon Center has an easy-to-read guide, *Arrested? What Happens to Your Benefits if You Go to Jail or Prison*. See www.bazelon.org/issues/criminalization/publications/arrested/index.html).
- Include information on how to obtain the necessary application forms and instructions on all relevant benefits including: SSI/SSDI, Medicaid, Medicare, Veterans' Benefits, TANF, Supplemental Nutrition Assistance Program (Food Stamps).
- Ensure that all jail inmates have information needed to make applications for benefits, either while incarcerated or, for those with short stays, after they leave.
- Produce materials for use by facilities that give information on the effect of incarceration on key federal benefits, including overpayment issues (TANF and Medicare Part B, in particular. (See Blueprint for State Action, pages 7-10 for more details.)

4 Expand activity in the jails to provide benefit support to inmates.

- Require jails to conduct a one-hour meeting with any inmate identified through a screen as having a serious mental illness to address transition needs. (This should be attempted, as feasible, with all inmates, including short-stay inmates.)
- Ensure that veterans are put in touch with VA resources available to them (particularly if their stay is short).
- Work with the courts to arrange for a benefits-eligibility specialist to be available outside the courtroom to begin the application process immediately for those who are released by the court.

5 Adopt new rules to specify basic procedures for jails and service programs to jointly address benefit enrollment issues.

- Bring together relevant local service providers with each jail to work out an effective collaboration. If possible, have the agreement in writing through a Memorandum of Understanding.
- Require local jails to send community mental health programs a daily list

of individuals who have been arrested and charged. Require community mental health programs to identify those who are their clients and send case managers to the jail to see them.

- For individuals identified through a screen as having a serious mental illness, require jails to make a referral to community mental health programs prior to release, including setting up a first appointment.
- Require community mental health programs to make a full assessment of need prior to release for individuals identified by corrections institutions as having a severe mental illness.
- Encourage local eligibility specialists from public agencies, such as Medicaid, to come to the facility to take applications and assist inmates.

Alerting Mental Health to Arrests of Clients

Through an automated information system, the Cook County jail in Chicago electronically transfers its jail census on a daily basis to mental health clinics in the area. Clinic staff review the lists to identify clients.

Pima and Maricopa counties in Arizona set up diversion programs whereby caseworkers are notified of bookings so they can search for their clients in the jail's records.

6 Understand the rules regarding information-sharing between jails and local community mental health providers.

- Become familiar with the requirements of federal privacy rules in the Health Insurance Portability and Accountability Act (HIPAA)¹ and the Confidentiality of Alcohol and Drug Abuse Patient Records² (see appendix for more information on federal rules on information sharing).
- Review state privacy laws and regulations to assess whether there are additional restrictions on information-sharing.
- Train corrections staff and community agencies on privacy rules and information-sharing protocols.

7 Develop agreements on information-sharing.

- Set up policies that enable information-sharing between the jail and community mental health programs, with consent when federal or state law requires it (see Volume 3).
- Encourage the use of web-based systems for sharing the necessary clinical information so as to allow credentialed professionals in the jail and the community to match up records and obtain important treatment information.
- Consider developing a unified, standard form for inmates to provide

consent for the sharing of treatment and other health information that may be needed for benefit applications. This consent can also authorize the sharing of necessary information for follow-up community treatment upon release. (See Volume 3 for a sample consent form.)

8 Assist local community mental health programs to improve their benefits enrollment assistance.

- Organize a SOAR (SSI/SSDI Outreach, Access and Recovery) training for local community mental health program case managers to improve the disability application process for people with mental illnesses (see <http://prainc.com/SOAR/>).
- Have corrections officials arrange training on appropriate procedures when they work inside a jail for case managers who will visit jails to take benefit applications and arrange post-release services.
- Provide funds to community mental health programs for staff (preferably peers) to facilitate the transition to the community by meeting those being released at the jail to help with the transition, including escorting them to Social Security, Medicaid and other relevant offices regarding benefits.
- Endorse the use of the Stepping Stones to Recovery case manager manual for assisting adults with SSA disability applications (see www.prainc.com/SOAR/training/manual.asp).

9 Assist local jails to improve their understanding of mental illness and of local mental health system services.

- Provide basic training to jail staff on mental illness and the needs of persons with serious mental illnesses while incarcerated.
- Involve local mental health family and advocacy groups to help with this training (some of these groups can furnish the training themselves).
- Provide information and training to jail administrators regarding the local service system, the roles and responsibilities of these programs and the provider agencies in their area.
- Provide similar training to law enforcement officers and court personnel.

10 Adopt policies to ensure that released inmates have identity documents.

- Create a system to ensure that individuals leaving jail have identification documents. If the state office of motor vehicles will not produce such a document, create a local government ID that can be backed up with court records and used for a form of ID to obtain an official state photo ID.

- Require jails to securely store the IDs that individuals have on their person when they are arrested or one they obtain while incarcerated.
- Provide information to jails on how to help inmates apply for replacement Social Security cards, birth certificates or birth records for those born overseas.
- Create a local government document that can take account of the problems facing inmates who may have used aliases. These individuals may have problems proving who they are or obtaining replacement documents.

Local ID Cards

Montgomery County, MD has created a "community re-entry card" in partnership with the local motor vehicle administration office. The card can be used in applications for Medicaid and Supplemental Nutrition Assistance Program (food stamps).

11 Pursue opportunities for federal or state funding for this initiative.

- Review potential federal sources for funding collaborations and planning at the local level, such as the Justice and Mental Health Collaboration program of the Department of Justice. (See www.ojp.usdoj.gov/BJA/grant/JMHCprogram.html).
- Apply to the Department of Justice Office of Justice Programs, Bureau of Justice Assistance for funding (under the Second Chance Act) for an adult offender re-entry demonstration project that addresses pre-release benefit assistance. (See www.ojp.usdoj.gov/BJA/grant/09SecondChanceReentrySol.pdf).
- Review the possibility of applying, or having local providers apply, for grants from the Health Resources and Services Administration, such as Health Care for the Homeless funds.
- Check out any possible source of funding for housing of ex-inmates with mental illnesses from the federal Department of Housing and Urban Development, such as Shelter Plus Care grants.

Web Sites with Information on ID Documents

Social Security cards: www.socialsecurity.gov/ssnumber/.

Birth certificates: state vital records agency, see information for each state at www.cdc.gov/nchs/w2w.htm

Birth records for foreign-born citizens: http://travel.state.gov/passport/get/first/first_828.html

Changing Policy on Benefits

Cash Assistance

1 Adopt local policies that facilitate smooth re-entry and access to Social Security Administration disability benefits (SSI and SSDI).

- Work with local Social Security field office(s) to facilitate their setting up pre-release agreements with all local jails.
- If some jails do not wish to enter into agreements, work with the field office to ensure that they will nonetheless accept and prioritize applications from inmates in those jails.
- Require all local jails to report to Social Security the individuals who are adjudicated and sentenced in order to prevent overpayments to the individual (which must later be repaid) and for the jail to obtain the fee that Social Security pays for this data. These funds can be used to pay for a benefits initiative.
- Create a locality-wide policy for an Interim Assistance Agreement with SSA that will allow individuals to be given a locally funded cash benefit to cover living costs when the individual's SSI benefits have been suspended. This will enable the person to have funds for the few weeks before SSA provides a cash benefit. (Note: These local government outlays can be recouped through SSA when cash benefits start.)
- Expand eligibility for that locally funded cash benefit to individuals with serious mental illnesses who are being released and who have made a new application for SSI benefits. As for those with suspended benefits, this payment can be recouped if, or when, SSA approves the application.

Social Security Interim Assistance

SSA allows local (and state) governments (including corrections agencies) to provide cash benefits to individuals upon release and then reclaim this amount from the individual's back benefits when they are awarded.

Under SSA Interim Assistance rules, cash or vendor payments for basic needs can be made from local funds for months while SSI benefits are suspended or terminated, provided the individual is subsequently found eligible.

As of April 2009, SSA is able to do this electronically. This policy is outlined at <https://s044a90.ssa.gov/apps10/poms.nsf/lnx/0502003001>

2 Adopt local policies on other income-support programs that can facilitate smooth re-entry and access to benefits.

- Have trained social services workers visit jails on a regular basis to take applications for TANF, General Assistance or other benefits.

Medicaid and Medicare

1 Adopt local Medicaid policies to facilitate smooth re-entry and access to benefits.

- Set up procedures for Medicaid staff to routinely visit jails to take applications.
- Set a policy that Medicaid will accept applications for benefits from the jails as early as 90 days in advance of expected release (or less, if there is less time).
- Set a policy that if the date for an inmate's Medicaid eligibility to be redetermined occurs during incarceration this review will be postponed until just prior to release in order to make a more accurate decision on potential eligibility.
- Make sure local community mental health providers agree to serve individuals released into the community with a pending Medicaid application and that they know how to bill for retroactive payments once the person's eligibility is confirmed.

2 Ensure accurate information is provided to facilities and inmates regarding the effect of incarceration on Medicare benefits.

- Provide information to jails regarding the need for inmates to decide how to handle their Part B (outpatient) Medicare coverage. Those held more than a month, but for very little more, should consider continuing to pay their Part B premium in order to avoid penalties.
- Those with longer sentences should consider stopping the Part B premium payment if they feel they cannot afford it. They will then need to re-establish Part B eligibility upon release. They should be informed that their Part B premiums may be higher if they choose not to pay (the SSA can provide more information on their particular case).
- Incarcerated individuals should stop paying Part D premiums, as Part D will not pay for medications while they are incarcerated. They can re-establish Part D coverage by re-applying to a drug plan upon release.

Veterans Benefits

1 Adopt local practices that facilitate smooth access to benefits for veterans.

- See information on how veterans can obtain benefits upon release in the state resource guide at www1.va.gov/homeless/page.cfm?pg=39.

Consider whether changes in local policies or procedures can improve access to these benefits.

- Contact the state Department of Veterans' Affairs and the regional VA office for your area to obtain materials and other information that can assist the jails in linking veterans to their benefits. (For state and local information, see www1.va.gov/vso/rpt_statelocal.cfm.)
- Contact one of the 21 Veterans Integrated Service Networks that have Healthcare for Re-entry Veterans Specialists. These individuals, if available to veterans in your area, can provide outreach and pre-release assessment services and referrals and linkages for veterans who are incarcerated. Check a list of these individuals at www1.va.gov/homeless/page.cfm?pg=41.
- Provide information to correctional facilities on support that may be available from the Healthcare for Re-Entry Veterans program.

How Two Localities Assist Veterans

The Los Angeles sheriff's department sends names of inmates who are veterans to the VA Community Re-Entry Program. Outreach staff from the program assess the inmates in the facility and help to link them to services upon release, including VA health and financial benefits.

In New York, outreach workers from the state Division of Veterans Affairs coordinate with counselors from corrections and other agencies to develop a transition plan for the veterans beginning 6 to 9 months prior to release. Outreach workers assist in determining eligibility for VA benefits and services including mental health, substance abuse and health care, employment and housing.

Housing

1 Adopt local policies on housing that facilitate smooth reentry and access to benefits.

- Review all locally controlled housing policies regarding access to low-income housing for individuals released from jail and identify barriers that can be overcome by changes in the locality's policies.
- Work with local public housing authorities regarding rules for access to public housing to ensure that a criminal record does not result in blanket denial of access.
- Create a small pool of funds that can be tapped to provide up-front deposits for rental housing for people with serious mental illnesses who are leaving jail.
- Amend the Consolidated Plan (required under federal Department of Housing and Urban Development rules) to ensure inclusion of housing for people with disabilities, including those with mental illnesses.

Employment

- 1** Review and amend any local laws that bar access to employment for those with criminal convictions in situations where there is no connection between the offense and the employment opportunity.
- 2** Adopt local policies on employment that facilitate smooth re-entry and access to benefits.
 - Work with local employers to create employment opportunities for people with serious mental illnesses who have been released from jail when local community mental health programs guarantee the provision of necessary support services.
 - Ask local Vocational Rehabilitation counselors to visit the jails and work with inmates, as well as those recently released, to assist them in job training and to access employment opportunities.
 - Create and distribute materials that will assist inmates with information and support on how to access mainstream job programs, such as One-Stop Shop Centers.

Other Benefit-Related Procedures

- 1** Devise other benefit-related policies that facilitate re-entry.
 - Provide resources to jails so they can provide a 90-day supply of critical medications to released inmates, including any medications prescribed for treatment of a mental illness.
 - Ensure that community mental health staff and other benefit specialists who visit jails have appropriate technology (such as laptop computers) to help inmates apply for benefits on the spot and to update mental health records.
 - Create positions of Boundary Spanners—individuals who work both for mental health providers and jails—who fully understand the rules in both systems and can facilitate interactions between them as they assist jail inmates with re-entry issues.

Oversight and Evaluation

1 Create a plan for collecting and using information for oversight and evaluation. Work with people who have technical expertise in the jurisdiction's data systems, as well as officials and program administrators who understand how data will be used, to help the planning group decide what information to collect, how to do it and how to use it.

- Include individuals who work with current information systems and know what data is collected in the criminal justice and in mental health systems.
- Contact local university or college criminal justice, human services, public policy and/or information management faculty to see if they would help design and lead this effort. (Such a project would give students an opportunity to see and work on original research.)
- Seek funding from private or public sources for technical assistance to develop the information system.

2 Compile information from local jails and produce reports for the local council, the public and state legislators.

- Collect from the jails data that is already readily available, such as arrest data, conviction data, length of stay and the costs of jail-day (and, if available, the additional cost for people with serious mental illnesses).
- Collect data on court costs for cases involving a person with a mental illness.
- Collect data on the cost of an episode of care for a person with a serious mental illness in the community.
- Consider also how to track recidivism of individuals helped by the initiative.

3 Monitor the performance of local jails regarding benefit assistance to inmates and re-entry issues generally.

Making the Case in a Simple Way

Many studies have been done on the cost-effectiveness of jail diversion and re-entry initiatives. However, it is not always possible for localities to engage in sophisticated research. An alternative is to take simple existing data and use it to explain the benefits of these programs.

In 2000, the Thresholds mental health program in Chicago produced data on a handful of clients from a Cook County jail who participated in evidence-based treatment. The data compared days spent in jail and hospital for two years prior to the intervention and two years after. Jail days dropped dramatically, as did number of arrests.

Without benefits, individuals will not be able to access appropriate services in a community. Data on reduced institutional placements following services makes the case for benefit programs and re-entry initiatives in a particular community.

- Collect data on the number of inmates who have had a planning meeting in the jail regarding their post-release needs, including benefit issues.
- Count the number and percentage of inmates who were given formal discharge plans.
- Collect data on the number of inmates who submitted benefit applications prior to release and, for longer-stay inmates, the number who received a decision on their benefits prior to release.
- Count the number and percentage of inmates with mental illnesses who received bridge medication upon release and the number and percentage who were linked to community case managers while in jail.

4 Set up a system to measure performance by mental health and substance abuse systems.

- Require reports on a regular basis from community mental health and substance abuse programs that are linked to jails or prisons including:
 - Number of inmates who received case management prior to release.
 - Number of inmates who also received community mental health and/or substance abuse services.
- Collect service-related data: hospitalizations of individuals released from jail or prison and, if possible, data on use of emergency rooms.

5 Ensure that data is easily collected and used.

- Identify data that is already collected by correctional facilities or state agencies and that can be helpful in assessing the impact of the initiative; focus first on using that information.
- Create a centralized collection system for the data.
- Assist jails and prisons to collect and report data electronically.

6 Use data for program improvement.

- Wait until there is sufficient experience to fully assess the program, potentially three years of data.
- Track results and analyze to determine what is working well and what problems remain and determine areas of weakness.
- Expect some failures, but make changes to improve the initiative over time.

7 Contract for a full evaluation of release planning and discharge.

- Consider contracting with a university or private entity to conduct a full evaluation of the project.
- Conduct an evaluation that compares success rates for individuals who receive benefits and other release services with those who do not.
- Calculate cost savings using data from all systems.

8 Use this data to make a case for increased resources to assist in re-entry programming.

- Present information on how ex-inmates are accessing services and doing better in the community following their release due to the re-entry benefit initiative.
- Calculate the potential savings of jail diversion or avoidance of recidivism when benefits are available and necessary services are furnished.
- Present findings to a wide audience to gain support for investing additional funds to support successful re-entry and/or jail diversion.
- Present all information in easy to understand form.

In addition to these potential strategies for local government implementation, other actions can be taken by the facility administrators which will improve access to benefits for those released from jail or prison. The following section addresses these issues.

Blueprint for Action at the Facility Level

Jail and prison administrators face challenging problems as more and more people with serious mental illnesses (and other disabilities) are being arrested and incarcerated. Policies that have led to this situation, and policy solutions to address the problem, are the purview of local, state and federal legislators and policy makers. Nevertheless, a great deal can be accomplished at the facility level, working within existing rules.

Certainly one of the most significant problems facing corrections today is recidivism, especially among those who pass quickly through the revolving door and establish a pattern of re-arrest and re-imprisonment over their lifetime. Successful efforts to break this cycle would significantly reduce the burden on prisons and local jails.

This section of the *Lifelines* blueprint focuses on the steps a facility administrator can take to address re-entry issues, particularly for individuals with serious mental illnesses. Jails and prisons play a critical role in identifying inmates' needs and assisting them to apply for the various benefits to which they may be entitled—benefits that will be essential if they are to receive the services they need upon release.

The following steps can be taken by facilities within existing rules. Some of these steps are similar to those recommended for local or state governments (see the earlier sections), but here they have been adapted to be relevant to a facility. Because local and state governments have policy options and resources to make re-entry planning easier and more efficient at the facility level, facility administrators should try to get the local government to be a partner in this effort.

Preliminary Steps

1 Form a planning and implementation work group to focus on the details of re-entry, with a particular focus on access to benefits. The composition of the group will depend on the interests of the various provider and stakeholder groups and local government agencies. Contact relevant local agencies to enlist their help. Successful re-entry initiatives will rely on the cooperation of local service agencies, so collaborative work is essential.

- Develop an introductory letter to explain the concern and the need to do things differently and send it to local provider agencies, major advocacy groups and relevant government agencies.
- Follow up the letter by arranging meetings with the most relevant local agencies that provide services, such as mental health and substance abuse treatment and those that provide assistance with housing,

health, food and other life necessities. Gauge their interest in working collaboratively to assist individuals with re-entry, particularly those who have serious mental illnesses. (These meetings can be done individually or a joint meeting might be easier to arrange.)

- Set up a re-entry benefits initiative and an ongoing planning and implementation group.

2 Contact other relevant offices within the criminal justice system as well as local stakeholder groups to seek their support and participation.

- Talk to officials in pre-trial services, probation and parole officers, public defenders, district attorneys and the courts.
- Contact local stakeholder groups and determine whether they could be helpful in this initiative. This includes organizations that represent the interests of certain incarcerated individuals, such as mental health and substance abuse advocacy groups, veterans service organizations, homeless advocates and others.

3 Take steps to ensure that the planning and implementation group works effectively.

- Be sure the group is of reasonable size and that all are committed to the concept.
- To ensure that the effort stays on track, identify one person who will be responsible for convening regular meetings and will act as a boundary spanner between agencies.

4 Develop a comprehensive implementation plan.

- Set up a timeline for the initiative and assign responsibility for necessary tasks.
- Address the need for training, resources, oversight and assessment mechanisms (processes for tracking and monitoring outcomes), as these are essential elements that should be included in the plan.
- Create a model or flow chart that lays out the sequences and steps that will be followed for each inmate from intake through re-entry.

Identifying Local Agencies

An electric mapping program, the MAPTool, can help identify community agencies that will provide vital services, like mental health care, to individuals after they are released. Using this free tool, those doing re-entry planning can see what communities inmates from that facility are most often released to and the local services available in those communities. These community organizations are also potential partners for collaboration on a benefits initiative. The tool, developed by Community Oriented Correctional Health Services, is available at www.cochsmaptool.org

5 Have the work group reach out to the public agencies in the community that are responsible for eligibility determination for federal and state benefit programs. Invite them to participate, either by joining the work group or by collaborating with them in order to facilitate access to the specific benefits and services for which their agency is responsible.

- Contact officials from Medicaid, TANF (Temporary Assistance to Needy Families) and the Supplemental Nutrition Assistance Program (food stamps). Often these offices are in the same agency.
- Get in touch with the field office of the federal Social Security Administration (SSA) and the regional office of the Department of Veterans Affairs.
- Contact those responsible for other services such as vocational rehabilitation, employment and housing. These agencies do not run entitlement benefit programs, but can assist in helping ex-inmates with other services.
- Create a written agreement (or formal Memorandum of Understanding) with each service agency and local government benefit offices.

In Montgomery County, Maryland, county government agencies, nonprofit organizations, probation and parole, and community service providers are part of the re-entry collaborative case management team. The team works with inmates on pre-release planning and is responsible for service provision and follow-up after release. The team meets bi-weekly and works with inmates who are within 90 days of release.

Source: *Life After Lock-up: Improving Reentry from Jail to the Community (2008)*; www.urban.org/url.cfm?ID=411660

6 Learn about what efforts are already taking place in the state related to benefits and discharge planning.

- Identify any benefit initiatives in prisons or jails in the state and assess whether their processes/protocols could be adapted or their tools, forms, structure, etc., could be replicated.
- Find this information using existing forums—such as a state association of jail administrators or the state association of community mental health agencies.
- Consider working collaboratively to exchange ideas and knowledge with these other initiatives.

The person or small group of people who will be the driving force behind an initiative will be different in different communities. In Wisconsin, for example, an SSA field office representative joined forces with a corrections official to figure out how to operationalize an enrollment initiative. They started small but developed and refined a model for replication that could be used statewide.

7 Seek out additional useful information and support for the initiative.

- Ask the state corrections agency if it can provide assistance (expertise, training, financial and other resources) to aid the local effort.
- Assess what state and national resources exist that could be tapped to provide training, technical assistance or funding. (See Volume 3.)

8 Don't take on too much at once.

- Most facilities would find it hard to institute a full-scale re-entry and benefits initiative.
- Start by at least focusing on the most critical benefits: federal disability benefits (SSI/SSDI) and Medicaid and Medicare coverage.
- Add additional benefits to the initiative as soon as feasible, particularly Veterans' benefits, TANF and Supplemental Nutrition Assistance Program (food stamps).

Implementation Steps

1 Re-entry planning should begin at intake.

- Use a simple screening tool, like the Brief Jail Mental Health Screen, to assess all inmates and identify those with mental illnesses. These individuals may need services and should be assessed for suicide risk. The screening tool is available at <http://gainscenter.samhsa.gov/HTML/resources/MHscreen.asp>
- Have a procedure (and a form) to check whether individuals who are arrested and about to be detained have been on benefits, either at the time of arrest or any time in the past two years. Check for disability benefits, Medicaid, Medicare, Veterans' benefits and TANF.
- The intake form should include information about identity documents (birth certificates, Social Security cards, passports, immigration papers), the location of these, and whether

Identifying Individuals' Needs

The Jericho Project in Shelby County, Tennessee uses an information management system that supports a database keyed to each detainee's unique identifier, the number used by local criminal justice system systems to identify detainees at the point of arrest. The system is confidential to the public defender's office and is used to coordinate the representation of detainees with special needs. The system also interfaces with other county information systems, so as to cross reference data and identify clients with serious mental illness or other special needs. Each morning, the list of recent arrestees is scrutinized and Jericho Project staff intervene to re-engage the client as quickly as possible.

replacement cards will be needed. For an example of a checklist, see www.gainscenter.samhsa.gov/html/resources/reentry.asp

- Provide a list of newly arrested individuals to the public community mental health agency so that it can identify any clients who have been incarcerated. The agency's case managers should then stay in contact with these individuals throughout their incarceration and facilitate re-entry upon their release.
- An effective way to share necessary information between the institutions and the community programs is to use web-based systems, so that credentialed professionals can match up records and obtain important treatment information.

2 Provide relevant benefit information and assistance to inmates.

- Prepare or find helpful materials for inmates that describe benefit programs and distribute them routinely and widely in the facility.
- Give inmates information on how incarceration affects the benefits that they may be in danger of losing or where they might incur overpayments (TANF and Medicare Part B in particular). See the Blueprint for State Action for more details.
- Make available to inmates the necessary application forms for all relevant benefits including: SSI/SSDI, Medicaid, Medicare, Veterans' Benefits, TANF, Supplemental Nutrition Assistance Program (food stamps).
- Create a routine so that every inmate identified through the intake screen as either having a serious mental illness or having been on federal disability benefits can have a one-hour meeting to address transition needs—preferably three months in advance of expected release, if feasible. It should be done as soon as possible for those with short detentions.

In Vermont, case managers in the facility have been trained to spot disabilities that may trigger eligibility for SSI or SSDI and also check with inmates to determine what benefits they received prior to incarceration. Up to six months in advance of the release date, employees of the Vocational Rehabilitation agency meet with the individual to discuss the voluntary vocational assistance available to an inmate upon release, as well as possible cash and health benefits. If the inmate may be eligible, the Social Security Assistant works with him or her to complete SSI or SSDI applications and gather all necessary documentation. Eligibility specialists from the local office of Economic Services come to the facility once or twice a week to generate applications for Medicaid, TANF, General Assistance, Supplemental Nutrition Assistance Program (Food Stamps) and other state assistance programs within 1-2 months of release.

Source: *A Vermont Approach to Addressing Inmate Recidivism* (2006) <http://humanservices.vermont.gov/departments/ahs-fs-folder/benefits-enrollment/6-30-06%20Vermont%20Association%20of%20Mental%20Health2019s%20JEHT%20First%20Year%20Grant%20Report.pdf/view>

3 Provide assistance to inmates in their benefit applications.

- Encourage providers and benefit specialists from relevant public agencies to come to the facility to take applications and assist inmates. A computer with access to the internet will facilitate the process of filing online applications and make the initiative easier to track.
- Encourage Medicaid agencies to send benefit specialists into the facility and point out that under federal law the state may claim federal payments for this as an administrative expense.
- Allow community mental health case managers access to the facility since they are generally well-versed in benefit program rules and can assist inmates with applications. The agency may have case managers who are also peers. These peer case managers may be particularly suited for this task as they can also provide peer-mentoring and support.
- If there is a college or university in the area with a social work program, contact that program to see whether supervised social work interns could help inmates with benefit issues.
- Train community case managers and others who visit the facility for benefit work regarding the policies and procedures they must follow when working inside a jail or prison.

4 Create a systematic procedure for checking that inmates have been given relevant information and assistance on benefits.

- Develop protocols and worksheets to plan and report on progress and status of benefit applications for each inmate (For a sample form and worksheet, see www.prainc.com/SOAR/training/worksheets.asp)
- Create a form that lists action steps and time sequences for each step of benefit work that eligibility workers will use to record the status of each inmate's benefit application and outcomes associated with each step.

5 Assess the training needs of facility and other staff engaged in a benefits re-entry initiative and develop a plan for meeting those needs.

- Train facility staff about the importance of re-entry planning and inmates' access to benefits. Corrections staff should understand the needs of inmates with mental illnesses

A family advocacy group, NAMI-Minnesota, provides training for correctional officers working in prisons and jails (about 40 trainings a year). Training focuses on early recognition of mental illness in the inmate population and the need for inmates to be linked with benefits prior to release. NAMI-MN also developed an online training module and a video to be used by correctional officers who cannot attend in-person trainings.

upon re-entry, the role of federal and state benefits in ensuring successful transition to the community and their own role in helping inmates engage in benefit application processes.

- Train corrections and community mental health staff on information sharing laws (see below).
- Consider contacting local mental health family and advocacy groups to help with this training. In some cases these groups can furnish the training themselves (see box on the previous page).
- Create a plan to ensure training of community eligibility specialists on the effect of incarceration on eligibility for various benefits, which can be quite complex.
- Be sure benefit experts who are not community mental health workers know how to work with people with serious mental illness and what community resources are available to ex-prisoners.

6 Create procedures for collaboration between the facility and local mental health agencies to ensure a smooth transition upon release.

- Notify community mental health agencies about inmates with mental illnesses who are slated to be released into the community in their service area.
- Link inmates to community agencies for discharge planning by allowing case managers to visit clients in the facility to create continuity of care for the transition to the community system of care.
- For individuals identified by the facility as having a serious mental illness, arrange for the relevant community mental health agency, prior to release, to assess the person's expected needs in the community and create a plan to meet them.
- For those in prison far from their home, make arrangements for mental health information to be shared with the community mental health agency

SOAR Training

One source of training assistance is the SSI/SSDI Outreach, Access, and Recovery (SOAR) federal technical assistance initiative. SOAR provides training to caseworkers in communities to help them prepare accurate and complete SSI and SSDI applications for individuals who are homeless and those re-entering the community from institutions, including correctional facilities.

SOAR has been very effective in assisting individuals with disabilities to obtain a successful disability determination. For more information, see Volume 3 or visit the SOAR site at: www.prainc.com/SOAR/default.asp

If SOAR training and technical assistance is unavailable, the Stepping Stones to Recovery case manager manual for assisting adults with SSA disability applications, developed by SOAR, can be used as a model process for those facilitating applications.

that will provide follow-up care in the inmate's community upon release.

- Urge community mental health agencies to utilize trained peers to meet individuals at the facility upon release and accompany them to their new housing, benefit offices and services within the community.

Information-Sharing

1 Understand information-sharing and privacy rules. These rules do not need to be a barrier to collaboration around successful re-entry and benefit application issues.

- Become familiar with the requirements of federal privacy rules in the Health Insurance Portability and Accountability Act (HIPAA)¹ and the Confidentiality of Alcohol and Drug Abuse Patient Records² (see Volume 3).
- Assign someone (possibly a community service agency) to review state laws to identify any further restrictions that limit information sharing between jails/prisons and community programs.
- Train corrections staff and community agencies on privacy rules and information sharing protocols.

2 Develop agreements and set out procedures about information-sharing.

- Consider drafting a Memorandum of Understanding to describe appropriate protocols for sharing information (upon both arrest and release) between the facility and community agencies.
- Seek written consent from prisoners to obtain their medical records. This is important for providing health care in the facility and for continuity of care upon release, and will also be needed to document disability for benefits applications.
- Consider developing a unified standard form for individuals to provide consent for the sharing of treatment information (for services upon release) and other health information that may be needed for their benefit applications.

Boundary Spanning

The Montana Department of Corrections (DOC) and the Department of Public Health and Human Services (DPHHS) jointly hired a behavioral health program facilitator to serve as liaison between the two agencies. This boundary spanner assists individuals moving through the criminal justice, mental health and substance abuse treatment systems, facilitates coordination between DOC and DPHHS, and identifies needed policy changes to promote lasting, systemic change. Similarly, at the local level a case manager could act as a boundary spanner between the various systems at the community level.

Identification Documents

1 Ensure that all inmates leave with proof of release and proof of identity.

- Create secure storage at the facility for IDs that individuals have on their person when arrested.
- Determine what is an acceptable proof of state residency which is often needed for Medicaid and other benefits (in some states utility bills can be used) and inform inmates of their options.
- Issue a proof of release to all inmates at the time of release.

2 Help inmates who do not have an identity documents to obtain one.

- Through the local or state office of the agency responsible for issuing state photo identification documents—most often the Department of Motor Vehicles, which issues drivers' licenses and official IDs for non-drivers—create a process whereby IDs can be prepared pre-release (ideally, DMV officials would come to the facility), kept by the facility and then handed to individuals as they leave. (See a summary of state requirements for state IDs at www.hirenetwork.org/ID_Survey_Summary.htm.)
- If this is not possible, work with local benefit offices so they will recognize a jail/prison generated photo ID, with a community address, as meeting identification requirements for benefits.
- Another option is to reach agreement with the DMV for exchange of the facility ID for a non-prison photo ID upon release.

Vermont provides on-site equipment to its facilities (all operated by the state) to produce official ID signed by the Secretary of the Agency of Human Services. These IDs can be used to meet ID requirements for drivers' licenses. Similarly, Montana facilities give inmates a prison card with a photo that also includes the inmate's date of birth, offender number, and the discharge certificate or parole order, which then can be exchanged within 60 days of release for a free state-issued ID. Maryland is experimenting with a mobile unit that can travel among facilities and produce IDs without having to provide equipment in each facility.

3 Help inmates locate or obtain lost or missing documents.

- Assist inmates in applying for replacement Social Security cards. (See www.socialsecurity.gov/online/ss-5.html.)
- Assist inmates who need it to obtain a copy of their birth certificate. This

can be done by contacting the state agency responsible for vital records in the state where the person was born. (The federal Centers for Disease Control and Prevention (CDC) has information for each state at www.cdc.gov/nchs/w2w.htm.)

- Assist inmates born in other countries, to find information and forms for getting their birth records. (See http://travel.state.gov/passport/get/first/first_828.html.)
- Help inmates who are immigrants and who have lost the green card to apply to the U.S. Department of Homeland Security for a replacement card.

Funding for the Initiative

1 Assess opportunities for obtaining federal funding to support a benefits re-entry initiative.

- Check out the various federal funding opportunities for re-entry programs, including those of the Department of Justice (see box).
- Be sure the local service agencies review opportunities to use federal funds for providing in-facility case management and benefit assistance as well as furnishing services upon release. These might include mental health block grant or homeless program funds (administered by the state mental health authority) as well as direct federal grants.
- Use the federal incentive payments the facility receives from SSA when it reports newly admitted inmates to underwrite costs associated with pre-release planning.

Potential funding from the Department of Justice

The Justice and Mental Health Collaboration program (see <http://www.ojp.usdoj.gov/BJA/grant/JMHCprogram>)

Second Chance Act program, Office of Justice Programs, Bureau of Justice Assistance. An adult offender reentry demonstration project --one priority is that applicants address prerelease benefit assistance. (See www.ojp.usdoj.gov/BJA/grant/09SecondChanceReentrySol.pdf)

2 Review opportunities to obtain state or local funding.

- Review options for obtaining funds from the local or state governments that are supporting re-entry initiatives.
- Seek private foundation or community funding.

Working with Offices that Administer Benefit Programs

Social Security Administration

1 Work with the local Social Security Administration (SSA) field office to establish procedures that will enable inmates to obtain federal disability benefits—Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)—as soon as possible upon release.

- Establish a pre-release agreement with the SSA field office. Under such an agreement SSA will process applications quickly. The agreement requires that the facility notify SSA that the applicant is likely to meet eligibility criteria, provide medical and non-medical information on a timely basis and notify SSA of the planned and actual release date.
- Start this process early. Work with the SSA field office on what is the best timing for both new applications and reinstatement applications. SSA takes considerable time to process new applications and it takes time to acquire the considerable medical information that is needed for a new application.
- Encourage new applicants for SSI/SSDI to agree to allow the eligibility workers to talk with SSA about their applications. The form to appoint a representative is available at www.ssa.gov/thirdparties.htm.
- Be aware that once SSA has made a medical determination of allowance for benefits, this remains valid for 12 months and does not need to be repeated if the inmate is not released when first anticipated.

SSA Rules on Pre-Release Agreements and Interim Assistance Rules

Jails & prisons can enter into pre-release agreements with SSA that allow inmates to file applications for benefits some time before release. SSA will consider these applications on a fast track, but jails and prisons must also make certain commitments. Individuals can be then be quickly restored to full cash benefit status upon release. Collaboration with SSA significantly improves the rate of approval for offenders (Oklahoma achieved a 98% rate of acceptance on first submission).

For pre-release agreement information see <https://s044a90.ssa.gov/apps10/poms.nsf/lx/0500520910>

2 Explore the potential for other agreements with SSA.

- Contact the local government to see if there is interest in local funds being used to provide a cash benefit to individuals whose federal benefits have been suspended or terminated, using an Interim Assessment Agreement with SSA.

3 Obtain SSA funds for reporting inmates who may no longer be eligible for benefits.

- If this is not already in place, enter into an Incentive Payment Memorandum of Understanding (MOU) with SSA so the facility receives funds for submitting monthly reports on inmates who have been convicted and imprisoned for more than a month. SSA will match this information and provide the facility with the name, date of birth and Social Security number for all prisoners, as well as information about whether the inmate is a beneficiary. (See <https://secure.ssa.gov/apps10/poms.nsf/lnx/0502310088!opendocument#b>.)

4 Enter into an MOU with SSA regarding replacement of lost social security cards.

- This allows prisoners to submit requests for Social Security cards while imprisoned; facilities are required to safeguard the cards until given to the prisoner upon release. (See <https://secure.ssa.gov/apps10/poms.nsf/lnx/0100206076!opendocument#d>.)

Medicaid

1 Set up a process to establish Medicaid quickly upon release.

- Establish procedures for filing applications prior to release, setting the earliest possible date for Medicaid to accept the application (can be 90 days before release for individuals with disabilities; 45 days for all others).
- Have the Medicaid card sent to the correctional facility prior to release and hold it for the inmate until the actual date of release.
- Work with the Medicaid office to provide presumptive eligibility coverage to those expected to receive SSI benefits (such as those on suspension status) and have providers retroactively bill for services after release but prior to final SSI award.
- Confer with the Medicaid agency and SSA about how to handle inmates who are on Medicare and Medicaid (dual eligibles). If Medicaid has been used to pay Medicare premiums for Parts B & D, Medicare should be notified and the individual should stop paying the premium for Medicare Part D, and generally also for Medicare Part B. (See page 9 for a summary of Medicare rules on this issue.)

Temporary Assistance for Needy Families (TANF) and Other Income Support

1 Ensure that families are assisted during a parent's incarceration.

- At intake, find out if the prisoner was receiving TANF benefits. If so, the TANF office should be informed so as to assess what benefits may still be payable to the family.
- If the inmate was not receiving TANF, the caregiver of dependent children should be informed that they should contact the TANF eligibility office for an assessment.

2 Help inmates restore or apply for TANF prior to release.

- Have an explicit agreement with the office administering TANF on how inmates can file for TANF pre-release. Once the inmate is returned to the community and resumes as caretaker of an eligible child or children, the cash benefit can be re-adjusted according to family size.
- Have social services workers visit the facility on a regular basis to take applications for TANF, general assistance or other cash benefits.

Veterans Benefits

1 Understand what resources are available from the federal Veterans Administration to help them apply for benefits.

- Review the VA resource guide developed for your state. (See www1.va.gov/homeless/page.cfm?pg=39.)
- Help the inmate locate potential services. (See Guidelines and Recommendations for Services Provided by VHA Facilities to Incarcerated Veterans Re-entering Community Living: www1.va.gov/homeless/docs/IV_IL_10200607.pdf.)
- Contact the regional Veterans Integrated Service Networks (VISNs) of the VA health care system. There are 21 geographically distributed VISNs, each of which has Healthcare for Reentry Veterans Specialists who provide outreach and assessment services and referrals and linkages to follow-up care and short-term case management for inmates. (See www1.va.gov/homeless/page.cfm?pg=41) To obtain more information related to VA health care: www1.va.gov/health/index.asp.)
- Learn more about VA compensation payments and pension benefits. (See www.vba.va.gov/bln/21/index.htm.)

2 Reach out to state government and private sources of information and assistance for veterans.

- Contact veteran service organizations (private nonprofits) that operate in your area. Look for a list of these organizations at www1.va.gov/VSO/
- Check with the state office, department or agency of Veterans Affairs for more information on state programs for veterans. (See www.va.gov/statedva.htm for a list of the state agencies.)

Supplemental Nutrition Assistance Program (SNAP—formerly known as the Food Stamp Program)

1 Help inmates by providing information and opportunities to apply for SNAP.

- Facilitate the filing of SNAP applications by phone or mail so that the benefit can be established before release and the assistance with food costs is available immediately upon release.
- Inform inmates that SNAP recipients are eligible for certain federal employment and training programs and that this is another reason why they may want to apply.
- Ensure that inmates are aware that their application for SSI/SSDI benefits can also include an application for SNAP.

Housing

1 Work with local housing authorities, mental health agencies and homeless programs to identify options in the community for ex-offenders.

- Find out if there are any housing assistance programs to pay for upfront deposits on housing for released inmates. Monies may be available from homeless prevention programs or from the public mental health system.
- Contact the local public mental health agency to find opportunities for supportive housing for released inmates. Such programs offer both access to stable housing and to services that enable individuals to avoid future problems with the law.
- Find out if any local agency has funds for transitional housing for homeless people and whether released inmates who have no place to go can be eligible for such transitional help.

Employment

- 1** Work with local agencies that can help released inmates secure employment.
 - Contact the local vocational rehabilitation offices and other employment and training programs to see what pre-release and post-release programs are available to those with mental illness. See whether the agency will provide a vocational assessment prior to release.
 - Collaborate with the local mental health agency to identify opportunities for inmates with serious mental illness to access supported employment or other job-related services upon release.
 - Assist inmates with information and support to access mainstream job programs through agencies such as the One-Stop Shop Employment Centers sponsored by the Labor Department's Employment and Training Administration.

Coverage While Benefit Applications Are Pending

- 1** Review state law to ensure that advantage is taken of any existing opportunities to assist released inmates.
 - Determine whether any state interim benefits are available to released individuals immediately upon release and then replaced by federal benefits as those become available.
 - Check with local and/or the state offices of public assistance programs to determine whether General Assistance (income support and health care) benefits are available.
 - Ensure that local providers are aware of Medicaid rules for collecting retroactive payments and know that they will be reimbursed if they furnish services to released individuals who have applied for Medicaid.
- 2** Adopt procedures that help inmates bridge any gap between release and initiation of their benefits.
 - Provide inmates with a 90-day supply of any necessary medications to take with them when they are released.
- 3** Ensure that inmates are made aware as soon as possible in the process of the potential fees they may be charged upon release.
 - Ask the court to ensure that defendants and public defenders are given a notice of all potential fees and collateral sanctions that will apply.

Oversight and Evaluation

1 Create a plan for collecting the information needed for oversight and evaluation. Seek assistance for the planning group to decide what information to collect, how to do it and how to use it.

- Start with a simple and manageable plan that can be built upon as capacity develops.
- Involve people with technical expertise and experience, in addition to officials and program administrators who understand how data will be used.
- Contact a local university or college (criminal justice, human services, public policy and/or information management faculty) to see if there is interest in helping to design and lead this facet of the initiative. (This type of project can provide opportunities for students to work on original research studies.)
- Seek funding through a foundation or from government for technical assistance to develop the information system or for an independent evaluation of the initiative.

2 Set up a system to track and measure performance.

- Establish a set of measures on benefit assistance issues, including number of individuals:
 - Screened for potential eligibility for benefits;
 - Who receive pre-release benefits enrollment assistance;
 - Who are successfully enrolled in programs to which they are entitled upon release;
 - Who have applications pending but also have interim assistance; and
 - The number of inmates who received benefit assistance but who are re-arrested within 6 months or a year. Compare this with the average number of recidivists at the facility.
- Mine other data that is already collected by the facility to determine whether it would be useful to compare the outcomes of individuals served the initiative to those who do not participate or to previous experience.
- Set up a system to measure services furnished to inmates, including:
 - The number of inmates who received case management prior to release; and

- The number of inmates who received community mental health services upon release.

3 Enter into agreements with other agencies to assist with data collection and evaluation.

- Ask the local community mental health system to collect and report service-related data regarding the outcome of the initiative in terms of community tenure and clinical progress and about hospitalizations and use of emergency rooms.

4 Use the data collected for program improvement, as well as to garner support. Assess the data on a regular basis to identify what parts of the initiative are working well and where there is a need for improvement.

- Expect some failures, but make changes to improve the initiative over time.
- Prepare reports on the initiative, based on both data and anecdotal experiences of inmates, and publicize the outcome to policymakers, partner agencies and the public.

Advocacy

1 Work with local advocacy groups for people with mental illness or people with disabilities to improve state laws with respect to access to benefits.

- Identify and meet with leading advocacy groups for these populations.
- Review with them the Blueprint for State Action and identify any changes to the state's laws and regulations that would further the goals of your initiative.
- Encourage the advocates to take the case for such changes to the state legislature, governor and other state officials.

2 Use the data that has been collected.

- Compile the data into easily understood summaries and present to local officials and the public and to potential funders for the benefit initiative.

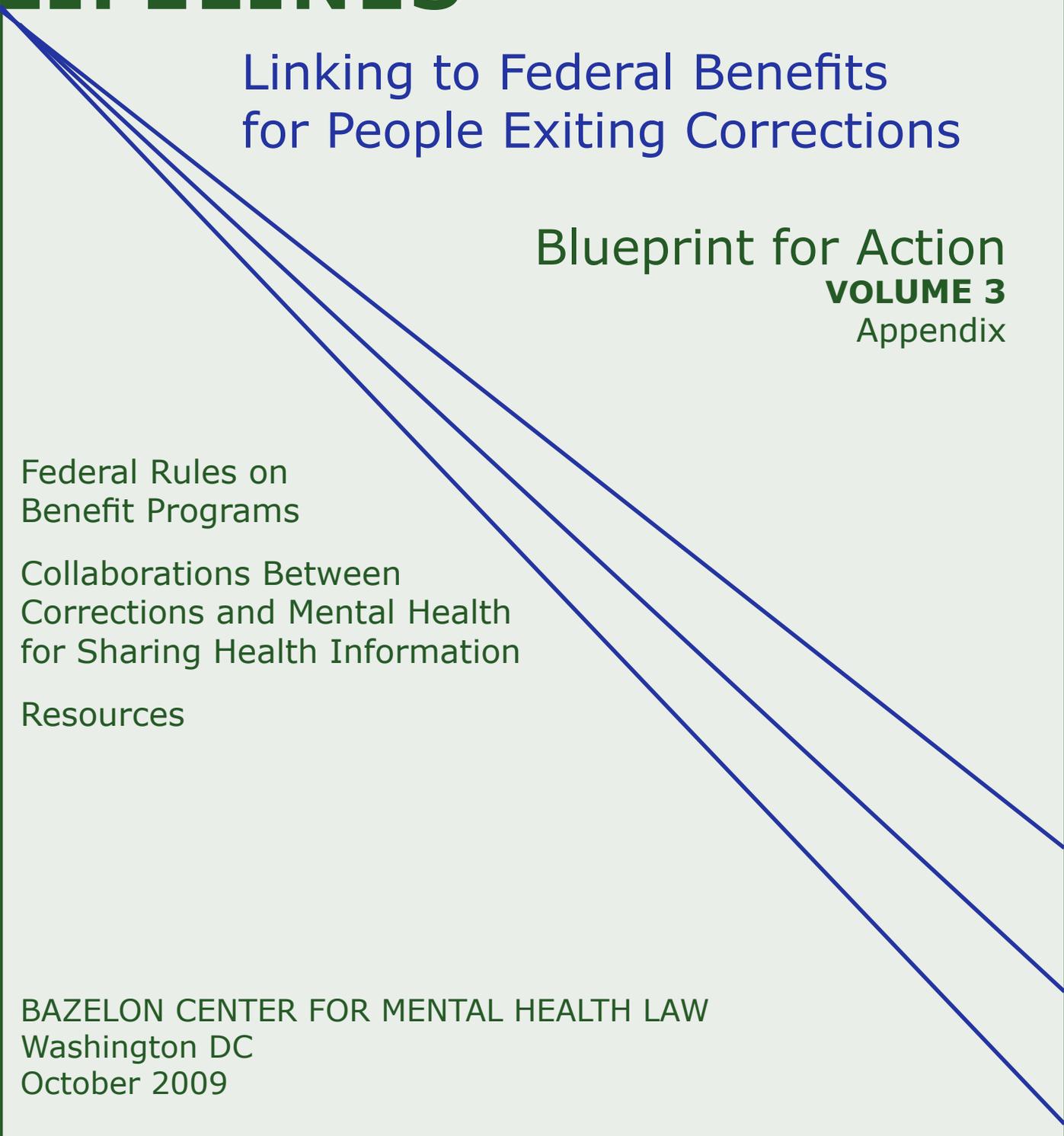
3 Share information on what the facility is doing with other facilities in the state as well as with other interested groups and the public.

- The facility's initiative can be adapted by others or several facilities might work collaboratively on developing protocols and forms, making it easier to put a full-scale initiative in place.

Notes

- 1 45 Code of Federal Regulations §164.500.
- 2 42 Code of Federal Regulations, Part 2.

LIFELINES



Linking to Federal Benefits
for People Exiting Corrections

Blueprint for Action
VOLUME 3
Appendix

Federal Rules on
Benefit Programs

Collaborations Between
Corrections and Mental Health
for Sharing Health Information

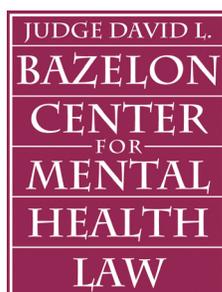
Resources

BAZELON CENTER FOR MENTAL HEALTH LAW
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Introduction

Policy makers have growing concern about the high rates of incarceration in jail and prison and the corresponding high cost. Compounding the problem is the large number of people with mental illnesses who cycle in and out of jail or prison because they never receive the community mental health services that can enable them to function successfully in the community.

Roughly 16 percent of all prisoners have a serious mental illness. Far more—over half of all prison and jail inmates, according to a 2006 Department of Justice report—have a clinical diagnosis, treatment history and/or symptoms of mental illness. Recidivism rates for this group are also high. Within 18 months of release, 64 percent of those with mental illnesses are re-arrested—more than twice the rate of ex-inmates generally.

This situation has led to great frustration among all stakeholders—lawmakers, government officials, families and advocates. Corrections officials are concerned about safety, families are unhappy that more was not done to prevent the arrest and imprisonment of people with mental illnesses, and the inmates themselves often have a particularly hard time adjusting to incarceration.

Breaking this cycle is not simple, and it is not possible for correctional systems to do it alone because community mental health systems must be part of the solution. One opportune time to act is upon re-entry. With adequate planning and immediate access to supports in the community, inmates with serious mental illnesses can make a successful transition. Corrections, mental health, substance abuse and other human service agencies can team up to ensure that connections are made to the services and supports that can make the difference between success and failure.

An important component of this re-entry support is helping inmates to access the benefits for which they may be eligible. Federal benefits can provide resources for housing and basic living needs, access to treatment and other support services. Yet only one third of inmates nationally receive such discharge-planning services.

Benefit restoration (the focus of this publication) is not, by itself, a guarantee of successful re-entry. Instead, it should be seen as part of a broader strategy to help all inmates reintegrate themselves in society. But for people with serious mental illnesses (and others, including people with physical disabilities), benefits will be the key that enables them to unlock doors. Without Medicaid/Medicare,

With adequate planning and immediate access to supports in the community, inmates with serious mental illnesses can make a successful transition.

SSI/SSDI, Veteran's benefits or housing support, these individuals will be at great risk. Helping inmates apply for these programs prior to release can make benefits immediately accessible upon release. This is very important because research shows that the first weeks in the community are critical, with arrest rates highest soon after release or shortly thereafter and declining over time.

It might seem that an initiative to facilitate timely access to benefits upon release is straightforward. There is, however, much complexity because the effort entails federal, state and local laws, and benefit programs themselves are complex, with differing eligibility rules, procedures and portals. Inmates who lack family, community supports and education will find it especially hard to jump through the various enrollment hoops and may not even know about programs that could help them.

Lifelines is a blueprint for action. It lays out a map to help those who are engaged in re-entry initiatives to wend their way through the complexity of federal benefit programs efficiently and effectively. It provides information and recommendations on how to take advantage of federal rules and how to align state and local policies with them so as to create a comprehensive system of services and supports upon release.

The blueprint offers a framework to achieve specific goals in a systematic way. If followed, its recommendations will lead to a systematized approach enabling states, localities and correctional facilities to replicate successful programs and prevent wasted effort and avoidable problems. By standardizing aspects that can be standardized, and laying out options for those that cannot, the blueprint enables readers to understand what is needed to accomplish the goal and where problem-solving and adaptation are necessary to accommodate local conditions and unique circumstances.

The blueprint is presented in three volumes:

- Volume 1 lays out the case for undertaking a benefit initiative within a broader strategy for successful re-entry, including data on need and cost-benefit analyses from existing initiatives.
- Volume 2 lists steps that states, local governments or jails and prisons can take to ensure access to benefits for inmates exiting the facility.
- This volume contains resource materials and links to helpful information and model forms or policies that can assist those who are implementing such policies and programs.

Helping inmates apply prior to release can make benefits accessible immediately upon release. This is very important because the first weeks in the community are critical, with arrest rates highest soon after release and declining over time.

Summary of Federal Rules on Benefit Programs

Following is a very short summary of the relevant federal rules on benefit programs for which individuals who are incarcerated may be eligible. These include programs that provide income support, health and mental health care coverage and other supports.

More detailed information on these programs is available from the Bazelon Center, including several publications:

- ***Finding the Key to Successful Transition from Jail to the Community: An Explanation of Federal Medicaid and Disability Program Rules.*** Booklet provides a technical explanation of federal Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Medicaid and Medicare program rules that apply when someone is incarcerated or being released from incarceration.
- ***Arrested? What Happens to Your Benefits If You Go to Jail Or Prison?*** This booklet is a guide to federal rules on SSI, SSDI, Medicaid, Medicare and Veterans benefits for adults with disabilities, written for people with disabilities who have been arrested as well as their family members and advocates. It explains how they can recover these benefits quickly when released.
- ***Fact sheets on federal benefits for individuals with serious mental illnesses who have been incarcerated.*** Designed to supplement *Finding the Key*, the fact sheets provide information on Veterans Benefits, TANF and food stamp programs—how federal rules affect individuals who are incarcerated and what flexibility is available to states and localities to set policy or establish procedures that ensure access to benefits upon release.
- ***Creating New Options: Training for Corrections Administrators and Staff on Access to Federal Benefits for People with Mental Illnesses Leaving Jail or Prison.*** A manual and accompanying PowerPoint present information for correctional staff about the backgrounds and needs of incarcerated individuals with mental illnesses and how to help them access the federal benefits that could enable them to make a successful transition to the community.

Disability Program Benefits

People with disabilities, including those disabled by a severe mental illness, are entitled to monthly income-support payments through two federal programs:

Supplemental Security Income (SSI) for those with low incomes and Social Security Disability Insurance (SSDI), which is available to people who have worked for a certain length of time and paid Social Security taxes. Many people whose SSDI benefit is low (because they worked too few months) also receive SSI.

Supplemental Security Income (SSI)

SSI provides monthly cash payments to low-income individuals who are aged, blind, or disabled. To qualify for SSI on the basis of a disability, an individual must have a diagnosed disorder, such as a serious mental illness, and be unable to engage in “substantial gainful activity” because of the disability. The person must also have low income and assets to meet the financial eligibility requirements.

In general, the length of time a person is in jail or prison determines whether, and when, federal SSI benefits will be affected. Although monthly payments are nearly always interrupted while someone is incarcerated, benefits are payable up until the person has been incarcerated for a full calendar month. At that point, the benefit will be suspended and no further cash payments will be made.

Benefits can resume shortly after release if the person has been incarcerated less than a year. When suspension of the benefit lasts less than 12 consecutive months, payments can resume soon after the individual is released. The Social Security Administration (SSA) must be informed of the release and the individual must submit a simple form with evidence showing that he or she again meets the financial and other non-disability requirements. (SSA presumes that these individuals remain disabled under federal rules).¹ Families, community mental health workers or jail administrators can assist people in this situation by making sure SSA is alerted to the need to resume benefits and told where to send the checks.

Suspended SSI benefits can be reinstated for many individuals before their expected release date (although payments will not begin until they are released). Individuals may apply for reinstatement of SSI while incarcerated and jails and prisons can facilitate this by following a “pre-release” procedure.

Those who wish to file a new application for SSI benefits can also use these procedures, although SSA will generally take several months to make a decision on a new application. People whose benefits have been terminated must also file a new application for SSI. They will be treated like new applicants.

Social Security Disability Insurance (SSDI)

The rules for qualifying as a person with a disability under SSDI are the same as for SSI. Individuals must have a significant health impairment and be unable to engage in “substantial gainful activity.”

SSDI benefits are suspended following conviction of a criminal offense and 30 days of incarceration. SSDI benefits are also suspended for any 30-day period during which an individual is confined in a jail or prison in connection with a verdict of not guilty by reason of insanity or guilty but insane, or a finding of incompetence to stand trial.²

SSDI benefits are not terminated due to incarceration. Individuals who receive SSDI remain on the rolls during a jail or prison term, although they will not receive benefit checks. Although there is no official “pre-release” procedure as there is for SSI reinstatement, SSDI reinstatement and new applications can be considered by SSA prior to release in the same manner as SSI applications.

Veterans Cash Benefits

Veterans with a disability, such as severe mental illness, are eligible for income support from the Veterans Administration. There are two relevant Veterans Administration (VA) programs: Veterans Pension Benefits, for veterans under the age of 65 with a permanent and total non-service-related disability, and Veterans Compensation for those whose disability is at least 10 percent related to their service.

Veterans receiving service-connected disability pensions continue to receive benefits until convicted of a felony and incarcerated for 60 days or more. Once these veterans are incarcerated for 61 days, their compensation will be reduced but not terminated.

Veterans receiving benefits due to a non-service-related disability continue to receive benefits until convicted of either a felony or a misdemeanor and incarcerated for 60 days or more. Their benefits will be suspended beginning on the 61st day of imprisonment.

Veterans who were receiving VA disability benefits prior to incarceration are eligible to receive benefits again on the day of release. To accomplish this, the VA must be notified and must approve the benefit. Veterans must contact the VA regional office and the VA may then require a medical examination to determine if a disability has improved.

While incarcerated, veterans may request information or services that will assist them in accelerating their benefits claims, such as medical disability examinations and reviews of disability ratings.

Veterans who were not receiving service-connected disability pensions prior to incarceration may apply for these benefits while incarcerated. If approved, they will then receive the same reduced compensation as other veterans in the same situation. This will require that they have a physical examination (which is conducted by the VA) to determine eligibility.

Temporary Assistance for Needy Families

Low-income families are eligible for cash assistance and services through the Temporary Assistance for Needy Families (TANF) program. States set specific eligibility requirements for TANF, which is generally time-limited. Incarcerated adults may have been receiving TANF cash assistance prior to their arrest. Upon incarceration, all TANF cash benefits will cease, although states may opt to provide some limited services to incarcerated TANF-eligible individuals. Services in this case must be consistent with the goals of TANF and can include case management, vocational rehabilitation, job preparation, job training and job search, mental health services (but not medical services) and literacy-skills training. These services can be furnished to non-custodial parents in jail or prison, including fathers.

Local social services offices can restore TANF cash assistance as soon as a released individual can show that he or she meets the state's eligibility requirements, including having resumed the role of caregiver. Applications can be prepared while incarcerated, but benefits will not be payable until release.

Food Stamps (now called the Supplemental Nutrition Assistance Program—SNAP)

Although not a cash benefit, SNAP benefits provide federal aid for meeting an individual's basic living costs. Benefits are provided on an electronic card that is used like an ATM card and accepted at most grocery stores. SNAP benefits are not available to those who are incarcerated. The law also bans benefits for any person convicted of a drug felony.

Benefits are available to low-income individuals who meet the work requirements of TANF and the income and resource requirements in the law. The work requirement means that most individuals without a disability must register for work in order to receive SNAP benefits. This rule does not apply to those on federal disability benefits (SSI/SSDI) or to caretakers of children under age 6.

Applications are made to the state SNAP office (although some states may use a different name for the program) and can be taken over the phone or mailed to the office. Individuals must also have a face-to-face interview, but this can be conducted by phone, at the discretion of the SNAP office. Benefits can be effective upon release, but it often takes up to 30 days before the individual can actually obtain them.

SNAP applications can be combined with an application for the SSI pre-release program. In these cases, the individual does not have to register for work until SSA has decided the SSI application.

Health Benefits

Individuals with disabilities, such as those disabled by a severe mental illness, may be eligible for health care services through several federal entitlement programs: Medicaid, Medicare and veterans health benefits. Individuals on SSI are, in most states, also eligible for Medicaid and those on SSDI are covered by Medicare, after a 24-month waiting period.

Medicaid

Medicaid is a joint federal-state program that provides critical access to health and mental health treatment services for many low-income individuals with serious mental illnesses. Low-income individuals who do not receive federal SSI can also qualify for Medicaid through various Medicaid eligibility categories. Federal law requires states to cover certain groups of adults and juveniles, but there are also a number of optional eligibility categories that states can adopt. As a result, state Medicaid eligibility criteria vary widely.

Each state also sets its own guidelines regarding covered Medicaid services, but all states cover a significant array of mental health services for people with severe mental illnesses and disabilities.

Under Medicaid law, states do not receive federal matching funds for services provided to individuals who are incarcerated. However, federal rules do not require termination of an inmate's Medicaid eligibility upon incarceration; rather, states may suspend eligibility. Unfortunately, however, most states have procedures that automatically terminate Medicaid eligibility if a beneficiary is incarcerated.³

Federal rules require that states conduct a "re-consideration" prior to terminating someone's Medicaid eligibility.⁴ In this procedure, the state must determine whether the individual meets any of the state's eligibility criteria before dropping the person off the rolls. This is particularly relevant for inmates who have qualified for Medicaid through their eligibility for SSI. If their SSI eligibility is terminated, they would lose Medicaid eligibility under that category, but they may qualify under another state Medicaid-eligibility category.

When SSI benefits are suspended due to incarceration, states have the option to suspend an inmate's Medicaid eligibility. Again, such individuals' eligibility cannot be terminated without re-consideration of eligibility under other categories.

States need not conduct a re-determination of Medicaid eligibility for someone in suspended status until just prior to the inmate's release. Normally, re-determinations are made on a regular basis (generally annually). Unless the state delays the re-determination until just prior to release, individuals who are incarcerated for lengthy periods may face a re-determination of eligibility, which could result in termination of benefits.

Under federal rules, suspended Medicaid eligibility should be fully reinstated upon release. Individuals are also able to apply for Medicaid while still incarcerated, and applications are generally considered shortly before an inmate is scheduled to be released (states vary with respect to when they will accept an application; in some states it is 90 days prior to release, in others 45 days). Individuals who did not have Medicaid eligibility prior to their confinement can also make an application prior to release.

Completing Medicaid applications prior to release increases the chance that applications will be acted upon when the Medicaid agency is notified of the person's actual release. Upon release, individuals who have been determined eligible may visit the local social services office to receive a new Medicaid card.

Even inmates who keep their Medicaid eligibility may unnecessarily lose access to Medicaid services upon release because of procedures in correctional facilities. Something as simple as the loss of a Medicaid card following arrest can make it impossible to obtain mental health services from Medicaid providers after release.

Medicare

Medicare is a federally run program that covers health and a limited range of mental health services. Medicare community mental health services are not as comprehensive as those under state Medicaid programs, but covered benefits include inpatient hospitalization, outpatient physician services and therapy by other qualified mental health professionals. Medicare Part A covers hospital care, Part B covers outpatient services and Part D covers prescription drugs.

Medicare does not pay for any services while a covered individual is incarcerated. However, individuals do not lose Medicare eligibility while incarcerated and, provided certain requirements are met, benefits can be reinstated upon release, as follows:

- Inpatient coverage (Part A of Medicare) is reinstated immediately upon release for all eligible individuals.
- Outpatient services coverage (Part B) requires payment of monthly premium during months of incarceration. Prisoners can pay the back-premiums upon release (but only if the outstanding premium is for 90 days, not longer).
- Prisoners who have not paid their Part B premium can reapply, but this must occur during the General Enrollment Period (January-March).
- Individuals who elect to reapply may face a surcharge on their premiums related to the break in coverage (10 percent per year for every year not enrolled in Part B).

- Outpatient prescription drug coverage (Part D) is terminated upon incarceration. The individual must reapply to a drug plan upon release to again receive that benefit.

Part B premiums are normally deducted from the individual's SSDI check. Once that benefit is suspended due to incarceration, the person is directly billed for the premium (notices are sent to the last address on record). If the premium is not paid, the Part B coverage will terminate after three months. Once the person is reinstated on SSDI, the benefit will be reduced in order to pay the back premiums. In addition, the individual will face higher premiums in the future if re-enrolled in Part B.

To avoid premium payments for Part B coverage, incarcerated individuals may simply request to withdraw from Part B while in prison and reapply upon release, although this can mean an extended wait before coverage begins. Additionally, if the individual remains eligible for Medicaid, the state can pay the Part B premium (through the optional Medicare buy-in program).

Veterans Health Benefits

The Veterans Administration (VA) provides a Medical Benefits Package, a standard enhanced health benefits plan available to all enrolled veterans. Veterans health benefits provide access to both inpatient and outpatient mental health treatment for veterans in need.

Eligibility for most veterans' health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines or Coast Guard (or Merchant Marines during World War II), and discharged under other than dishonorable conditions.

VA health benefits are not available to those who are incarcerated, but are available to someone who is on probation, parole or work release, or in a halfway house or state hospital. To restore benefits upon release, the VA requires written proof that the individual is no longer incarcerated.

The Veterans Health Administration (VHA) may conduct outreach to inform incarcerated veterans about possible VA benefits and to provide psychosocial assessments for those in pre-release status (usually within 6 months of the release date). This allows the VA to initiate re-entry planning and promote sound clinical continuity of care for veterans.⁵

To help facilitate the benefit-reinstatement process, the VA has also established Healthcare for Re-entry Veterans (HCRV) The program is designed to assist re-entering veterans with health concerns, focusing on outreach and pre-release assessment services, referrals and linkages to medical, psychiatric and social services as well as short-term case management assistance.

Veterans can also contact the VA Regional Office, which all have 1-800 toll-free numbers. These offices can assist individuals under the rules that apply in their situation and explain what they must do to file a new application or seek reinstatement of previous benefits.

Veterans applying for benefits for the first time can request information or services while incarcerated. Since the VA takes, on average, 273 days to process a new application, this can be an important step that accelerates the claim by enabling medical disability examinations and reviews of disability ratings to be conducted prior to release.

Notes

- 1 20 C.F.R. § 416.1321(b)
- 2 42 U.S.C. § 402(x)(1)(A)(ii) as amended by Public Law 106-170
- 3 National Gains Center for People with Co-Occurring Disorders in the Justice System, *Maintaining Medicaid Benefits for Jail Detainees with Co-Occurring Mental Health and Substance Use Disorders* (1999); Tim Westmoreland, *Medicaid & HIV/AIDS Policy 15-17* (1999).
- 4 42 C.F.R. § 435.916
- 5 Homeless Veterans Comprehensive Assistance Act of 2001 (Pub L. 107-95, Dec. 21, 2001).

Collaborations Between Corrections and Mental Health for Sharing Health Information

Introduction

At the time of re-entry it is important for information pertaining to the individual's health and mental health condition to be available to community providers who will be treating the person upon release. In addition, in order to apply for several of the major federal benefit programs, the inmate will need to provide information on his or her medical status to the relevant agency. These are two separate processes. Different rules apply under federal statutes and are likely to apply under state law as well.

For treatment purposes, there are few restrictions to sharing health information between two practitioners who are (or will be) treating the same patient. For benefit applications there could well be more restrictive rules about sharing health information with the administrative staff who will review the application. However, it can generally be assumed that if the inmate wants to access the benefits, obtaining his or her consent for the sharing of the necessary information should not be a problem.

With the person's consent, information can always be shared unless there is a clear health and safety risk to some individual (a highly unlikely scenario for benefit applications). While practitioners operate under licensing rules and their profession's codes of ethics, these should not lead to restrictions on sharing information with consent. It is important to ensure that the individual's decision to give consent governs.

Other information in addition to health information will need to be shared for an individual to secure benefits. In particular, financial information is often required. No federal rules hinder the sharing of this information between correctional facilities and agencies that are taking applications for benefits. This information can be made available to community case managers, corrections staff or other human service agency staff, as needed.

Principles

- Health care information in the record belongs to the person.
- Consent should be sought, in writing, to share personal health information.
- Individuals should be allowed to revoke their consent at any time.

- The health record that is shared should contain the minimum amount of information needed for the purpose.
- Information should be shared only with those who need to know, and only what they need to know should be shared.
- Privacy policies should be explained to the individual in language and form that is understandable to the person.
- Policies on sharing information with other parties should be clearly explained, including why the information will be shared.
- Individuals should be allowed to see their personal health information if they choose and should be allowed to correct the record.

Are Federal Rules a Barrier?

No federal or state law will be a barrier to sharing health information if the individual in question consents to such sharing. However, without consent there may sometimes be legal barriers to sharing such information, some of which exist in federal law and regulation. These barriers are discussed below.

HIPAA

Federal privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) apply to covered health care entities, including health care providers and pharmacies. HIPAA rules apply only to medical information, not to information on the individual's financial status, caretaker status, veteran status or any other factor that might be relevant for determining eligibility for federal benefits.

In general, HIPAA authorizes the sharing of health information without the individual's consent for the purpose of treatment, payment or health care operations. The law defined "treatment" as "the provision, coordination or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health provider with a third party."¹ This clearly permits sharing of health information between the treating providers in the corrections facility and the community case manager and other service providers.

The definition of payment includes "determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts)"² related to an individual to whom health care is provided. This language would allow the community case manager to determine the person's eligibility for programs that pay for health care (such as Medicaid or Medicare) if the individual is to receive treatment from the case manager's employer upon release.

The definition of health care operations includes “case management and care coordination, contacting of health care providers and patients with information about treatment alternatives and related functions that do not include treatment.”³ This broadens the role that community case managers can play in release planning and benefit issues, provided the individual is to receive treatment from the case manager’s employer upon release.

Special rules apply under HIPAA to the private notes made by a therapist who is treating an individual. These can never be disclosed without consent. Generally, this information would not be needed for re-entry planning or for benefit applications.

In addition to this broad HIPAA language, which applies to all, there are provisions in HIPAA relating specifically to correctional facilities. Information may be shared between mental health providers and correctional facility staff for the following purposes:

- To provide health or mental health care to the individual.
- To ensure the health and safety of the inmate, other inmates or correctional staff.
- To protect the health and safety of those providing transportation from one correctional facility to another.
- For the administration and maintenance of safety, security and good order of the facility.

Although not relevant with regard to release and benefit planning, judicial and administrative proceedings are exempt from HIPAA, as is the sharing of health information for law enforcement purposes.

HIPAA also incorporates the principle (see above) that information shared should be limited to the “minimum necessary” to accomplish the purpose for which disclosure is permitted.

To the extent that health information is to be used to apply for benefits other than health care (such as cash assistance), it does not fall within these HIPAA exceptions and individuals should be asked to give their consent.

Alcohol & Drug Regulations

Very strict rules apply to information regarding an individual’s treatment for alcohol or drug use. The rule applies to any and all information that could reasonably be used to identify an individual who has applied for or been given a diagnosis or treatment for alcohol or drug abuse at any program that is directly or indirectly receiving federal funds (including corrections institutions because they

are run by state or local governments that receive those funds). Such information cannot be disclosed without consent, except in very limited circumstances.

However, information on alcohol and drug use is generally not necessary for benefit applications. To be eligible for SSI or SSDI, individuals must qualify on the basis of another disability (such as mental illness) even if they also need treatment for alcohol and drug problems. Substance abuse alone is not grounds for disability benefits. In addition, individuals are very likely to give consent for sharing this information, should it be required to obtain other benefits, if they wish to receive the benefit.

Nonetheless, the federal rules on the confidentiality of alcohol and drug abuse treatment records are relevant. First, for release-planning purposes the community provider should have a complete record of the individual's condition and past issues. Under federal law, this would require consent. Secondly, the federal regulations on disclosure of this information require that very specific items be included on the consent form and corrections institutions will have to comply with these requirements before they share information on alcohol and drug issues.

Consent Forms

A single consent form can be produced that meets the requirements of both HIPAA and the alcohol and drug confidentiality rules.

It is advisable not to add items that do not relate to health information on any standard consent form. There are restrictions under HIPAA on what can be added to a HIPAA-compliant form that make it difficult to do that.

Following is a sample of a consent form that comports with both HIPAA and the federal alcohol and drug confidentiality rules. It is designed for obtaining consent for release of information that may be needed for public agencies to determine eligibility for benefits or treatment. This form includes all of the required statements on privacy and the data and questions required by these federal rules. Such a form can allow for disclosure among all agencies that are collaborating on release issues. However, for inmates applying for benefits, information on alcohol and drug abuse treatment is not needed and the separate authorization for release of this information would only be necessary for treatment purposes.

**Sample Consent Form for Release of Information
to Agencies Determining Eligibility for Benefits
and/or Providing Treatment**

I _____ request/authorize
(name)

(name of correctional institution or other entity/person who will make disclosure)

to disclose _____

(describe information to be disclosed)

to _____
(name or entity to receive the information)

This information can only be used for the following purposes:

- to determine my eligibility for benefits
- to provide treatment or services to me

I authorize the information to include the following items that I have checked and initialed:

- My name and other personal identifying information: _____
- My diagnoses, assessments and tests, functional abilities and other health care information, including mental health information: _____
- Past employment-related information: _____
- Educational and training-related information: _____
- Information on who will live with me in my household after my release: _____
- Information on my assets and resources: _____
- Information on any expected income: _____

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

- I authorize disclosure of information relating to my alcohol and drug abuse treatment.

This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon:

(specification of date, event or condition, such as "date of release from correctional institution," upon which this consent expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

The recipient is prohibited from re-disclosing the information concerning alcohol and drug abuse treatment without my authorization, unless permitted to do so under federal or state law. Other mental health information disclosed under this authorization might be re-disclosed by the recipient and this re-disclosure may no longer be protected by federal or state law.

THIS AUTHORIZATION DOES NOT AUTHORIZE ANYONE TO DISCUSS MY HEALTH INFORMATION WITH ANYONE OTHER THAN THE PERSON OR ENTITY SPECIFIED ABOVE.

Date: _____

Signature of individual consenting:

Signature of individual authorized to sign in lieu of individual consenting (where required):

In addition to a signed consent, federal law requires that a notice be sent to the entity receiving the information that prohibits redisclosure of alcohol or drug treatment information. Following is a sample of such a notice:

Prohibition of Redisclosure of Confidential Information

This notice accompanies a disclosure of information concerning an individual in alcohol/drug treatment, made to you with the consent of such individual. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notes

- 1 45 C.F.R. § 164-501
- 2 *Ibid.*
- 3 *Ibid.*

Resources

Resources from the Federal Government on Benefit Programs

Medicaid and Medicare

Medicaid – Basic Information

www.cms.hhs.gov/home/medicaid.asp

The main web page for information on Medicaid from the Centers for Medicare and Medicaid Services in the Department of Health and Human Services.

Medicare – Basic Information

www.cms.hhs.gov/home/medicare.asp

The main web page for information on Medicare from the Centers for Medicare and Medicaid Services in the Department of Health and Human Services.

Supplemental Security Income & Social Security Disability Insurance

Entering the Community after Incarceration—How We Can Help

www.socialsecurity.gov/pubs/10504.pdf

Pamphlet that outlines the process for resuming benefits after release from prison or another institution. Includes instructions on how to begin the process of reinstating or applying for benefits while incarcerated in order to reduce delays upon release.

What Prisoners Should Know about Social Security

www.socialsecurity.gov/pubs/10133.pdf

SSA factsheet provides a brief description of the effects of incarceration on Social Security benefits and the steps one needs to take to resume or restart benefits.

Pre-Release Agreements – federal guidance (4 documents):

● *Pre-release Procedure -- Institutionalization*

<https://s044a90.ssa.gov/apps10/poms.nsf/lrx/0500520900>

Description of the SSA pre-release policy that allows agreements between SSA

and jails or prisons so as to facilitate access to SSI benefits upon release. Other relevant policies on prerelease agreements are:

- **Pre-release Agreements - Institutionalization**

<https://s044a90.ssa.gov/apps10/poms.nsf/lnx/0500520910>

Describes what a pre-release agreement entails, including a summary of the responsibilities of jails and prisons that enter into such agreements and the procedure to establish a pre-release agreement.

- **Processing Pre-release Cases**

<https://s044a90.ssa.gov/apps10/poms.nsf/lnx/0500520920>.

A summary of the rules governing SSA's responsibilities with respect to pre-release agreement applications. This document also outlines the medical information that needs to be gathered, including hospitals that can be used post-incarceration.

- **Sample Pre-release Agreement**

<https://s044a90.ssa.gov/apps10/poms.nsf/lnx/0500520930>

Social Security Handbook

www.ssa.gov/OP_Home/handbook/ssa-hbk.htm

Basic guide outlining various Social Security programs.

SSA – Basic Information on Disability Benefits

www.ssa.gov/disability/

The main web page for the Social Security Administration's information on federal disability benefit programs, including how to apply, summary of eligibility rules, a benefits-eligibility screening tool, publications and relevant forms.

Disability Benefits Applicants Information

www.ssa.gov/pubs/10029.html

Links to answers to potential applicants' questions, which can also be downloaded as a pdf publication (SSA Publication No. 05-10029, November 2008, ICN 456000).

If you are helping someone apply for benefits.

www.ssa.gov/thirdparties.htm

Explains how third parties can assist individuals in applying for benefits, including how the process differs when a third party applies instead of the individual him- or herself. Information, forms and resources, plus information on becoming an official representative for a person with a disability related to mental illness.

Disability Planner

www.ssa.gov/dibplan/

Explains the benefits available, how a person can qualify and who can receive benefits on their earnings record. Planner also explains how to apply for the benefits and what happens when an application is approved.

Veterans Benefits

State Veteran Affairs Departments

www.va.gov/statedva.htm

List of each state's Veterans Affairs Department.

Healthcare for Re-Entry Veterans (HCRV)

www1.va.gov/homeless/page.cfm?pg=38

Description of a Veterans Administration program designed to address the re-entry needs of incarcerated veterans

Guidelines and Recommendations for Services Provided by VHA Facilities to Incarcerated Veterans Re-entering Community Living

www1.va.gov/homeless/docs/IV_IL_10200607.pdf

This information letter from the Undersecretary for Health to VA health providers provides background on the needs of incarcerated veterans re-entering the community, clarifies Veteran Health Administration (VHA) authority to provide services to these veterans, outlines the actions the VHA can undertake and makes recommendations regarding services to this group of veterans.

Incarcerated Veterans Re-Entry Guides

www1.va.gov/homeless/page.cfm?pg=39

Provides a link to state guidebooks for incarcerated veterans with information on re-entry resources in that state. The guides are designed to ensure that inmates who are veterans can readily get information on benefits to which they might be entitled and file a claim.

Veterans Integrated Services Network (VISN)

www1.va.gov/homeless/page.cfm?pg=41

The VA medical system is organized into 21 geographic networks known as Veterans Integrated Service Networks, or VISNs. Each has a Healthcare for Re-entry Veterans Specialist who is the VA regional point of contact for re-

entry. These specialists may also provide outreach and assessment services to incarcerated veterans. This site lists names and contact information.

Veterans Health Care

www.va.gov/1010ez.htm

Web page provides access to the application for Veterans Health Care benefits. The primary purpose of this form is to allow a veteran to request enrollment in the VA Health Care System (that is, apply for medical benefits). Typically, veterans who have not previously enrolled or applied for VA health care benefits should use this form. All veterans are encouraged to enroll, even if they are automatically eligible due to a disability.

Veterans Application for Compensation and/or Pension

<http://vabenefits.vba.va.gov/vonapp/main.asp>

Web page allows veterans to apply for various VA benefits online. Individuals who are incarcerated can use this system to make applications. Among other options, the site allows veterans and some service members within six months of separation or retirement to apply for compensation benefits and/or pension benefits using VA Form 21-526.

Department of Veterans Affairs Vet Center

www.vetcenter.va.gov/

Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone through a system of 232 community-based counseling centers. The Vet Centers are staffed by small multi-disciplinary teams of dedicated providers, many of which are combat veterans themselves.

VA National Center for Post-Traumatic Stress Disorder (NCPTSD)

www.ncptsd.va.gov/

The NCPTSD aims to advance the clinical care and social welfare of U.S. Veterans through research, education and training on PTSD and stress-related disorders. This site provides information on PTSD.

TANF

TANF — Basic Information

www.acf.hhs.gov/opa/fact_sheets/tanf_factsheet.html

TANF fact sheet on the site of the Administration for Children and Families, Office of Family Assistance, Department of Health and Human Services.

Information on laws and regulations on TANF

www.acf.hhs.gov/programs/ofa/law-reg/law_index.html

Provides access to federal documents that summarize the law, regulations and policy regarding TANF.

Major Provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)

www.acf.hhs.gov/programs/ofa/law-reg/finalrule/aspesum.htm

Describes eligibility and other rules enacted as part of the welfare reform law of 1996.

Supplemental Nutrition Assistance Program (Food Stamps)

Basic information

www.fns.usda.gov/FSP/

Web site of the Food and Nutrition Service, Department of Agriculture, that summarizes the SNAP program (the new name for the Food Stamp program). SNAP helps low-income people buy food they need for good health. Individuals apply by completing a state application form. Benefits are provided on an electronic card to be used like an ATM card and accepted at most grocery stores.

Food Stamp Facts

www.ssa.gov/pubs/10101.html#howapply

Fact sheet summarizing who can get food stamps, eligibility requirements regarding resources and income and how to apply. Includes a link to a pre-screening tool so that individuals can find out how much they might receive.

SNAP Pre-Screening Eligibility Tool

www.snap-step1.usda.gov/fns/

Direct link to the tool that enables individuals to determine whether they will be eligible for SNAP benefits.

Ten Steps to Help You Fill Your Grocery Bag Through SNAP

www.fns.usda.gov/snap/applicant_recipients/10steps.pdf

Explains the steps to take to apply for SNAP benefits and how to obtain an application form. Also gives information on how to contact the SNAP program for further assistance.

Resources from the Department of Justice

Office of Justice Programs, Reentry

www.reentry.gov/welcome.html

Information about federal and national resources, training and technical assistance, with a list of publications on the topic of re-entry and summaries of state activities and resources.

General Federal Resources

Benefits.Gov: Your Benefits Connection

www.govbenefits.gov/govbenefits_en.portal

Online resource for individuals to check their potential to receive federal government benefits under numerous programs, including Social Security, Medicaid, Medicare, TANF and others.

FirstStep

www.cms.hhs.gov/apps/firststep/index.html

FirstStep is an interactive tool from the Department of Health and Human Services that can be used to assist individuals who are homeless in accessing federal benefit programs, including Medicaid, SSI, SSDI, TANF and others. FirstStep provides step-by-step guidance and advice about accessing these benefits and can be helpful for those who are assisting prisoners.

Resources from Organizations

Bazon Center for Mental Health Law

www.bazon.org

Homepage for the Bazon Center, which is the nation's leading legal rights advocacy organization for people with mental disabilities. Links to many advocacy resources.

Arrested? What Happens to Your Benefits If You Go to Jail or Prison?

<http://bit.ly/iucpzE>

Booklet explains to people with disabilities who have been arrested (and their families and advocates) what happens to their federal benefits—health coverage, disability checks, veterans benefits and other resources—and how to recover these benefits quickly when released.

Finding the Key to Successful Transition from Jail or Prison to the Community

<http://bit.ly/k1rnMv>

Booklet explains for state and local criminal justice and community mental health programs how federal Medicaid and disability program benefits are affected by incarceration and how and when jail and prison inmates with serious mental illnesses can qualify for benefits upon release.

Building Bridges: An Act to Reduce Recidivism by Improving Access to Benefits for Individuals with Psychiatric Disabilities upon Release from Incarceration

<http://bit.ly/iJuB0o>

As the number of people with psychiatric disabilities in jails and prisons continues to rise, prison officials, state lawmakers and mental health advocates have become increasingly concerned about the effect of this trend on inmates, staff and state budgets. *Building Bridges* is a model law with commentary that offers states a strategy to reduce recidivism and help recently released inmates with psychiatric disabilities successfully transition to community life.

Federal benefits for individuals with serious mental illnesses who have been incarcerated

<http://bit.ly/mBx3u2>

Designed to supplement *Finding the Key*, fact sheets provide information on Veterans Benefits, TANF and food stamp programs, how they affect individuals with mental illnesses who are incarcerated and what flexibility is available to states and localities in setting policy or establishing procedures that would ensure appropriate access to them upon an inmate's release.

Creating New Options: Training for Corrections Administrators and Staff

<http://bit.ly/jZLvk4>

Manual designed to accompany a PowerPoint presents information for correctional staff about the backgrounds and needs of incarcerated individuals with mental illnesses and how to help these inmates access the federal benefits that could enable them to make a successful transition to the community.

Best Practices: Access to Benefits for Prisoners with Mental Illnesses

<http://bit.ly/iy5vxP>

Issue brief describes innovative approaches that state and county correctional systems are using to ensure that jail and prison inmates with mental illnesses have prompt access to income support, medical care and other services as they re-enter the community.

GAINS Center, Policy Research Associates, Inc.

<http://gainscenter.samhsa.gov/html/resources/publications.asp>

The National GAINS Center acts as a locus for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders in contact with the justice system. The Center provides consultation and technical assistance to help communities achieve integrated systems of mental health and substance abuse services for individuals in contact with the justice system.

A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model

www.gainscenter.samhsa.gov/pdfs/reentry/apic.pdf

Inadequate transition planning puts people with co-occurring disorders who enter jail in a state of crisis back on the streets in the middle of the same crisis. The outcomes include compromise of public safety, an increased incidence of psychiatric symptoms, relapse to substance abuse, hospitalization, suicide, homelessness and re-arrest. This manuscript presents a best-practices model, APIC, a set of critical elements that, if implemented, is likely to improve outcomes

for individuals with co-occurring disorders who are released from jail.

Enrolling Jail Diversion Program Participants in Medicaid, SSI & SSDI

www.gainscenter.samhsa.gov/HTML/resources/presentation_materials/ppt/August25NetConf.ppt

PowerPoint offers an overview of the SSI, SSDI and Medicaid enrollment process from the Training and Advocacy Center in Columbia, Maryland, along with promising practices by the Policy Research Associate's Housing and Homelessness Division for facilitating the enrollment of jail diversion program participants.

Quality Review Checklist for SSI/SSDI Applications and Disability Determinations

www.prainc.com/SOAR/community/pdfs/QualityReviewChecklist.pdf

Form that can be used to check that all the necessary steps have been taken for filing an application for federal disability benefits.

Stepping Stones to Recovery: A Case Manager's Manual for Assisting Adults Who Are Homeless with Social Security Disability and Supplemental Security Income Applications

www.prainc.com/SOAR/training/manual.asp

While prepared for case managers working with homeless individuals, the manual is useful for assisting anyone with a disability benefit application. Published by the Center for Mental Health Services, Substance Abuse and Mental Health Administration.

SOAR Sample MOU and Referral Process

www.prainc.com/SOAR/community/docs/SOAR_SSA_Process.doc

Provides a sample Memorandum of Understanding for those assisting an individual in applying for federal disability, a checklist of tasks that need to be performed, a sample consent form for release of health and other information to Social Security and tips for how to help someone apply for federal disability benefits.

Overview of the Mental Health Services System for Criminal Justice Professionals

www.gainscenter.samhsa.gov/pdfs/jail_diversion/MassarroII.pdf

Addresses issues in the criminal justice system process—complaint/arrest/booking and pre-booking diversion or pre-trial release; the basics of the mental health service systems (who is served, who provides the services and how services are funded); what criminal justice professionals can do. The publication also discusses

the benefits of partnerships, exploring or expanding mechanisms that support partnerships, and/or advocating for change.

Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management (SPECTRM): Expanding the Mental Health Workforce Response to Justice-Involved Persons with Mental Illness.

www.gainscenter.samhsa.gov/pdfs/reentry/Spectrum.pdf

Through their experiences in the demanding and dangerous environment of jail and prison, many people with serious mental illnesses develop adaptations that set them apart from people who have not been incarcerated. These behaviors interfere with community adjustment and recovery after release. Mental health providers are frequently unaware of these patterns and misread signs of difficult adjustment as resistance, lack of motivation for treatment or symptoms of mental illness. SPECTRM is designed to expand the willingness and ability of clinicians to help individuals who have been incarcerated with mental health issues to reach their recovery goals.

Practical Advice on Jail Diversion: Ten Years of Learnings on Jail Diversion from the National GAINS Center

www.gainscenter.samhsa.gov/pdfs/jail_diversion/PracticalAdviceOnJailDiversion.pdf

Over the last two decades jail diversion programs have been developed to reduce or eliminate the time people with mental and substance use disorders spend in jail by redirecting them to community-based treatment and supports. Groups that plan these jail diversion programs develop broad-based community consensus and collaboration to integrate services and systems so as to improve the lives of people with mental disorders and enhance public safety.

The Consensus Project

<http://consensusproject.org>

The Criminal Justice/Mental Health Consensus Project is a broad-based, national effort to help local, state and federal policymakers and criminal justice and mental health professionals improve the response to people with mental illnesses who come into contact with the criminal justice system. In October 2009, the Consensus Project launched a new national re-entry resource center, www.nationalreentryresourcecenter.org/ to be a clearinghouse of information and resources on re-entry by people with mental illnesses.

Criminal Justice/Mental Health Consensus Project Report (2002)

http://consensusproject.org/the_report/

Report provides for policymakers, practitioners, advocates and others who wish to address this issue an array of options and ideas, many of which have emerged in communities across the country. The report reflects a series of meetings among 100 of the most respected criminal justice and mental health practitioners in the country.

Advocacy Handbook: A Guide for Implementing Recommendations of the Criminal Justice/Mental Health Consensus Project

<http://consensusproject.org/advocacy/>

How-to guide for advocates who want to improve the response to people with mental illnesses who are in contact with the criminal justice system.

An Explanation of Federal Medicaid and Disability Program Rules

<http://consensusproject.org/projects/benefits/federal-benefits>

Fact sheet offers an overview of Medicaid and SSI/SSDI programs, with examples of when individuals may lose their benefits when incarcerated and steps that can be taken to ensure that benefits are reinstated upon release.

Navigating the Mental Health Maze: A Guide for Court Practitioners

<http://consensusproject.org/mhcp/Navigating-MHC-Maze.pdf>

Basic information about mental illness, its symptoms and its treatment. The guide also addresses the mental health "system," guiding principles of quality care, meeting the comprehensive needs of people with serious mental illnesses, and coordinating treatment and court-based services.

Re-Entry Policy Council

www.reentrypolicy.org/

The Re-Entry Policy Council (RPC) of the Council of State Governments assists state government officials and others grappling with the increasing number of people leaving prisons and jails to return to their communities. The RPC was formed in 2001 with two goals: 1) develop bipartisan policies and principles to help elected officials and other policymakers improve the likelihood that adults released from prison or jail will avoid crime and become productive, healthy members of families and communities; and 2) facilitate coordination and information-sharing among organizations implementing re-entry initiatives, researching state policy trends, communicating about related issues or funding re-entry programs.

Charting the Safe and Successful Return of Prisoners to the Community

<http://reentrypolicy.org/Report/About>

Report authored by the Council of State Governments and 10 project partners reflects the results of a series of meetings among 100 of the most respected workforce, health, housing, public safety, family, community and victim experts in the country.

Other Resources

Disability Benefits

Documenting Disability – Simple Strategies for Medical Providers

www.nhchc.org/DocumentingDisability.pdf

Publication to help primary care physicians and other health care professionals understand and effectively document disabilities for SSI and SSDI. By James J. O’Connell, MD Paul D. Quick, MD and Barry D. Zevin, MD, developed under a grant with the federal Health Resources and Services Administration, Department of Health and Human Services.

Local Efforts to Increase Access to SSI for Homeless Persons: Best Practices

www.hrsa.gov/homeless/pdf/pa5_rosen_handout_1.pdf

Short resource from the National Law Center on Homelessness and Poverty outlines four local intervention programs to assist homeless individuals in accessing SSI benefits.

Helping Inmates Obtain Federal Disability Benefits: Serious Medical and Mental Illness, Incarceration, and Federal Disability Entitlement Programs.

www.ncjrs.gov/pdffiles1/nij/grants/211989.pdf

Report examines three programs—in Texas, Philadelphia and New York State—that assist inmates in preparing and filing prerelease applications for federal disability benefits. Outcomes from these programs indicate that helping offenders obtain benefits can both increase their access to care and reduce the financial burden on state and local governments that fund indigent health care systems. Only,

Catherine H., U.S. Department of Justice, Office of Justice Programs, National Institute of Justice (2007).

TANF

Every Door Closed fact sheet series. An action agenda

www.clasp.org/publications/EDC_fact_sheets.pdf

Set of eight fact sheets by the Center for Law and Social Policy summarize CLASP's *Every Door Closed* report and detail many legal barriers that make it difficult for parents released from prison to care for their children successfully, find work, acquire safe housing, go to school and access public benefits. The set details the scope of the challenges these families face and offers solutions for federal, state, and local policymakers.

Veterans Benefits

Planning for Your Release: A Guide for Incarcerated Veterans

www.nchv.org/docs/incarceratedveteransguide3rdedition.pdf

The National Coalition for Homeless Veterans offers instruction on how veterans can apply for VA benefits; where to look for affordable housing; how to find employment training programs and job placement assistance; where to obtain medical and mental health services; and who is available to provide counseling and other assistance programs in their communities. The authors suggest that each veteran have his or her own copy of the workbook in which notes can be recorded on progress made, community contacts who have helped and agreements reached with service providers. Also serves as a guidance tool for corrections, social services and federal agency personnel.

Information-Sharing

Introduction to Confidentiality: Federal Alcohol and Drug Law and HIPAA and Advanced Confidentiality

<http://lac.org/index.php/lac/181>

Online courses by the Legal Action Center provide information about drug and alcohol treatment and prevention programs, and the range of organizations and agencies that work with these programs, to understand the interplay between and comply with federal laws governing Confidentiality of Alcohol and Drug Abuse Patient Records and the Health Insurance Portability and Accountability Act (HIPAA).

Dispelling the Myths about Information-Sharing Between the Mental Health and Criminal Justice Systems

www.gainscenter.samhsa.gov/pdfs/integrating/Dispelling_Myths.pdf

HIPAA has become the reason many conversations about cross-system collaboration have ground to a stop. Yet HIPAA creates no significant barrier to sharing information within and across systems. While confidentiality and privacy of health information are important and legally protected values, HIPAA has become subject to myths that have no foundation in the text of the regulation. All parties involved in efforts to create integrated systems for people with mental illnesses in the criminal justice system should put HIPAA aside as a reason these efforts cannot succeed.

Repayment of Debts

Internal Exile: Collateral Consequences of Conviction in Federal Laws and Regulations

www.abanet.org/cecs/internalexile.pdf

Report collects and describes the collateral consequences of a criminal conviction that arise under federal statutes and regulations. American Bar Association Commission on Effective Criminal Sanctions and the Public Defender Service for the District of Columbia.

Repaying Debts 2007

www.courts.state.tx.us/oca/debts/home.asp

Guide provides practical recommendations to help realize three goals: 1) Learning which state, city and county laws address court orders for child support, victim restitution and other fines, fees and surcharges, and understanding how these laws and policies are used to govern collections made from people released from prisons and jails; 2) improving rates of collection of child support restitution and fines, fees and surcharges from people returning to the community, and 3) helping people successfully complete the conditions of their sentences.

Identification Documents

National Survey of State Identification Requirements for Newly Released Prisoners

www.hirenetwork.org/ID_Survey_Summary.htm

Research shows that events in the first few weeks after release are critical to successful re-entry and preventing recidivism. The National H.I.R.E. Network

conducted a statewide survey to better understand what obstacles exist in each state for a newly released inmate to obtain proper identification. Once the survey was completed, a chart was compiled that categorizes the states and highlights those with model practices and policies.

General

Reentry: Helping Former Prisoners Return to Communities

www.aecf.org/upload/publicationfiles/ir2980d32.pdf

Guide from the Annie E. Casey Foundation offers Casey Making Connections grantee site teams and local partners a way to think about and reduce the negative impact of incarceration on their communities. It gives an overview, describes challenges that sites are likely to face when tackling this work, describes promising approaches and offers resources for further information.

Re-entry National Media Outreach Campaign

<http://reentrymediaoutreach.org/>

The Re-entry National Media Outreach Campaign aims to expand public awareness and dialogue, provide media-based resources and work in partnership with key organizations engaged in local initiatives to strengthen families and neighborhoods. The campaign will facilitate discussion and decision-making about solution-based re-entry programs that foster public safety and support healthy communities. Products developed through this initiative include video modules highlighting innovative programs across the country and a resource guide describing the issue, relevant research and promising practices.

Release Planning for Successful Reentry: A Guide for Corrections Service Providers, and Community Groups

www.urban.org/publications/411767.html

Report designed to help the corrections community, service providers and community groups prepare prisoners for release from prison. It describes the eight most basic and immediate needs of returning prisoners, recommends policies that practitioners can institute to meet these needs, and highlights opportunities and challenges for practitioners trying to improve their release-planning policies. The report also presents the results of a survey of 43 corrections departments to illustrate release-planning procedures currently being implemented across the country.

Criminal Justice Primer for State Mental Health Agencies

www.nasmhpd.org/general_files/publications/ntac_pubs/reports/Primer.pdf

Guide by the National Technical Assistance Center for State Mental Health Planning offers decision-makers a basic understanding of the growing overlap between the criminal justice and mental health systems. Resolving the problem of individuals with mental illness in jail and prison will require coordination between two systems which traditionally have had divergent missions and cultures: the mental health system, to provide treatment; the criminal justice system, to protect the public.

Every Door Closed: Barriers Facing Parents with Criminal Records

www.clasp.org/publications/every_door_closed.pdf

Report examines the civil consequences of criminal records on ex-offender parents and their long-term ability to reintegrate into the community, resume parental responsibilities and be productive members of the society. Many of the barriers described in this report from the Center on Law and Social Policy are the results of policies intended to reduce crime, yet they have the effect of creating unemployment and homelessness, and guaranteeing failure.

The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment

www.urban.org/Publications/410624.html

The Urban Institute examines the unique psychological changes that many prisoners are forced to undergo in order to survive prison. As a result, the ordinary adaptive process of institutionalization or “prisonization” has become extraordinarily prolonged and intense. This means that prisoners in general (and some prisoners in particular) face more difficult and problematic transitions to the community. Among other things, social and psychological programs and resources must be made available in the immediate, short, and long-term. The report suggests modified prison practices as well as new programs as preparation for release, during transitional periods of parole or initial reintegration, and long-term services to insure successful adjustment.

Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration

www.urban.org/Publications/411617.html

Urban Institute study examined the re-entry process through interviews with 1,000 returning prisoners before and after release. The report documents health challenges facing returning prisoners and describes how people with health conditions navigated the first year after release. It also reports on the influence of physical health conditions, mental illness and substance abuse on the re-entry

process and demonstrates how returning prisoners with these conditions face challenges in finding housing and employment, reconnecting with family members, abstaining from substance use and crime and avoiding a return to prison.

***Relief from the Collateral Consequences of a Criminal Conviction:
A State-by-State Resource Guide.***

www.sentencingproject.org/detail/publication.cfm?publication_id=115

Web-based resource of information on state laws regarding the loss of rights due to a felony conviction, the process of restoration and pardon/expungement information. It also provides contact information for corresponding agencies. The documents are updated as developments warrant.

