

Stopping the Revolving Door

Access to federal benefits is one key to helping mentally ill offenders re-enter the community



By Karen Imas

IMAGINE JOE, a man diagnosed with paranoid schizophrenia and drug dependence. He is homeless, and after setting up a makeshift home in front of a store, he is picked up by police for panhandling, public intoxication and vandalism. Joe is convicted of a misdemeanor and is sentenced to 45 days in jail. By law, he receives mental health treatment in jail. While Joe serves out the length of his sentence, his enrollment in two federal benefit programs, Supplemental Security Income (SSI) and Medicaid, is suspended.

After 45 days, Joe returns to the street with only a few dollars and a few days' worth of medication. Corrections and mental health staff at the jail were unable to complete and get the enrollment paperwork for SSI and Medicaid approved before his release. Joe was unfamiliar with the administrative processes. Lacking enrollment in the benefit programs, providers in the community are unwilling to serve him without assurances they will be reimbursed, and Joe has no way to pay for medication or treatment.

As the medication he received in prison runs out, the symptoms of his mental illness return, and Joe resumes his illegal drug use. He is arrested for possession and drug use, convicted of a felony, and sentenced to 14 months in prison. Again, his

mental illness is treated in prison, but he is not enrolled in SSI and Medicaid upon release. When his sentence expires, Joe returns to the street, and the cycle continues.

The Challenges of Re-Entry

Joe's story is a composite, but his problems are very real. The Bureau of Justice Statistics estimates that on any given day more than 16 percent of adults incarcerated in the United States have a mental illness—about 284,000 men and women. Faced with challenges including finding housing, employment, substance abuse treatment, and social support, few people with mental illness succeed in the community upon release from prison or jail. A study of individuals with serious mental illness leaving Washington state prisons showed that 77 percent had some post-release arrest, violation or offense.

The difficulty transitioning into the community often leads to a cycle of recidivism that has significant public safety, fiscal and human costs.

“These issues surrounding mentally ill offenders are raised most often when a horrific incident occurs. They deserve



more attention,” according to New York Assemblyman Jeffrion Aubry, chair of The Council of State Governments/Eastern Regional Conference Criminal Justice Board of Directors. Aubry is chairman of the New York Assembly’s Corrections Committee.

State officials are recognizing the budget impacts caused by growing prison populations. The Pennsylvania Department of Corrections estimates that a person with serious mental illness costs \$140 per day to incarcerate, as opposed to \$80 per day for an average inmate—costs that add up when people with mental illness recidivate.

The successful re-entry of offenders with mental illness into the community enhances their quality of life and affords them the ability to secure critical services. Sharon Autio, director of the Mental Health Division of the Minnesota Department of Human Services, noted that “in Minnesota, there is a great deal of concern about the human suffering of people going in and out of jails.”

When released, many offenders with mental illness lack financial support. Upon re-entry into the community, these individuals rely on SSI and/or Medicaid to help pay for community-based mental health services, housing, food and medical treatment. Although some of these individuals had these benefits upon entry, few are actually enrolled upon release.

“We are not asking for handouts, but for the benefits necessary to ensure successful transition to the community for those eligible,” said Pennsylvania Sen. Robert Thompson, former chair of the CSG/ERC Criminal Justice Board of Directors. Thompson is chairman of the Pennsylvania Senate Appropriations Committee.

Several factors create enrollment problems for eligible offenders with mental illness including a lack of awareness in key policy-making circles; confusion among state and local government officials about federal regulations on benefits; the

absence of a clear federal policy; and inadequate coordination among corrections administrators, state benefit agencies, community mental health agencies and other groups to ensure comprehensive transition planning.

CSG Forum Tackles Issue of Federal Benefits

Recognizing that many of these issues can be best resolved by fostering dialogue among state legislators, senior state administrators and federal officials, CSG brought together stakeholders for a forum in Washington, D.C. September 13–14, 2004, to discuss SSI/Medicaid enrollment for eligible offenders with mental illness leaving state prison. Small teams of high-level state officials from Minnesota, New York, Pennsylvania and Texas shared information on their pioneering programs. They also worked within state teams to determine ways to improve policy and practice in their jurisdictions.

Federal representatives in attendance included Domingo S. Herraiz, deputy director of the Bureau of Justice Assistance, Department of Justice; Dennis Smith, director of the Center for Medicaid and State Operations, Centers for Medicare and Medicaid Services; and James L. Stone, deputy administrator of the Substance Abuse and Mental Health Services Administration. They provided guidance on the federal rules and highlighted their agencies’ commitment.

The forum was part of the ongoing work of CSG’s Criminal Justice/Mental Health Consensus Project. The project released a major report in June 2002 and has worked since then in a variety of ways to encourage implementation of the report’s recommendations. More information is available at www.consensusproject.org.

Attention to this issue also intersects with the work of CSG’s Re-Entry Policy Council. Modeled on the Consensus Project, the initiative’s goal is to develop recommendations for state and local policy-makers to facilitate the safe and successful return of all individuals who are released from prison and jail in the United States. The council released a comprehensive report in December 2004. More information is available at www.reentrypolicy.org.

At the forum, findings were presented from a two-year study to determine the impact of medical insurance on recidivism rates for offenders with serious mental illness. Joseph Morrissey, professor at the University of North Carolina–Chapel Hill, and Henry J. Steadman, president of Policy Research Associates, a firm known nationwide for its research on mental health and criminal justice issues, reported that having Medicaid upon release is associated with greater use of services and de-creased arrests.

However, Morrissey added that “benefits are necessary but not sufficient. Medicaid alone is not preventing arrests.” People with serious mental illness need services that their communities often lack. This includes integrated mental health and substance abuse treatment, supportive housing, and clinicians who are culturally competent. Until those and other support systems are available, enrollment in Medicaid will not translate into major reductions in recidivism.

State Initiatives

At least three states represented at the forum have passed legislation or created programs that facilitate the process of connecting eligible mentally ill offenders to federal benefits on re-entry. New York established the Medication Grant Program, a county-based initiative which provides psychiatric medications in the community for individuals released from prisons, jails and hospitals. It seeks to connect these individuals to Medicaid and other benefits such as food stamps and cash assistance. The program’s success hinges on coordination between the Office of Mental Health, Department of Health and the Office of Temporary Disability Assistance.

Pennsylvania has a statewide Forensic Interagency Task Force composed of key forensic stakeholders in the state, who are interested in continuity of care for inmates requiring mental health services. Through this task force, efforts are currently underway to submit applications for eligible offenders with mental illness before their release to ensure access to benefits on re-entry.

“Transitioning from an informal, localized level of coordination among agencies to a formal system of coordination is crucial to ensure that all required processes and support services are occurring consistently throughout the state,” said Catherine McVey, deputy secretary for administration of the Pennsylvania Department of Corrections.

Texas obtained a waiver from the federal Health Insurance Portability and Accountability Act because the state had existing legislation permitting the exchange of medical information among state agencies. This allows health services agencies in Texas to share information on individuals receiving health-related services and ultimately helps officials fill out benefits applications on behalf of offenders.

Memorandums of Understanding (MOUs) between agencies have proven effective in several jurisdictions. For example, in

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1994, the New York State Office of Mental Health and the state Division of Parole signed an MOU to identify and better serve people with mental illness. The agreement included implementing mental health training for parole officers and increased discharge planning for inmates with serious mental illness.

Federal Initiatives

Problems in the current mental health service delivery system that allow inmates to fall through the cracks have led to various responses at the federal level. The Mentally Ill Offender Treatment and Crime Reduction Act (S 1194), which passed the U.S. House and U.S. Senate, was signed into law by the president on October 30. The bill authorizes \$50 million in federal grants in each of the next two years for collaborative efforts between criminal justice and mental health agencies at the state and local level to improve the response to people with mental illness.

Also, the New Freedom Commission on Mental Health, launched by President Bush in 2002, seeks to identify and address problems in the nation’s mental health delivery system including the loss of benefit eligibility by people with mental illness in the criminal justice system.

Federal officials present at the forum made recommendations for how states and federal agencies can effectively work together. Nancy Veillon, associate commissioner for income security programs of the Social Security Administration, promoted the use of pre-release agreements—formal written agreements between penal institutions and local Social Security offices. Some agreements include provisions for SSA to train jail and prison staff on enrollment rules and for jails and prisons to notify SSA of inmates likely to meet Supplemental Security Income criteria. Veillon explained that the states signing them “have a strong working relationship with the federal government.” States with prerelease agreements include New York and Texas. Additional advice from the SSA focused on streamlining the prerelease process. SSA representative Kenneth Brown suggested that states should expedite the forwarding of medical records to the federal agency.

Beyond Benefits

While federal benefits will play a crucial role in helping offenders with mental illness transition into the community, CSG forum participants agreed that a holistic approach with a variety of services is needed.

“Three-quarters of people with mental health disorders in the criminal justice system have substance abuse problems,” according to Steadman. “These individuals need assertive case management.”

Housing, medical care, substance abuse intervention and treatment, and social support are all necessary components of successful re-entry for individuals with mental illness. The promising state efforts to ensure that benefits are reinstated promptly upon re-entry may help halt the revolving door that too often returns these individuals to correctional facilities soon after their release.

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