

LIFELINES



Linking to Federal Benefits
for People Exiting Corrections

Blueprint for Action

VOLUME 1

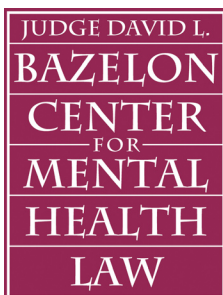
The Case for
Benefit Assistance
as Part of
Re-Entry Programming

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.

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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

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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

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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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