

# 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

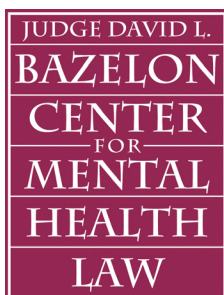
Resources

BAZELON CENTER FOR MENTAL HEALTH LAW  
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### Introduction

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**P**olicy 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,

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

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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.

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***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.***

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## Summary of Federal Rules on Benefit Programs

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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).<sup>1</sup> 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.<sup>2</sup>

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 61<sup>st</sup> 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.<sup>3</sup>

Federal rules require that states conduct a "re-consideration" prior to terminating someone's Medicaid eligibility.<sup>4</sup> 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.<sup>5</sup>

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

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### Introduction

**A**t 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."<sup>1</sup> 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)"<sup>2</sup> 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.”<sup>3</sup> 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:

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(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:

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

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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

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### Resources from the Federal Government on Benefit Programs

#### Medicaid and Medicare

##### **Medicaid – Basic Information**

[www.cms.hhs.gov/home/medicaid.asp](http://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](http://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](http://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](http://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](http://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/](http://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](http://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](http://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/](http://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](http://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](http://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](http://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](http://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](http://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](http://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/](http://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/](http://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](http://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](http://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](http://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/](http://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](http://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/](http://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](http://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](http://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](http://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](http://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

### Bazelon Center for Mental Health Law

[www.bazelon.org](http://www.bazelon.org)

Homepage for the Bazelon 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?***

[www.bazelon.org/issues/criminalization/publications/arrested/](http://www.bazelon.org/issues/criminalization/publications/arrested/)

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***

[www.bazelon.org/issues/criminalization/findingthekey.html](http://www.bazelon.org/issues/criminalization/findingthekey.html)

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***

[www.bazelon.org/issues/criminalization/publications/buildingbridges/](http://www.bazelon.org/issues/criminalization/publications/buildingbridges/)

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**

[www.bazelon.org/issues/criminalization/factsheets/benefits/](http://www.bazelon.org/issues/criminalization/factsheets/benefits/)

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***

[www.bazelon.org/issues/criminalization/publications/newoptions.htm](http://www.bazelon.org/issues/criminalization/publications/newoptions.htm)

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***

[www.bazelon.org/issues/criminalization/publications/BestPractices.pdf](http://www.bazelon.org/issues/criminalization/publications/BestPractices.pdf)

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](http://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](http://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](http://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](http://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](http://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/MassaroiI.pdf](http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/MassaroiI.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](http://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](http://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/](http://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/](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/](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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.