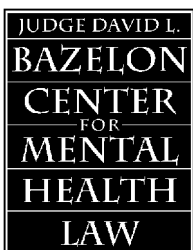




# Creating New Options



Training for Corrections Administrators and Staff on  
Access to Federal Benefits  
for People with Mental Illnesses Leaving Jail or Prison

© Copyright 2007 Washington DC, Judge David L. Bazelon Center for Mental Health Law. Reproduction is authorized for noncommercial training purposes only.

Creating New Options was developed by Chris Koyanagi, Bazelon Center policy director, and policy analyst Elaine Alfano, with editing and design by Lee Carty, publications director. The JEHT Foundation provided the principal support for the project, which we greatly appreciate, as we do the general-program support provided by the John D. and Catherine T. MacArthur Foundation, which contributed to this publication.

This manual is available as a PDF document online at [www.bazelon.org](http://www.bazelon.org). Printed versions are available for purchase at [www.bazelon.org/publications](http://www.bazelon.org/publications) or through the Publications Desk at the Bazelon Center, 1101 15th Street NW, Suite 1212, Washington DC 20005; 202-467-5730; [pubs@bazelon.org](mailto:pubs@bazelon.org).

# Creating New Options

## Training for Corrections Administrators and Staff on Access to Federal Benefits for People with Mental Illnesses Leaving Jail or Prison

### CONTENTS

#### Introduction

- The Purpose of Training, 5
- How Should Jails and Prisons Approach the Benefit Issue, 6
- Benefit Projects in a Wider Context, 6
- Using the Manual, 7

#### Module 1: Background On The Problem, 9

- Section 1: People with Mental Illnesses in Jail and Prison, 11
- Section 2: Criminal Justice System Issues, 19
- Section 3: Success on Re-Entry, 25

#### Module 2: Federal Benefits, 30

- Rules for Major Federal Benefit Programs, 31

#### Module 3: Restoring Federal Benefits or Applying for New Benefits While Incarcerated, 46

- Section 1: Program Rules on Accessing Benefits, 48
- Section 2: Identification Documents, 65
- Section 3: Help for Correctional Facilities on Benefit Issues, 67

#### More Resources

- Information on Federal Benefit Programs, 71
- Federal Agency Resource Materials, 72
- Information in State and Local Actions, 73
- Tools for Use in Jail or Prison, 74
- Services, 75



# Creating New Options

## Training for Corrections Administrators and Staff on Access to Federal Benefits for People with Mental Illnesses Leaving Jail or Prison

### Introduction

#### The Purpose of Training

This manual describes the needs of individuals with mental illnesses who are incarcerated in jail and prison and explains how correctional staff can help them access the federal benefits that can enable them to make a successful transition to the community. It offers a general understanding of the federal benefit programs, what they provide and how someone leaving jail or prison can qualify for them.

Those who run jails and prisons are increasingly frustrated about strange and sometimes dangerous behavior in their facilities. They are concerned about safety—both for the inmate with a mental illness and for staff and other inmates. Most feel strongly that people with mental illnesses need help rather than punishment.

One way to reduce the number of people with mental illnesses in a jail or prison is to close the revolving door through which they keep coming back. Improving their access to benefits on release is an important piece of a strategy to reduce such recidivism. However, federal benefit programs are confusing. There are many programs, each with its own rules and requirements. While jail and prison administrators, correctional officers and others in the criminal justice system need not become experts on these programs, they will find it helpful to have a general understanding of the benefits that individuals with mental illnesses need as they leave jail or prison. They can use this information to help inmates recognize the importance of these benefits and to help them apply.

This manual is designed for use by correctional facilities, or mental health advocates can use it to help administrators and staff of jails and prisons better understand the histories and needs of incarcerated individuals with mental illnesses and encourage them to start a benefit initiative at their facility.

Through the three training modules, trainees will learn:

- Some of the research about people with mental illnesses in the jail and prison population, factors that contribute to their incarceration and research about recidivism (Module 1).
- Federal benefit programs that can assist these individuals when they are released (Module 2).
- How inmates can apply for each benefit program and what correctional facilities can do to ensure that they are able to gain access to those benefits promptly, thus reducing the odds that they will commit future offenses. They will also learn who might help jails and prisons in this work (Module 3).

In addition to their benefits, inmates will need an official state-issued identification document upon their release. Without such a document, accessing some benefits may prove impossible, and many providers of mental health or other services also demand documentation.

Projects on benefits have helped to change the organizational culture of corrections, uplifting employees who are discouraged when nothing they do seems to change the situation. Connecting people to needed benefits is something tangible they can do that is effective; research shows that it leads to improved community success for individuals with mental illnesses who are released from jail or prison.

## How Should Jails and Prisons Approach the Benefit Issue?

Different correctional facilities will have different capacities to assist inmates with applications for benefits. Many prisons and large jails will be able to train some of their staff on benefit issues and incorporate benefit planning into their release-planning programs. Where this is possible, it is a very good approach.

However, smaller jails may not have the capacity to work with every inmate on all of the program applications. Instead, they can form an alliance with local community programs that already have this expertise. The jails can take the first steps, training their staff about the needs of inmates with mental illnesses and learning about benefit programs. They can then enlist other community agencies to assist the inmates who have mental illnesses with benefit issues and linkages to community services.

## Benefit Projects in a Wider Context

Benefits-enrollment projects should be seen as a good foundation for a broader approach to re-entry planning—one that includes the inmate and results in an individualized re-entry plan. Inmates should leave facilities with information about community resources and supports, including resources that can assist them

with housing and employment. They should also leave with a sufficient supply of medication and an appointment with a community provider in addition to their health care and other benefits.

Re-entry planning can begin at intake, with a screening survey to find out what benefits the person had prior to incarceration. Screening may also identify individuals who have not been receiving benefits but who may nonetheless be eligible. The GAINS Center has produced a one-page transition-planning form to be completed in quadruplicate—one copy for the institution's file, one for the individual and two others for local mental health and medical care providers. (See Resource List in the appendix.)

## Using the Manual

This manual and the accompanying slide presentation are organized into three modules so that the training can be provided in three separate sessions (or more, if desired, because each module is also divided into sections). This avoids an overload of information in one sitting. This publication is designed to brief those who will conduct the training.

Each module consists of a series of slides presenting information for trainees. Each group of slides is introduced with a short text for the trainer to read or summarize for trainees. Below some slides are further notes or comments for trainers, including sources of data and other relevant information. Every module begins with a slide that summarizes the learning objectives of that module.





# Module 1

## Background on the Problem

There is growing frustration about the large number of individuals with mental illnesses in the criminal justice system. Police are frustrated by repeat encounters with people who are causing problems in their communities and are clearly in need of mental health treatment. Officers are annoyed about the time necessary to transport these individuals to mental health facilities, taking them away from other duties—particularly when, as often happens, they see the same person causing the same disruptions only a few days later.

Finally, everyone—law enforcement, corrections officials, families, the community and the individuals themselves—is frustrated about the never-ending cycle as people with serious mental illnesses get caught up in a pattern of recidivism when their mental health needs go unmet.

Is there a way to break this cycle? The only answer is for people with mental illnesses to have access to needed services and supports. While correctional facilities and the agencies that administer benefit programs cannot guarantee that, they can make it more likely by seeing that individuals with mental illnesses leave jail and prison with the federal benefits to which they are entitled. Without Medicaid/Medicare, SSI/SSDI, Food Stamps, welfare and other benefits, low-income people cannot access the medication and services they need nor pay for housing and other necessities of life.

### SLIDE 1-1

#### **Council of State Governments, Criminal Justice-Mental Health Consensus Project**

**“Individuals with mental illnesses leaving jail or prison without sufficient supplies of medication, connections to mental health and other support services and housing are almost certain to decompensate, which in turn will likely result in behavior that constitutes a technical violation of release conditions or a new crime.”**

**SLIDE 1-2**

## Learning Objectives: Module 1

Upon completion of the module, you will become familiar with:

- Research about people with mental illnesses in the jail and prison population.
- Factors that contribute to the incarceration of people with mental illnesses.
- Research about recidivism and how to reduce it.

## Section 1: People with Mental Illnesses in Jail and Prison

### SLIDE 1-3

The growing number of people with mental health problems in jail, in prison, on probation or on parole has become one of the most pressing problems facing corrections administrators.

### Extent of the Problem

---

In 2006, the US Department of Justice found that:

- 43% of jail inmates and 32% of state prison inmates had symptoms of mental illness.
- 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 their arrest.
- 24% of jail inmates and over 15% of state prison inmates had experienced psychotic symptoms in the last 12 months.

Slide 3 Notes/Comments:

Source: James, D & Glaze L. *Mental Health Problems of Prison and Jail Inmates (2006)*. Special Report, Bureau of Justice Statistics. Findings based on data from interviews with state prisoners in 2004 and local jail inmates in 2002, <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

**SLIDE 1-4**

Despite the speculation that deinstitutionalization is the reason that people with the most severe mental illnesses are disproportionately represented in the criminal justice systems, there is no evidence that the percentage of incarcerated people in prison or jail who have a severe mental illness is any greater than it was before deinstitutionalization.

## Causes of the Problem

---

- Despite significant numbers of people with a mental disorder in jail or prison today, the percentage of inmates with the most severe disorders (schizophrenia, other psychotic disorders, etc.) has not changed since 1950.
- Instead, the number of individuals with severe mental illnesses who are incarcerated has risen at the same rate as the jail and prison populations overall.
- The problem is NOT caused by closing of mental hospitals.
- The more likely cause is lack of access to community mental health services.

Slide 4 Notes/Comments:

Source: Frank, Richard G. & Glied, Sherry A. (2006). *Better But Not Well: Mental Health Policy in the United States Since 1950*. Baltimore, MD: The Johns Hopkins University Press.

## SLIDE 1-5

Many inmates with mental illnesses may have engaged in problematic behavior because the community mental health services that they desperately need are unavailable.

### Inmates' Lack of Community Mental Health Care

- Of prison and jail inmates reporting a mental health problem, only about 23% had been treated for their mental illness in the year before arrest (that is, they had a hospital stay or received medication or therapy, etc.).
- Many inmates with serious mental illnesses receive an assessment and treatment for their mental illness for the first time in their lives when they are incarcerated.

Slide 5 Notes/Comments:

Source: (1) Source: James, D & Glaze, L. *Mental Health Problems of Prison and Jail Inmates (2006)*. Special Report, Bureau of Justice Statistics. Findings based on data from interviews with state prisoners in 2004 and local jail inmates in 2002, <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

(2) *Helping Inmates Obtain Federal Disability Benefits: Serious Medical and Mental Illness, Incarceration, and Federal Disability Entitlement Programs*, NIJ-Sponsored, June 2005, NCJ 211989.

<http://www.ncjrs.gov/pdffiles1/nij/grants/211989.pdf>

**SLIDE 1-6:**

To deal with this problem, it is important to know something about the people with mental illnesses who are incarcerated.

## Who Is Most Likely to Have a Mental Illness?

Incarcerated individuals who are most likely to have a mental illness are:

- Female – 73% of female prison inmates have mental health problems, compared with 55% of males.
- Young – Inmates age 24 or younger have the highest rate of mental health problems; those age 55 or older have the lowest rate.
- Most often white – 62% of white inmates have mental illness; compared with 55% of African-Americans and 46% of Hispanics.

Slide 6 Notes/Comments:

Source: James, D & Glaze L. *Mental Health Problems of Prison and Jail Inmates (2006)*. Special Report, Bureau of Justice Statistics. Findings based on data from interviews with state prisoners in 2004 and local jail inmates in 2002, <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

## SLIDE 1-7

Incarcerated individuals with mental illnesses have social histories that are important to understand when planning for their needs in jail and prison and when preparing for their re-entry into the community.

### Histories of People with Mental Health Problems

People with mental illnesses in jail or prison are more likely to have:

- A history of physical or sexual abuse
  - In prison, over a quarter (27%) have a history of abuse, compared with 10% of other prison inmates.
  - In jail, almost a quarter (24%) have a history of abuse, compared with 8% of other inmates.
- Lived in foster care while growing up
  - In prison, 18.5% lived in a foster home or institution, compared with 9.5% of all prison inmates.
  - In jail, 14.5% lived in a foster home or institution, compared with 6% of all jail inmates.

Slide 7 Notes/Comments:

Source: James, D & Glaze L. *Mental Health Problems of Prison and Jail Inmates (2006)*. Special Report, Bureau of Justice Statistics. Findings based on data from interviews with state prisoners in 2004 and local jail inmates in 2002, <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

**SLIDE 1-8**

People with serious mental illnesses who are arrested quite often have been struggling to make it in society. Untreated mental illness often leads to homelessness and people with serious mental illnesses, even those in treatment, can find it hard to find and keep a job.

## Homeless and Unemployed

---

Prior to arrest, many individuals with mental illnesses were:

- Homeless
  - 13% of those in prison and 17% of those in jail were homeless in the year before their arrest, compared with only 6% (prison) and 9% (jail) of those without a mental illness.
- Unemployed
  - In the month before arrest, 30% of those in prison and 31% of those in jail were unemployed, compared with 24% (prison) and 24.1% (jail) without a mental illness.

Slide 8 Notes/Comments:

Source: James, D & Glaze L. *Mental Health Problems of Prison and Jail Inmates (2006)*. Special Report, Bureau of Justice Statistics. Findings based on data from interviews with state prisoners in 2004 and local jail inmates in 2002, <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>



## SLIDE 1-9

Many individuals with mental illnesses who are incarcerated also have a substance abuse problem. This problem, which may have led to their arrest, also means they will require specialized treatment once incarcerated.

### Substance Use and Mental Illness in Jail/Prison

- Inmates with mental illnesses are significantly more likely than others to have a substance use disorder:
  - Prison inmates: 74% vs. 56%.
  - Jail inmates: 76% vs. 53%.
- Inmates with mental illnesses have higher rates than others of binge drinking:
  - Prison inmates: 43% vs. 29%.
  - Jail inmates: 48% vs. 30%

Slide 9 Notes/Comments:

Source: James, D & Glaze L. *Mental Health Problems of Prison and Jail Inmates (2006)*. Special Report, Bureau of Justice Statistics. Findings based on data from interviews with state prisoners in 2004 and local jail inmates in 2002, <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

**SLIDE 1-10**

Women may face special problems when incarcerated, particularly when they are mothers with children at home.

## Women in Jail and Prison

---

Research shows that:

- More than half of women in prison are mothers of children under age 18
- Over 40 percent of these women were unemployed before they were incarcerated
- 25% of adult women in prison have either given birth at some point during the year prior to their incarceration or are pregnant at the time of their arrest.

Slide 10 Notes/Comment

Source: James, D & Glaze L. *Mental Health Problems of Prison and Jail Inmates (2006)*. Special Report, Bureau of Justice Statistics. Findings based on data from interviews with state prisoners in 2004 and local jail inmates in 2002, <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf> and U.S. Department of Justice: Office of Justice Programs cited at <http://www.aetn.org/mjp/html/statistics.html>

## Section 2: Criminal Justice System Issues

### SLIDE 1-11

Most individuals with mental illnesses who are incarcerated have not committed serious crimes. Often life circumstances lead them into conflicts with the law. Addressing those life circumstances can therefore reduce the potential for future criminal behavior.

### Reasons for Incarceration

---

#### In jails:

- Inmates with mental illnesses are more likely to have committed a property offense (trespassing, disorderly conduct, public nuisance, loitering, etc.) than other inmates (27% vs. 20% of other inmates).
- Although most are charged with non-violent crimes, they are slightly more likely than others to have committed a violent offense (26% vs. 24%).

#### In prisons:

- Inmates with mental illnesses are more likely to have committed a property offense than other inmates (20% vs. 18% of other inmates).
- Inmates with mental illnesses are more likely than others to have committed a violent offense (61% vs. 56%).

Slide 11 Notes/Comments:

Source: James, D & Glaze L. Mental Health Problems of Prison and Jail Inmates (2006). Special Report, Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

**SLIDE 1-12**

## Drug Offenses

---

Despite the high rate of substance use disorders in this population:

- Inmates with a mental illness are slightly less likely than others to have a drug offense as their most serious offense.
- In prison, 19.3% of inmates with a mental illness vs. 24% of other inmates had a drug offense.
- In jail, 23.4% of inmates with a mental illness vs. 27% of other inmates had a drug offense.

Slide 12 Notes/Comments:

Source: James, D & Glaze L. Mental Health Problems of Prison and Jail Inmates (2006). Special Report, Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

## SLIDE 1-13

Once incarcerated, individuals with serious mental illness face special difficulties. They have significant problems living in jail or prison and tend to spend more time incarcerated than do others who commit the same offense.

### Rule Violations

---

- Inmates with a mental health problem are more likely to be charged with a rules violation while incarcerated.
  - In prison: 58% charged vs. 43% of others.
  - In jail: 10% charged vs. 9% of others.
- Inmates with a mental health problem are more likely to be injured in a fight while incarcerated.
  - In prison: 20% injured in a fight vs. 10% of others.
  - In jail: 9% injured in a fight vs. 3% of others.

Slide 13 Notes/Comments:

Source: James, D & Glaze L. Mental Health Problems of Prison and Jail Inmates (2006). Special Report, Bureau of Justice Statistics. Findings based on data from interviews with state prisoners in 2004 and local jail inmates in 2002, <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

**SLIDE 1-1**

## Solitary Confinement

---

- One study in New York State found that 23% percent of inmates directed into solitary confinement have mental illness.
- Solitary confinement is particularly difficult for someone with a serious mental illness.
  - Prisoners may spend 23 to 24 hours a day in a barren concrete cell experiencing sensory deprivation, social isolation and enforced idleness.
- These conditions can worsen a serious mental illness.

Slide 14 Notes/Comments

Source: Abramsky, S. &, Fellner, J. (2003) Ill-equipped : U.S. prisons and offenders with mental illness. Human Rights Watch. <http://www.hrw.org/reports/2003/usa1003/usa1003.pdf>

## SLIDE 1-15

Due to their difficulties while inside, jail and prison inmates with mental illnesses generally stay incarcerated longer than other inmates. The reasons for this range from longer initial sentences, failure to follow facility rules and correctional policies that exclude people with mental illnesses from programs that help prisoners gain early release to the difficulty of finding appropriate housing in the community.

### Length of Incarceration

---

- Inmates with mental illnesses are more likely than the general prison population to serve their maximum time.
  - For example, in 2000, 27% of inmates with mental illnesses released into the community had served their maximum sentence vs. 16% of the general prison population.
- Among those diagnosed with serious mental illness, 50% served their maximum sentences.

Slide 15 Notes/Comments:

Source: James, D & Glaze L. Mental Health Problems of Prison and Jail Inmates (2006). Special Report, Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>

**SLIDE 1-16**

Recidivism rates are high for all released prisoners but, disturbingly, they are particularly high for people with serious mental illnesses. Addressing this problem needs to be a high public-policy priority.

### Recidivism Rates

- 64% of released inmates with mental illnesses were rearrested and 48% were hospitalized after 18 months.
- Inmates with a mental health problem are more likely than others to have served three or more sentences:
  - Jail inmates with mental illnesses 42%, others 33%.
  - Prison inmates with mental illnesses 47%, others 39%.
- Recidivism rates for inmates with mental illnesses are high.
  - 76% of jail inmates with mental illnesses had prior convictions compared with 69% of other inmates.
  - 78% of prison inmates with mental illnesses had prior convictions compared with 72% of other inmates.

Slide 16 Notes/Comments:

Sources: (1) Lovell, D, Gagliardi, G & Peterson, D. *Recidivism and Use of Services Among Persons With Mental Illness After Release From Prison*. *Psychiatr Serv*, Oct 2002; 53: 1290 - 1296. <http://ps.psychiatryonline.org/cgi/content/full/53/10/1290>. (2) James, D & Glaze L. *Mental Health Problems of Prison and Jail Inmates* (2006). Special Report, Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>



## Section 3: Success on Re-Entry

### SLIDE 1-17

Reducing recidivism requires addressing the obstacles facing people with mental illnesses as they leave jail or prison. Every former inmate confronts barriers in finding work, re-establishing family relationships, developing a social network and avoiding further criminal activity, but the challenge for those with psychiatric disabilities—who need specialized services and supports—is even more complex.

### Re-Entry for People with Mental Illnesses

- The first month out is particularly crucial. It is the time to get people started on the path to employment, abstinence from drugs, good family relations, and crime-free living.
- People with serious mental illnesses must be connected to mental health services, as well as housing, employment and other services that everyone leaving jail and prison requires.
- U.S. jails and prisons spend more than \$6 billion annually on health care. It makes sense to protect that investment by ensuring access to adequate services after release.

Slide 17 Notes/Comments:

Sources: Vera Institute Nelson, M., Deess, P., & Allen, C. *The First Month Out, Post-Incarceration Experiences in New York City* (New York, New York: Vera Institute of Justice, 1999)

**SLIDE 1-18**

## Successful Re-Entry Projects

---

Inmates with mental illnesses who have access to mental health services upon release have fewer future arrests:

- In King County, Washington there were 16% fewer detentions in the year following release from jail and more days spent in community by inmates with mental illness who had access to services upon release.
- 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
  - When they were re-arrested, they had spent longer in the community before re-arrest.

Slide 18 Notes/Comments:

Sources: (1) Morrissey, Joseph, Cuddeback, Gary., Cuellar, Allison & Steadman, Henry. (2007) "The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons with Severe Mental Illness," *Psychiatric Services* 58:6, 794-801. (2) L. Ventura, C. Cassel, et al, "Case Management and Recidivism of Mentally Ill Persons Released from Jail," *Psychiatric Services*, 49:10, 1330-1337.

**SLIDE 1-19**

Re-entry programs that help people access services and supports exist in many parts of the country. They have been found to make a real difference in recidivism rates.

## Successful Re-Entry State Initiative

---

Under California's Mentally Ill Offender Crime Reduction Grant Program:

- A significantly higher percentage of a group receiving enhanced treatment had no involvement with the criminal justice system, compared to a treatment-as-usual group.
- The average number of jail bookings and days spent in jail was significantly lower for the enhanced-treatment group.
- Individuals in the enhanced-treatment group had significantly fewer substance use problems and were much more economically self-sufficient.

Slide 19 Notes/Comments:

Source: California Board of Corrections, Mentally Ill Offender Crime Reduction Grant Program (2005).

[http://www.cdcr.ca.gov/DivisionsBoards/CSA/docs/miocrg\\_report\\_presentation.doc](http://www.cdcr.ca.gov/DivisionsBoards/CSA/docs/miocrg_report_presentation.doc)

**SLIDE 1-20**

## Successful Re-Entry Projects

---

- 80% of those in the Nathaniel Project, a New York City alternative to incarceration for people with serious mental illnesses and felony convictions, engaged in treatment.
  - For the 53 participants, there were 7 total arrests in the year following intake to the program, compared to 101 arrests in the prior year.
- Former jail inmates with serious mental illnesses in Pennsylvania's Allegheny County Forensic Support Program had a recidivism rate of only 10 percent.

Slide 20 Notes/Comments:

Sources: (1) The Nathaniel Project: An Alternative to Incarceration Program for People with Serious Mental Illness Who Have Committed Felony Offenses (Rev. 2005), National GAINS Center for People with Co-Occurring Disorders in the Justice System [http://gainscenter.samhsa.gov/text/jail/TheNathanielProject\\_Summer\\_2005.asp](http://gainscenter.samhsa.gov/text/jail/TheNathanielProject_Summer_2005.asp)  
(2) Re-Entry Policy Council. (2005). How and Why Medicaid Matters to People with Serious Mental Illness Released from Jail. New York, NY. [www.reentrypolicy.org/reentry/Document\\_Viewer.aspx?DocumentID=1021](http://www.reentrypolicy.org/reentry/Document_Viewer.aspx?DocumentID=1021)

## SLIDE 1-21

Providing access to services and benefits will help promote successful community re-entry, enhance public safety and provide relief to taxpayers from fiscal burdens imposed by avoidable recidivism.

### The Value of Benefits

---

In a study of two Washington counties, inmates who had Medicaid coverage upon release:

- Were more likely to use services (almost twice as likely) when released.
- 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 to those without Medicaid.

Slide 21 Notes/Comments:

Sources: (1) Morrisey, Joseph, Steadman, Henry, Dalton, Kathleen, et al. (2004). "Medicaid Enrollment and Mental Health Service Use Following Release of Jail Detainees With Severe Mental Illness," *Psychiatric Services* 57:6, 809-815.

## Module Two

### Federal Benefits

People with serious mental illnesses who have been in jail or prison are especially susceptible to re-arrest when released. Linking individuals with necessary services and supports as soon as possible after release is important to prevent this recidivism. Research shows that the first weeks in the community are critical, with arrest rates highest soon after release and declining over time.

### SLIDE 2-1

## Learning Objectives: Module Two

Upon completion of this module, you will become familiar with:

- The major federal benefit programs for people with mental illnesses, particularly for those whose mental illness is severe;
- Eligibility requirements for those benefits; and
- How incarceration affects access to benefits.

## Rules for Major Federal Benefit Program

### SLIDE 2-2

Federal benefits can address basic needs and provide access to community services (health, mental health and social services), housing and employment. Yet only one third of inmates nationally receive comprehensive planning for these needs prior to release.

### Former Inmates' Needs

---

To maintain themselves safely in the community, former inmates with mental illnesses need:

- Mental health and health care services.
- Substance abuse services.
- Safe and secure housing.
- Basic living assistance (food, work or income support).
- Identity documents and a non-prison ID to access community services.
- Social connections, purposeful activity and recreation.

#### Slide 2 Notes/Comments:

Nelson, M., Deess, P., & Allen, C. The First Month Out, Post-Incarceration Experiences in New York City. New York, New York: Vera Institute of Justice, 1999 at 2-3; Beck, A. & Shipley, B. Recidivism of Prisoners Released in 1983, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, 1989. These arrests resulted in about 41% being back in jail or prison within three years. Another study by the Bureau of Justice Statistics found that 62% of individuals who leave jail or prison each year are re-arrested at least once within three years and 41% are re-incarcerated. Beck, A. J., State and Federal Prisoners Returning to the Community: Findings from the Bureau of Justice Statistics, Washington DC: United States Department of Justice, Bureau of Justice Statistics (2000).

**SLIDE 2-3**

Federal benefit programs can help individuals with mental illnesses re-enter society successfully.

## Federal Benefit Programs

---

- Medicaid for access to health, mental health and substance abuse services.
- Social Security Disability Insurance and Supplemental Security Income disability benefits to provide income to individuals who are disabled by psychiatric illness.
- Food Stamps.
- TANF cash benefits and services (Temporary Assistance for Needy Families).
- Veteran's compensation and pension benefits (income support) and health benefits.



**SLIDE 2-4**

Federal income-support programs —Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)— are the most critical benefits. Offenders whose mental illness is severe and disabling are often eligible for either SSI or SSDI, and some are eligible for both. Many inmates may have been on these programs when they were arrested; others may qualify but may not have applied before.

## SSI/SSDI Income-Support Programs

The Social Security Administration runs two programs that provide monthly cash benefits to disabled people:

- Supplemental Security Income (SSI).
- Social Security Disability Insurance (SSDI).
- To be eligible, individuals must have a diagnosed disorder, such as mental illness, and be so disabled they cannot work.
- SSI is paid to low-income individuals; SSDI to disabled workers who have paid Social Security taxes for a certain number of years.
- Most people with serious mental disorders are on SSI because they have a limited work history due to severity of their illness and being disabled at a young age.

**SLIDE 2-5**

SSI disability benefits are available to low-income individuals with mental or physical impairments that are found by the Social Security Administration to be disabling.

## SSI Disability Benefits

---

- SSI pays a monthly income to eligible individuals.
- SSI cash benefits continue for up to a month after a person is incarcerated, but then are suspended.
- After one year, SSI cash benefits are terminated.
- In most states, SSI beneficiaries are automatically eligible for Medicaid.
- Many individuals with mental illnesses cannot qualify for Medicaid unless they first qualify for SSI.

Slide 5 Notes/Comments:

In 32 states, SSI eligibility confers automatic Medicaid coverage; in 7 other states, SSI recipients are automatically eligible for Medicaid but must submit a separate application. In 11 states (CT, HA, IL, IN, MN, MS, NH, ND, OH, OK and VA), people must go through a separate application process for Medicaid, although almost all of them will qualify.

**SLIDE 2-6**

## Restoring SSI

---

- Suspended benefits can be re-instated prior to release, payable upon release.
- New applications for SSI may be filed while the individual is in jail or prison.
- New benefits are payable back to the date of application (or in the case of a person in jail or prison, back to the date of release).

**SLIDE 2-7**

SSDI is a social insurance program; workers are entitled to benefits if they meet the Social Security Administration's criteria for disability and if they have worked enough quarters to qualify. The definition of disability is the same for SSI and SSDI.

## Social Security Disability Insurance (SSDI)

- Social Security Disability Insurance pays monthly benefits, based on past earnings, to individuals with disabilities who have been employed.
- All SSDI beneficiaries are automatically eligible for Medicare two years after they qualify for SSDI.
- Eligibility for SSDI benefits continues throughout an inmate's stay in jail or prison, but cash payments are suspended one month after a conviction.
- SSDI benefits can be reinstated upon release; new applications for SSDI can be made while the inmate is incarcerated, payable upon release.

**SLIDE 2-8**

Access to mental health treatment is absolutely critical for released inmates with mental illnesses. A focus on reinstating health care coverage is therefore a very high priority.

## Medicaid

---

- Medicaid reimburses qualified providers for health and mental health services that are covered in the State Medicaid Plan.
- Covered benefits can vary by state, but all states cover outpatient services for mental illness.
- Medicaid will not pay health care costs of individuals who are incarcerated, but (at state option) individuals can retain Medicaid eligibility while incarcerated.
- Qualified individuals are eligible for benefits immediately upon release.

**SLIDE 2-9**

## Who is Eligible for Medicaid?

---

People can become eligible for Medicaid in a number of ways. For adults with mental illnesses the most common are:

- Being a person with a disability and receiving SSI benefits.
- Having high medical expenses and relatively low income (in Medicaid terms, being medically needy or spending down into Medicaid).
- Being a low-income caregiver of a dependent child.
- Being a low-income juvenile.
- Meeting other state optional eligibility criteria (such as being a person with a disability who is working or a juvenile age 18 to 22).

**SLIDE 2-10**

Medicare mental health benefits are not as comprehensive as Medicaid's, but Medicare does cover a limited array of mental health outpatient services.

## Medicare Coverage

---

- For inmates with SSDI disability benefits, Medicare coverage is suspended when the person is incarcerated and does not resume until SSDI payments resume.
- For inmates who are 65 or older, Medicare coverage is suspended when a person is incarcerated and can resume upon release.

**SLIDE 2-11**

## Restoring Medicare

---

- Not all coverage will necessarily be restored:
  - Hospital care (under Part A of Medicare) is automatically retained and restored upon release.
  - Outpatient care and medication coverage (Medicare Parts B & D) end within 90 days if no premiums are paid.
- Failure to pay premiums during incarceration means individuals will have to wait to re-enroll during the general enrollment period (annually, January through March) and pay a higher premium.
  - When incarceration will last more than 90 days, the inmate should contact SSA office and ask about withdrawing immediately from Part B & D to avoid a premium penalty.



**SLIDE 2-12**

Many incarcerated individuals are veterans. Veterans can be eligible for two forms of benefits: a cash payment and medical benefits.

## Veterans Cash Benefits

---

Veterans can be eligible for:

- Monthly cash disability compensation payment for a service-connected disability.
  - This is reduced 60 days after the individual is convicted of a felony (benefits are continued for those convicted of a misdemeanor).
- Monthly cash pension benefits for a non-service-connected disability.
  - This pension is discontinued entirely 60 days after conviction for either a felony or a misdemeanor.
- Payments for both compensation and pension resume on the date of release and are paid as soon as the VA receives appropriate notification.

**SLIDE 2-13**

## VA Health Benefits

---

- Veterans can be eligible for VA-facility and non-VA facility health care and for outpatient mental health treatment.
- VA health benefits are not payable while the individual is incarcerated, but the VA will provide care upon release.

**SLIDE 2-14**

Another source of income support for some incarcerated individuals is the Temporary Assistance to Needy Families (TANF) program, which provides cash assistance and services to caretaker parents.

### Temporary Assistance to Needy Families (TANF)

- TANF provides cash assistance and services—e.g., child care, vocational assistance—to needy families.
- TANF cash assistance is only paid to a custodial parent with a child in the home.
- TANF-funded services (not cash payments) can be furnished to non-custodial parents as well as custodial parents, but only if related to economic self-sufficiency.
- Services for non-custodial parents include job preparation or job training.
- Most TANF recipients are also eligible for Medicaid.

**SLIDE 2-15**

## TANF Benefits and Incarceration

---

- TANF cash payments and most TANF services are not available to individuals during incarceration.
  - For short incarceration, there may be circumstances that permit continued benefits.
- TANF cash benefits continue for the family of an incarcerated individual, but reduced to reflect that the household size is now smaller.
- Incarcerated individuals can be eligible for limited TANF services, such as:
  - Case management
  - Vocational rehabilitation
  - Mental health services
  - Literacy skills training
  - Job training, retraining, job search, job placement

**SLIDE 2-16**

Even when an individual receives federal disability or TANF cash assistance, the amount of those benefits is extremely low, making it very hard to meet even basic living expenses in the community. Food Stamps can supplement the cash payments and make a significant difference in the likelihood of successful community re-entry.

## Food Stamps

---

- Food Stamps are available to low-income individuals, based on income and assets.
- The Food Stamp program uses a less stringent definition of disability than SSA's.
- Individuals without a disability must register for work in order to receive Food Stamps.
- Individuals who refuse suitable work are not eligible for Food Stamps for two months.
- Work requirements do not apply to custodial parents of a child under age 6.
- Federal law bans access to Food Stamps for life for people convicted of a drug felony, although states have the authority to modify this provision.

## Module 3

### Restoring Federal Benefits or Applying for New Benefits While Incarcerated

Many jail and prison inmates with mental disorders either have lost, or never had, the federal benefits that can enable them to make a successful, crime-free transition back into the community. Jails and prisons can play a key role in helping connect soon-to-be released prisoners with their benefits.

Jails and prisons will face different issues in accomplishing this. Generally, individuals in jail have significantly shorter sentences. This creates challenges for accessing benefits when the process takes weeks or even months. Prison officials have far more lead time and can more easily make these linkages. For both jails and prisons, uncertainty as to the specific date of release can also pose problems, as an unexpected release can result in a gap between release and the actual restoration of certain benefits.

Nonetheless, there is much that jails and prisons can do and many facilities around the country have done it (see examples in the Resource List at the end of this publication). Research shows that the first weeks in the community are critical, with arrest rates highest soon after release and declining over time. This underscores the importance of trying to complete benefit applications during incarceration so that benefits are available immediately upon release.

**SLIDE 3-1**

## Learning Objectives: Module Three

---

Upon completion of this module, you will become familiar with:

- Rules regarding how inmates can either restore their major federal benefits or apply for those benefits when they have not previously had access to them.
- The role of identification documents, types of documents needed and how jails and prisons can assist inmates in obtaining such documents.
- Sources of support for jails and prisons that undertake the challenge of helping inmates with benefit access.

## Section 1: Program Rules on Accessing Benefits

### SLIDE 3-2

Cash payments are critical for inmates with serious mental illnesses to make it in the community. The unemployment rate for people with serious mental illnesses is extraordinarily high—estimated in various studies as 60 to 80 percent.

### Cash Benefits to Restore

---

Several sources of income-support payments exist:

- Federal disability benefits – SSI and SSDI (from the Social Security Administration).
- Veterans Administration (VA) disability compensation and pensions.
- TANF, administered by state and local social services agencies.
- State general assistance (not covered in this training).



**SLIDE 3-3**

Those who received SSI prior to arrest and whose incarceration is for less than one year need only to restore their benefits. Other inmates will have to make a new application.

### SSI: Restoring Benefits

---

- SSI payments may be suspended (if inmate has been incarcerated for more than one month, but less than 12) or terminated (if incarcerated for a year or more).
- It is easier to restore suspended benefits. Once terminated, benefits cannot be restored and the inmate must apply as a new applicant.
- Suspended payments can resume quickly once the Social Security Administration is informed about potential release, and it receives a simple form with evidence that the person again meets the financial requirements.

**SLIDE 3-4**

Inmates whose benefits have been terminated because they have been incarcerated for more than 12 months and inmates who have serious mental illnesses but were not on SSI benefits when they were arrested can apply for SSI while in jail or prison.

### SSI: New Application

---

- Inmates may submit an application to SSA in anticipation of release.
- Evidence of disability, low income and limited resources is required.
- Medical documentation requires a physician's or clinical psychologist's report and can be supported by additional information.
- Once a new application is submitted, it usually takes about three months for review but can also take longer. For that reason, it is important to begin the application process as long as possible before the release date.

**SLIDE 3-5**

## SSI/SSDI: Additional Issues

---

- Individuals with serious mental illness applying for SSI or SSDI disability benefits generally require assistance:
  - This assistance is especially helpful if provided by someone who understands the Social Security disability system.
- Individuals with low levels of SSDI payments (because they have not worked for very long) may be eligible for SSI as well, to supplement their SSDI benefit.

**SLIDE 3-6**

SSI applications are very complex, and applicants often need specialist help. Social Security field offices normally help citizens with these applications and can also provide this help to incarcerated individuals.

### Support for Corrections on SSI Applications

- The Social Security Administration (SSA) encourages its local offices to support jails and prisons in helping inmates submit applications while incarcerated.
- Jails and prisons can enter into “Pre-Release Agreements” with SSA.
- Although the formal agreement is for collaboration on SSI applications, many facilities with pre-release agreements collaborate with SSA on SSDI applications as well.

**SLIDE 3-7**

Pre-release agreements with Social Security can make it much easier for inmates to submit applications that are complete and meet SSA needs. Further, part of the agreement is that Social Security will review these applications promptly. Pre-release agreements therefore increase the likelihood that benefits will be available on or soon after release.

## Pre-Release Agreements with SSA

---

- Under a pre-release agreement, SSA will:
  - Train jail/prison staff about SSA rules and how to work with SSA so applications go smoothly.
  - Provide a contact person to assist jail/prison staff.
  - Process these applications as quickly as possible.
  - Promptly notify the jail/prison on eligibility decisions.
- Under a pre-release agreement, jails/prisons agree to:
  - Designate a facility-liaison to handle referrals and work with SSA.
  - Provide current medical evidence and non-medical information to support the inmate's claim.
  - Provide the anticipated release date and notify SSA of actual release or if anticipated release date has changed.

**SLIDE 3-8**

Social Security Disability Insurance rules on when an inmate loses cash assistance are a little different from SSI rules. Also, people can qualify for SSDI benefits regardless of income, whereas SSI is only for low-income individuals.

### SSDI: Restoring Benefits

---

- SSDI benefits are suspended after a certain period of incarceration, but are never terminated solely due to incarceration.
- To restore SSDI benefits the Social Security Administration must be notified that the individual has been released.
- There is no official pre-release authority for SSDI, but jails and prisons with SSI pre-release agreements can notify SSA of potential release dates for SSDI recipients so that checks are not delayed.

## SLIDE 3-9

## SSDI: New Applications

---

- New applications for SSDI benefits can be filed by inmates prior to release.
  - Applicants must submit the same information to prove their disability as SSI applicants (see SSI slide).
  - Applicants must show they worked and paid Social Security taxes for the required amount of time.
- Individuals can apply for SSDI benefits at [www.ssa.gov/applyfordisability/adult.htm](http://www.ssa.gov/applyfordisability/adult.htm)

**SLIDE 3-10**

Incarceration may lead SSA to take a closer look as to whether an SSDI recipient is still disabled. Although SSDI eligibility (but not cash payments) can continue during incarceration, inmates who spend several months or years in jail or prison are likely to undergo a review of their disability.

### SSDI: Inmates May Lose Benefits

Individuals who are incarcerated for a lengthy period may find that SSA reviews their disability status again.

- These reviews occur periodically for everyone and are called Continuing Disability Reviews (CDRs).
- CDRs may be triggered by incarceration.
- Eligibility (but not cash benefits) continues through this review process, but eligibility will be terminated if the individual is found no longer disabled.



**SLIDE 3-11**

To help an inmate access Medicaid, jails and prisons will need to work with their local Medicaid office (often the social services agency). Medicaid officials will have the necessary knowledge about what eligibility categories an inmate may potentially qualify under (these categories differ by state).

### Medicaid: Applying While Incarcerated

---

- States suspend or terminate Medicaid benefits during incarceration.
- To reinstate suspended benefits, the Medicaid agency must be informed of the release date.
- For new applicants, applications can be filed with the Medicaid agency 90 days before release or later, but more commonly applications are filed 45 days or less before release to ensure that information is current.
- Medicaid agencies often collaborate with jails and prisons on benefit issues.
- Since SSI and TANF benefits are linked to Medicaid, it is a good idea to have people apply for those benefits first.

**SLIDE 3-12**

Medicare is available to inmates 65 years or age or older, as well as to younger people with disabilities who have qualified for Social Security Disability Insurance.

## Medicare

---

- Individuals who receive federal SSDI disability payments are eligible for Medicare coverage. However, there is a two-year waiting period, so inmates who only recently qualified for SSDI will not have Medicare until the end of the waiting period.
- Inmates who are 65 or older are also eligible for Medicare.
- Medicare will not pay for health care while the individual is incarcerated.
- Medicare can be available immediately upon release but the individual will need his/her Medicare card.

**SLIDE 3-13**

Veterans' benefits can be readily restored and can be available immediately upon release.

## VA Benefits

---

- Veterans' cash benefits and health care coverage can be reinstated upon release and be available immediately.
- Prior to release, veterans should contact the VA to request benefit restoration.
- To reinstate benefits, the VA needs written confirmation that the individual has been released.

**SLIDE 3-14**

## Information and Help For Veterans

- Veterans can call a toll-free number (1/800/827-1000) for assistance in understanding rules for reinstatement or to file a new application.
- Veterans can also apply online at [www.va.gov/](http://www.va.gov/)
- Work on a new application should begin as early as possible because it can take about 270 days to process a new application.

**SLIDE 3-15**

The TANF (Temporary Assistance to Needy Families) cash benefit assists adult caretakers and it also may qualify them for services, including some mental health treatment.

### **TANF: Restoring & Applying for Benefits**

---

- Some individuals may be eligible for TANF services while incarcerated and can apply for these at any time. Cash payments are not made to an incarcerated individual.
- Individuals previously on TANF can submit an application while incarcerated so their benefits can be reinstated.
  - In this case cash benefits will be payable upon release, provided the person is resuming the role of a custodial parent with a child living in the home.
- Individuals not previously on TANF may submit an application while incarcerated, but will have to demonstrate that they will assume the role of custodial parent upon release.

**SLIDE 3-16**

## TANF Applications

---

Information individuals need to know in order to apply for TANF:

- A recent income history is required in all applications.
- Individuals with incomes that are considered too high may not be eligible for a TANF cash payment but may still be eligible for:
  - Services
  - Medicaid

**SLIDE 3-17**

Food stamp applications are generally made to the Food Stamp Office, but can also be made through the Social Security Administration for persons who are applying for SSI.

## Food Stamps

---

- Inmates can make a new application prior to release.
- Applications can be obtained from the Food Stamp office or over the phone and can be submitted by mail or in person by someone on behalf of the individual.
- The state agency will conduct an application interview. It may be conducted over the phone or in jail/prison.
- By law, the Food Stamp state agency must process an application within 30 days.
- Food stamps can be available immediately upon release.

**SLIDE 3-18**

## Federal Food Stamp Rules

---

- Applications for Food Stamps can be submitted jointly with an application to reinstate or apply for SSI
  - The Social Security Administration will then process the Food Stamp application.
- Federal funds are available (50-50 match) for outreach services.
  - Jails/prisons could use these funds to provide information to inmates so they can apply while incarcerated.



## Section 2: Identification Documents

### SLIDE 3-19

Identity cards are critical for successful reentry. Jails and prisons should engage in procedures that ensure no one leaves the facility without a useable form of identification.

### Identity Documents

---

- Jails and prisons can help an inmate obtain lost documents, such as a replacement Social Security card, Medicare card, birth certificate or driver's license, prior to release.
- Jails and prisons can also initiate a system to ensure that inmates receive their original identification documents back as they are released. If necessary these documents:
  - Can be held in trust by a community agency or
  - Held by a family member the inmate trusts.

**SLIDE 3-20**

## New Identification Documents

---

- Jails and prisons can work with departments of motor vehicles to help inmates obtain a photo-ID:
  - In most states the motor vehicle department can provide not only driver's licenses but also official photo-IDs for non-drivers.
- The state should establish a process whereby an inmate of a correctional facility can obtain an official, non-prison photo ID upon release. It should not directly or by inference indicate that the person was formerly incarcerated.

## Section 3: Help for Correctional Facilities on Benefit Issues

### SLIDE 3-21

Assisting inmates to restore or apply for federal benefits can be a daunting task, particularly for small facilities with few staff. Jails, in particular, may wish to collaborate with community agencies or volunteer organizations to assist them. Community agency staff are knowledgeable about these programs and used to helping applicants through the process.

### Sources of Support

---

- Local community mental health agencies have case managers who understand rules for benefit programs.
  - Jails/prisons can enter into formal or informal agreements for staff of those agencies to assist the jail or prison with this work.
- Community health centers have staff experienced in benefit issues and may be willing to work with jails/prisons to help inmates with mental illness.
- Local mental health groups may have information and/or willing volunteers:
  - Mental Health America (formerly the National Mental Health Association), National Alliance on Mental Illness (NAMI), and Protection and Advocacy Systems.
- Other community groups, such as Community Action Agencies, homeless programs, etc., may also assist.

**SLIDE 3-22**

Information on federal benefits for applicants is available from federal agencies, and often there are web-based application procedures or toll-free numbers that applicants can use to get more information. Correctional staff can help inmates find access to these sources.

### Resource on How to Apply for Federal Benefits

The Bazelon Center for Mental Health Law has produced a booklet, *Arrested? What Happens to Your Benefits When You Go to Jail or Prison*. In it, inmates can:

- Learn about federal benefits and their rules so they can determine whether they might be eligible.
- Learn how to find information on the internet on these benefit programs.
- Find the federal agencies' toll-free phone numbers to get more information on the benefit, whether they might be eligible and how to apply.

For a copy, send \$4.50 to Bazelon Center for Mental Health Law, 1101 15th Street, N.W., Washington, D.C. 20005. Bulk orders available at reduced rates.

**SLIDE 3-23**

## Federal Contact Points

---

Relevant federal information is available from:

- SSA (on SSDI): [www.ssa.gov/disability](http://www.ssa.gov/disability). Apply on line: [www.ssa.gov/applyfordisability](http://www.ssa.gov/applyfordisability).
- SSA (on SSI): 1/800/772-1213 for information. Information on line: [www.ssa.gov/pubs/11011.html](http://www.ssa.gov/pubs/11011.html)
- SSA (Medicare): 1/800/772-1213  
[www.ssa.gov/mediinfo.htm](http://www.ssa.gov/mediinfo.htm)
- Food Stamp program: [www.fns.usda.gov/fsp/](http://www.fns.usda.gov/fsp/)
- Veterans Benefits: 1/800/827-1000. [www.va.gov/](http://www.va.gov/)

**SLIDE 3-24**

## State Contacts

---

For more information:

- On Medicaid: Medicaid state agency or local social services agency.
- On TANF: Medicaid, human services or social services agency and local social services agency.
- On Food Stamps: Local Food Stamp Office (list of numbers at [www.fns.usda.gov/fsp/contact\\_info/hotlines.htm](http://www.fns.usda.gov/fsp/contact_info/hotlines.htm))

## More Resources

Jail and prison authorities may wish to understand these benefit programs in more depth and inmates may want more information. It is also helpful to learn about the efforts of others who have made restoration of benefits a priority.

This annotated list of additional resources provides more specific detail on many of these benefit programs, as well as documents, such as a screening tool, that jails and prisons can use to implement a benefits program successfully. It also includes information on state activity and links to online resources.

## Information on Federal Benefit Programs

### ■ *Finding the Key to Successful Transition from Jail to the Community*

This booklet provides an explanation of federal Medicaid and disability program rules as they relate to incarceration and release. It outlines specific policies that states and localities can adopt to make reinstatement of benefits administratively easier and quicker. Available from the Bazelon Center for Mental Health Law at [www.bazelon.org/issues/criminalization/findingthekey.html](http://www.bazelon.org/issues/criminalization/findingthekey.html)

### ■ *Arrested? What Happens to Your Benefits When You Go to Jail or Prison*

This booklet is for inmates and/or their families (although it is also a useful summary for jail and prison officials). It presents summary information on all major federal benefits—what they provide, eligibility rules and how to apply. It includes web addresses and toll-free numbers for individuals who are applying for these benefits. Text is online at [www.bazelon.org/issues/criminalization/publications/arrested/index.html](http://www.bazelon.org/issues/criminalization/publications/arrested/index.html) and booklets are available from: the Bazelon Center for Mental Health Law (\$2.50 per copy; bulk rates available)

### ■ *Planning for Your Release: A Guide for Veterans Incarcerated (2004)*

This guide 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 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 the progress being made, community contacts who have helped, and agreements that are reached with service providers. The guide also serves as a guidance tool for corrections, social services and federal agency personnel. Available from the National Coalition for Homeless Veterans, Washington, DC.

## Federal Agency Resource Materials

### ■ Social Security Administration. *If You are Helping Someone Apply for Benefits.*

Information, forms and resources for advocates seeking to assist individuals in accessing federal disability benefits. Includes information on becoming an official representative for a person with a disability related to mental illness. Available at [www.ssa.gov/thirdparties.htm](http://www.ssa.gov/thirdparties.htm)

### ■ Social Security Administration. *Frequently Asked Questions Related to Incarceration*

A collection of responses to questions submitted to the Social Security Administration's website related to effects of incarceration on benefit eligibility. Available at [www.ssa.gov/](http://www.ssa.gov/)

### ■ Social Security Administration. *Entering the Community after Incarceration—How We Can Help*

This brochure outlines the process for resuming Social Security involvement after release from prison or another institution. It describes the various statuses in which an inmate might be, according to the Social Security Administration, depending on the length of incarceration. Most important, there are instructions on how to begin the process of restarting benefits well before leaving prison to reduce delays upon release. Available at [www.socialsecurity.gov/pubs/10504.pdf](http://www.socialsecurity.gov/pubs/10504.pdf)

### ■ Social Security Administration. *What Prisoners Should Know about Social Security*

This fact sheet provides a brief description of the effects of incarceration on Social Security benefits and the steps one needs to take to resume or restart their benefits. Available at [www.socialsecurity.gov/pubs/10133.pdf](http://www.socialsecurity.gov/pubs/10133.pdf)

### ■ Social Security Administration Documents Summarizing Operating Procedures:

- [SI 00520.900](#) Prerelease Procedure - Institutionalization
- [SI 00520.910](#) Prerelease Agreements - Institutionalization
- [SI 00520.920](#) Processing Prerelease Cases
- [SI 00520.930](#) Exhibits - Prerelease Procedure, Agreement, Referral

All available online at [www.ssa.gov](http://www.ssa.gov)

### ■ Federal Bureau of Prisons *Clinical Guidelines for Social Work Professionals: Discharge Assistance*

Assistance in identifying community resources necessary for inmates being released from federal prisons is provided. Procedures address: community housing assistance, state and county public assistance, Social Security Disability (SSD) and



Supplemental Security Income (SSI), HIV/AIDS, mentally ill/chemically dependent inmates, and a community transition checklist. Available from the U.S. Bureau of Prisons, Washington, DC.

## Information on State and Local Actions

### ■ *A Better Life – A Safer Community: Helping Inmates Access Federal Benefits*

This issue brief outlines strategies undertaken by states and localities to change laws, regulations, policies and procedures to streamline benefit restoration. Its chief finding is that the successful programs have all required collaboration across agencies. Available from the Bazelon Center for Mental Health Law at [www.bazelon.org/issues/criminalization/publications/gains/index.htm](http://www.bazelon.org/issues/criminalization/publications/gains/index.htm)

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

This is a model law template including legislative language that states may enact to improve access to federal benefits, working within the confines of federal law. Available from the Bazelon Center for Mental Health Law at [www.bazelon.org/issues/criminalization/publications/buildingbridges/index.htm](http://www.bazelon.org/issues/criminalization/publications/buildingbridges/index.htm)

### ■ **Releasing Inmates with Mental Illness and Co-occurring Disorders into the Community**

Couturier, L., Maue, F., & McVey, C. (2003). *Jail Suicide/Mental Health Update*, 12(2), 10-15. Mansfield, MA: National Center on Institutions and Alternatives.

This study discusses the multiple obstacles to re-entry for inmates with mental illnesses and Pennsylvania's efforts to enroll inmates in entitlement programs, including disability payment programs for housing, food and other needs, and health coverage through Medicaid and Medicare. Available at [http://www.aca.org/fileupload/177/prasannak/Couterier\\_webv2.pdf](http://www.aca.org/fileupload/177/prasannak/Couterier_webv2.pdf)

### ■ **Release Planning**

Hartwell, S.W., & Orr, K. (2000). *American Jails*, November/December 9-12.

This paper explores the differences found between a population of mentally ill offenders in Massachusetts sentenced to county and state facilities, presents data collected from a model program that facilitates the transition of mentally ill inmates back into the community, and considers the most effective strategies for those returning from jails or "county" facilities.

### ■ **From Correctional Custody to Community**

Hartwell, S.W., Friedman, D.H., & Orr, K. (2001). *New England Journal of Public Policy*, 19, 73-81.

This article describes the Massachusetts Forensic Transition Program designed to bridge the transition of offenders with mental illnesses from incarceration to the community.

■ ***Ensuring Timely Access to Medicaid and SSI/SSDI for People with Mental Illness Released from Prison: Four State Case Studies***

The Criminal Justice/Mental Health Consensus Project and the Re-Entry Policy Council published a series of fact sheets and case studies examining research on the effects of Medicaid enrollment on recidivism among people with mental illness, as well as those individuals' ability to access treatment services when they return to the community. This fact sheet is accompanied by four case studies of states that used innovative approaches to ensure Medicaid enrollment upon release. Available at [http://www.reentrypolicy.org/reentry/Access\\_to\\_Federal\\_Benefits.aspx](http://www.reentrypolicy.org/reentry/Access_to_Federal_Benefits.aspx)

■ **The Mentally Ill in Jails and Prisons: Towards an Integrated Model of Prevention**

Lamberti, J.S., Weisman, R.L., Schwarzkopf, S.B., Price, N., Mundondo, R., & Trompeter, J. (2001). *Psychiatric Quarterly*, 72(1), 63-77.

This paper discusses the importance of service integration in preventing jail and hospital recidivism, and describes steps that Project Link has taken to integrate healthcare, criminal justice and social services. Project Link is a university-led consortium of five community agencies in Monroe County, New York that spans healthcare, social service and criminal justice systems. The program features a mobile treatment team with a forensic psychiatrist, a dual diagnosis treatment residence, and culturally competent staff.

## Tools for Use in Jail or Prison

■ ***The National GAINS Center Checklist.***

GAINS re-entry checklist for inmates identified with mental health service needs. Delmar, NY. Identifies an inmate's potential needs in the community which jail staff can assist the detainee in receiving after release from jail. These needs include mental health services, psychotropic medications, housing, health care, income support/benefits, food/clothing and transportation. Available at [www.gainscenter.samhsa.gov/html/resources/reentry.asp](http://www.gainscenter.samhsa.gov/html/resources/reentry.asp)

■ ***The National GAINS Center Brief Jail Mental Health Screen***  
(2005). Delmar, NY

The BJMHS is a booking tool for use by corrections staff to identify needs for further mental health assessment among detainees. Available at [www.gainscenter.samhsa.gov/html/resources/MHscreen.asp](http://www.gainscenter.samhsa.gov/html/resources/MHscreen.asp)

## Services

■ ***Investing in Health and Justice Outcomes: An Investment Strategy for Offenders with Mental Health Problems in New Jersey***

Wolff, N. (2003). Newark, NJ: New Jersey Institute for Social Justice.

This paper argues that the most sensible way to respond to the needs of offenders with mental illness is to treat their needs as an investment and to evaluate alternative responses to their needs in terms of the health and justice outcomes they produce. Available at [www.njisj.org/reports/wolff\\_report.html](http://www.njisj.org/reports/wolff_report.html)

■ ***Overview of the Mental Health Service System for Criminal Justice Professionals***  
Massaro, J. (2005). Delmar, NY: GAINS Technical Assistance and Policy Analysis Center for Jail Diversion.

Intended as a reference for criminal justice professionals, this publication provides basic information about the adult mental health service system, including services and benefits offered, and highlights some of the common challenges for the mental health and criminal justice service systems in meeting the needs of adults with mental illnesses. Available at [www.gainscenter.samhsa.gov/pdfs/jail\\_diversion/MassarosII.pdf](http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/MassarosII.pdf)

**The Bazelon Center for Mental Health Law** conducts legal and policy advocacy to protect adults and children with mental disabilities from discrimination and promote their full participation in community life. Since 1972, using precedent-setting litigation and leadership in the development of national mental health policy, the Center has established basic rights of people with mental illnesses or developmental disabilities and increased their access to needed services and supports. It provides technical support to local advocates, disseminates action alerts to a nationwide network, publishes analyses and handbooks, and maintains extensive advocacy resources on its website.

The Bazelon Center focuses its legal advocacy on four broad goals:

- 1) implementing a new vision of hope, dignity and human rights for people with mental disabilities;
- 2) ensuring their access to opportunity;
- 3) promoting self-determination and respect for their choices; and
- 4) holding public systems accountable for the safety and welfare of the people they serve.