

Best Practices: Access to Benefits for Prisoners with Mental Illnesses

People with mental illnesses who have been in jail or prison need access to public-assistance benefits in order to re-enter their communities successfully. Although the federal rules on how and when inmates may receive these benefits are complex, opportunities do exist for them to obtain federal entitlements upon release. This paper lists promising state and local approaches to ensuring the prompt reinstatement of benefits.

Policies that states and localities can adopt include:

- ◆ screening for mental illness upon entry to prison or jail;
- ◆ screening for prior benefits upon entry to prison or jail;
- ◆ suspending rather than terminating Medicaid benefits for inmates;
- ◆ establishing transition teams and community collaborations for re-entry;
- ◆ helping prisoners complete applications
- ◆ arranging expedited review and processing of applications;
- ◆ ensuring that inmates have valid IDs prior to release;
- ◆ providing coverage for services and medication after release, while applications are pending;
- ◆ providing specialized parole supervision;
- ◆ appointing a single agency to coordinate release planning;
- ◆ sharing information across agencies, including through interagency agreements and task forces;
- ◆ using web-based applications, combining benefit applications and eliminating in-person requirements for applications; and
- ◆ working with the Social Security Administration on pre-release benefit applications.

Summarized below are state and local initiatives that adopt such policies. These communities have taken advantage of the flexibility in federal rules to ensure that individuals with mental illnesses are expeditiously connected to health and mental health care coverage, income support, veterans' benefits and other assistance. Such programs help close the revolving door between community and incarceration for people with mental illnesses.

The summary is organized to show various options at different stages of the process. As a result, comprehensive programs are often summarized piecemeal, under various sections. Where information was available, contacts are listed in the endnotes. Also, because policy development for prison re-entry and release from

CONTENTS

Upon Entry to a Correctional Setting

- ◆ Screen for mental illness
- ◆ Screen for benefits
- ◆ Suspend benefits

Re-Entry Planning

- ◆ Use transition-planning teams and community collaborations
- ◆ Assist prisoners in completing applications for benefits
- ◆ Provide expedited services for processing applications
- ◆ Ensure that inmates have a valid ID upon release

Interim Coverage

- ◆ Provide coverage and medication while applications are pending

Post-Release Follow-Up

- ◆ Provide specialized parole supervision

Simplify a Complex Process

- ◆ Appoint one agency to coordinate release planning
- ◆ Share information
- ◆ Establish interagency agreements and task forces
- ◆ Use web-based applications, combine applications and eliminate in-person requirements
- ◆ Work with SSA

Notes



ABOUT THIS ISSUE BRIEF

© 2006 Judge David L. Bazelon Center for Mental Health Law, Washington D.C. Reproduction of this issue brief all or in part is hereby authorized for noncommercial advocacy or educational purposes, with full attribution to the Bazelon Center for Mental Health Law.

The brief was written by Chris Koyanagi, the Bazelon Center’s policy director, with assistance by Katy Blasingame, and was edited and designed by publications director Lee Carty. Its development, production and distribution were funded by the JEHT Foundation, with additional support provided through the Bazelon Center’s general program by the John D. and Catherine T. MacArthur Foundation.

The Bazelon Center is the leading national legal advocate for adults and children with mental disabilities. The staff uses a coordinated approach of litigation, policy analysis, public information and technical support for local advocates to end the segregation of people with mental disabilities and ensure them the opportunity to access needed services and supports.

BAZELON CENTER FOR MENTAL HEALTH LAW
1101 15th Street NW, #1212
Washington DC 20005
202-467-5730
Fax: 202-223-0409
www.bazelon.org

jail pose different problems and are under different jurisdictions in the states, the summary indicates whether a policy or program applies to prisons, jails or both.

Sidebar offer information from *Building Bridges*, a model law drafted by the Bazelon Center as a tool for state and local advocates and legislators interested in reducing recidivism among individuals with psychiatric disabilities who enter the criminal justice system. The commentary accompanying the model statute offers background material on each section of the law; relevant portions are excerpted in the sidebars.

UPON ENTRY TO A CORRECTIONAL SETTING

Screen for mental illness

In jails

- ◆ In **Arizona**, the Council on Offenders with Mental Impairments uses a state of the art electronic data system to identify offenders with mental impairments in both Maricopa and Pima county jails.¹
- ◆ In **Summit County, Ohio**, jail staff use a three-tiered approach to screen inmates for mental illness upon admission. Admitted inmates receive an initial screening from the booking officer, a cognitive-function examination by a mental health worker and an evaluation by a clinical psychologist.²
- ◆ In **Montgomery County, Maryland**, Department of Correction and Rehabilitation staff use a set of seven questions to screen jail inmates for suicide risk at three points of intake: at central processing, upon institutional intake and as part of medical screening.³
- ◆ In **Cook County, Illinois**, the Cook County Jail electronically transfers its census every day to mental health clinics in the Chicago area. Clinic staff review the list to identify any of their clients. The goal is for mental health clinics to begin the process of aftercare planning immediately for members who have gone to jail.⁴

In prison

- ◆ In **Oregon**, the Department of Corrections’ Intake Center program uses an automated assessment program for every inmate to identify physical and mental health barriers to productive citizenship in the inmate community and to safe and successful re-entry.⁵
- ◆ In **Illinois**, each newly admitted inmate of the Stateville and Dewight Correctional Centers receives psychological testing. Comprehensive admissions packets developed by a privately owned psychological firm serve as a guide for each new admission.⁶
- ◆ In **Minnesota**, all prison inmates are eligible for three separate screenings by correctional nursing staff and by a mental health professional. The screenings build on each other to identify inmates with mental health needs.⁷



Screen for benefits

- ◆ In **Minnesota**, staff place a special note in the prison’s information system if a prisoner is identified during the screening process as having Medicaid, SSI, SSDI or VA benefits.⁸
- ◆ In **Oklahoma**, prison officials are developing a system that flags incoming offenders who are already receiving SSI benefits.⁹

Suspend (not terminate) benefits

- ◆ In **Maryland**, incarcerated Medicaid participants remain on the enrollment list, even if incarcerated longer than 30 days. The state notes the incarceration in its information system to prevent unauthorized claims payment.¹⁰
- ◆ In **Lane County, Oregon**, Medicaid payments for jail inmates continue for 14 days after arrest. After that, benefits are suspended—not terminated— so they can be reinstated immediately upon release.¹¹
- ◆ In **Washington**, Medicaid enrollment is suspended rather than terminated for people in jail less than 30 days.¹²

RE-ENTRY PLANNING

Use transition planning teams and community collaborations to ensure continuity of care

In jail

- ◆ In **Hampden County, Massachusetts**, jail inmates are assigned a treatment team that addresses treatment, housing and other concerns prior to release. In addition, inmates work with the same caseworker both inside the facility and after release.¹³

In prison

- ◆ In **Minnesota**, if a discharge planner learns that the offender has a prior relationship with a social worker in the community, the social worker is invited to the prison to collaborate on the discharge plan. Then, at least 10 days before the first appointment, the prison transfers the offender’s records to the community services provider and psychiatrist he or she is scheduled to see.¹⁴
- ◆ In **Portland, Oregon**, the Turning Point program at the Columbia River Correctional Institution uses a modified therapeutic community model of treatment six to 12 months prior to release for offenders with severe mental illnesses and co-occurring substance use disorders. The program includes assessment and treatment planning and focuses on the implementation of a transition plan three months prior to an inmate’s release.¹⁵

FROM BUILDING BRIDGES

If they are to access community treatment services, [inmates being released] need speedy access to Medicaid mental health coverage....

Federal law prohibits Medicaid payments for “care or services” for any individual who is an inmate in a correctional facility.* However, state officials are permitted “to use administrative measures that include temporarily suspending an eligible individual from payment status during the period of incarceration to help ensure that no Medicaid claims are filed.”** **States are not required to terminate an individual’s Medicaid eligibility upon incarceration.***** In fact, the states have no authority under Medicaid law to drop inmates from the Medicaid eligibility rolls upon incarceration.****

* The Medicaid statute precludes payment of federal matching funds to pay for services for an individual who is “an inmate of a public institution (except as a patient in a medical institution).” 42 U.S.C. § 1396d(a)(27)(A); 42 C.F.R. § 435.1008. A correctional facility is a “public institution” for purposes of this prohibition. 42 C.F.R. § 10009.
 ** Letter from Donna E. Shalala, Secretary of Health and Human Services to Honorable Charles E. Rangel, House of Representatives (April 5, 2000).
 *** *Id.* Memorandum from the Director, Disabled and Elderly Health Programs Groups, Center for Medicare and Medicaid Operations, to All Associate Regional Administrative Divisions for Medicaid and State Operations, “Clarification of Medicaid Coverage Policy for Inmates of a Public Institution,” Health Care Financing Administration, Department of Health and Human Services (December 12, 1997).
 **** Moreover, a state may not terminate anyone from Medicaid without first determining whether the individual qualifies under other Medicaid-eligibility categories. See 42 C.F.R. § 435.930(b) (states must “continue to furnish Medicaid regularly to all eligible individuals until they are found to be ineligible.”).



Assist prisoners in completing applications for benefits

In jail

- ◆ In **Milwaukee, Wisconsin**, a financial-services advocate from the Community Support Program manages entitlement claims of offenders with mental illnesses.¹⁷
- ◆ In **Philadelphia, Pennsylvania**, a caseworker does release planning that includes advising the jail inmate of potential eligibility or providing information on where to obtain applications.¹⁷
- ◆ In **New York City**, case managers with the NYC Link program are responsible for creating a community-services plan for inmates at the city’s jail (Rikers Island), filing benefit applications on inmates’ behalf and providing housing referrals.¹⁸
- ◆ **New York’s Rensselaer County** jail staff are trained by the Department of Social Services to help inmates complete entitlement forms and collect the necessary supporting documents, such as birth certificate, pay stubs, etc. If necessary, staff accompany inmates to the local Social Security office to finish their application process. As a result, many inmates receive their benefits within 24 hours of release.¹⁹
- ◆ In **Jefferson County, New York**, county social service staff go to the jail and complete Medicaid applications for offenders with mental illnesses who are about to re-enter the community. The county does not participate in the Medication Grant Program (MGP) but uses its allocation of MGP funds for its own program.²⁰
- ◆ **Albany County, New York** social services staff go into the jail before an inmate’s release and help the inmate complete a Medicaid application, which is filed 45 days prior to the anticipated date of release. The application is registered, logged and held so it can be activated as soon as the inmate is released. The Social Services office not only processes the Medicaid application, but also assists released individuals in accessing general assistance payments, Food Stamps, etc.²¹
- ◆ In **Hampden County, Massachusetts**, a discharge planner from a local community health center completes and faxes a Medicaid application to the Medicaid agency within three months of an inmate’s release date. Although the application is denied because the applicant is incarcerated, it remains on file. Once the discharge planner faxes the paperwork showing the applicant has been released from jail, the application is activated and approved.²²
- ◆ **King County, Washington** jail staff notify the Department of Social and Health Services (DSHS) 45 days prior to an inmate’s release date. A DSHS eligibility worker collects medical and financial information for the Medicaid eligibility process and provides Medicaid coupons to the inmate upon release.²³
- ◆ In **Los Angeles**, the Sheriff’s Department screens jail inmates and then sends the names of those who are veterans to the VA’s Community Re-Entry Program. Outreach staff members from the program conduct assessments with inmates in the facility and help link them to services upon their release, including VA health care, housing and financial benefits.²⁴

FROM BUILDING BRIDGES

Every former inmate faces obstacles in finding work, re-establishing family relationships, developing a social network and avoiding further criminal activity, but the challenges faced by individuals with psychiatric disabilities—who require specialized services and supports—can be even greater and more complex. In addition to grappling with their illnesses, they are more likely than other inmates to have been homeless or unemployed when incarcerated...

Linking individuals with necessary services and supports as soon as possible after release is important to prevent recidivism... As the Vera Institute notes, the first month out ‘is not only a period of difficulties, but also a period of opportunities to get people started on the path to employment, abstinence from drugs, good family relations, and crime-free living.’*

* Nelson, M., Deess, O. & Allen, C. *The First Month Out, Post-Incarceration Experiences in New York City* (New York, NY: Vera Institute of Justice, 1999) at 2.



In prison

- ◆ In **Allegheny County, Pennsylvania**, the Forensic Community Re-entry Program sends a Community Placement Specialist (CPS) to oversee the transition of female inmates who have a mental illness from the prison to the community. The CPS does all release planning and completes benefit applications.²⁵
- ◆ In **Pennsylvania**, the prison’s chief psychologist leads a Psychiatric Review Team in developing a re-entry treatment plan for every inmate identified as in need of mental health services within 12 months of release. Immediately after this meeting, and sometimes as part of it, the team meets with the inmate to discuss possible eligibility for various entitlement programs and how to apply. For inmates with the greatest need, a caseworker from the team completes the application for General Assistance, Medicaid, Food Stamps, cash assistance and other benefits. If necessary, inmates are referred to a Department of Public Welfare disability specialist, who helps them complete an SSI/SSDI application.²⁶
- ◆ The **Texas** Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) refers a prison inmate with a pending release date who is identified as having a history of receiving or needing mental health treatment to the regional mental health services and benefits coordination office in the county where the inmate expects to live. These offices send workers to meet with identified prison inmates and develop pre-release plans. If the inmate wants SSI and/or SSDI, the TCOOMMI worker makes a referral to the benefits eligibility specialist, who files an application 90 days prior to release.²⁷
- ◆ In **Boston, Massachusetts**, a formal re-entry program initiates an application for Medicaid 30 days prior to an inmate’s discharge from prison. All application paperwork is completed in advance so that the individual is poised for approval upon discharge.²⁸
- ◆ In **Wisconsin**, Department of Corrections (DOC) staff complete applications for Medicaid benefits, which can be accepted and processed up to 23 days prior to an offender’s anticipated release from prison. The DOC staff also complete entitlement applications, secure and/or verify an inmate’s Social Security number, obtain a Social Security card if necessary and obtain medical and/or psychological documents for the past 12 months.²⁹
- ◆ In **Minnesota**, at least 90 days before an offender is due to be discharged, an agent of the Department of Human Services trained in mental health is designated to serve as the primary person responsible for carrying out discharge planning activities, including completing and filing Medicaid application forms. If the application is approved, the county office mails a Medicaid eligibility card to the prison; the prison holds this card until the inmate’s release date, when he or she receives the card.³⁰
- ◆ In **New York**, outreach workers from the Division of Veteran Affairs coordinate with counselors from the Department of Correctional Services to develop a transition plan for incarcerated veterans beginning six to nine months prior to

FROM BUILDING BRIDGES

Many inmates with psychiatric disabilities are eligible for SSI and through that eligibility qualify for Medicaid. When an inmate whose Medicaid eligibility is through SSI is terminated from SSI, he or she will lose Medicaid eligibility unless qualified for Medicaid under another eligibility category.* When an individual’s Medicaid eligibility is wholly dependent on SSI, SSI eligibility must be restored first before Medicaid eligibility can be restored. SSA’s pre-release procedure can greatly speed the individual’s re-establishment of SSI eligibility.

A pre-release agreement is an agreement between a correctional agency and the Social Security Administration (SSA) to cooperate in the processing of SSI applications... SSA (a) processes SSI applications from incarcerated individuals months before their anticipated release and (b) makes a prospective determination of potential eligibility and payment amount, based on anticipated circumstances. Through this approach, SSI cash benefits are payable as soon as feasible after—sometimes even on the day of—release...

* Before ending someone’s Medicaid eligibility, states must determine whether the individual qualifies for Medicaid under any of the state’s eligibility categories. See 42 C.F.R. § 435.930(b).

[additional footnotes omitted]



release. Outreach workers assist in determining prisoner eligibility for veterans benefits and other VA services.³¹

◆ The **Oregon** Department of Corrections (DOC) now gives released individuals “Offender Debit Cards” instead of checks for any money earned while incarcerated. Released prisoners can use the cards at most automatic teller machines to access SSI and Food Stamps for which they are eligible.³²

In both jail and prison

◆ In **Portland, Oregon**, the Multnomah County Department of Community Justice developed the Transition Services Unit (TSU) to provide pre-release planning, referrals and/or connections to appropriate services and treatment programs for individuals transitioning into the community. TSU counselors and parole officers assist recently released jail and prison inmates in completing Medicaid and SSI applications.³³

◆ In **New York**, the Medication Grant Program (MGP) is the primary mechanism to connect individuals with mental illnesses to benefits, such as Medicaid, Food Stamps and cash assistance after release. The program funds “transition managers” in jails and “pre-release coordinators” in prisons to assist inmates in the application process and to secure MGP cards upon their release. Under the MGP, a Medicaid application can be submitted up to 45 days prior to or within seven days after release.³⁴

◆ In **Colorado**, the 2002 benefit-reinstatement law mandates that correctional facilities implement steps to facilitate benefit reinstatement for individuals leaving jails and prisons.³⁵

Provide expedited service for processing of inmates’ benefits applications

In jail

◆ **Lane County, Oregon** Medicaid puts jail inmates’ applications on a fast track for processing and most are processed in a day or two. Medicaid staff then fax temporary Medicaid cards back to the jail, ensuring that inmates have immediate access to Medicaid services upon release.³⁶

In prison

◆ In **Texas**, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) pays for prison inmates’ applications to receive expedited services, enabling inmates who are eligible for SSI/SSDI to access available services upon release.³⁷

In both jail and prison

◆ In **Washington**, SSI facilitators who specialize in the SSI application process use the state’s own disability-determination process, rather than SSA’s slower determination process, to authorize expedited Medicaid coverage for jail and prison inmates until a final SSI decision is reached.³⁸

FROM BUILDING BRIDGES

Federal Medicaid law directs that individuals be permitted to have assistance in applying for benefits.* Federal Medicaid dollars may be used to pay for costs incurred in helping individuals to complete Medicaid applications, at the normal Medicaid match.** The Americans with Disabilities Act requires that individuals with psychiatric disabilities be aided in completing applications for public benefits.

* 42 C.F.R. § 435.908 (state must allow individual to bring someone to assist in the application process).

** 42 C.F.R. § 436.1001 (providing that federal financial assistance is available to cover necessary administrative costs incurred in determining eligibility).



Ensure that inmates have a valid ID prior to release

In jail

- ◆ In New York’s Rensselaer County, jail inmates are given a picture ID to facilitate their re-entry.³⁹

In prison

- ◆ The Louisiana Office of Motor Vehicles (OMV) is piloting a program at several prisons where state ID cards and license renewals are made on-site for inmates prior to their release.⁴⁰
- ◆ The Montana Department of Corrections issues to inmates a prison card with a photo that also includes the inmate’s date of birth and adult offender number, and the discharge certificate or parole order. Under Montana law, these documents can be exchanged within 60 days of release for a free state-issued ID.⁴¹

INTERIM COVERAGE

Provide coverage and medication while applications are pending

In jail

- ◆ In Hampden County, Massachusetts, jail inmates receive a 30-day prescription for their medications upon discharge, along with a five-day supply.⁴²

In prison

- ◆ In Minnesota, legislation requires released inmates to receive a 10-day supply of medication and a written prescription for a 30-day supply with one refill of all necessary medications.⁴³
- ◆ The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) pays for medical services until Medicaid is activated and provides a 10-day supply of medications upon release. The state provides a stipend to released inmates until they receive their disability checks.⁴⁴

In both jail and prison

- ◆ In New York, offenders with serious mental illnesses who are currently taking prescribed psychiatric medications and appear to be eligible for Medicaid after release from jail or prison may participate in the Medication Grant Program (MGP). An individual must file a Medicaid application to enroll in MGP, which covers medications until Medicaid eligibility is determined. If the person is approved for Medicaid enrollment, the Office of Mental Health will retroactively bill Medicaid for medications dispensed to the individual in the community.⁴⁵

FROM BUILDING BRIDGES

Commentary on Bridge Programs for inmates who may ...end up released and in the community without benefits. This might result from their being released earlier than expected because of the progress of their legal cases, or from processing delays by SSA, errors in identifying potentially eligible inmates and completing applications, or other unanticipated circumstances... [B]ridge programs to keep such individuals from falling through the cracks...are available to released inmates who have applied for federal benefits but whose applications are still pending... The bridge programs provide temporary health care coverage and income benefits during the period that federal benefit applications are pending...

Regardless whether the inmate has ever before been a Medicaid recipient, states have the flexibility under federal law to place potentially eligible individuals in their Medicaid program, pending full review of eligibility.... Allowing for quick access imposes some financial risk on the state because some individuals enrolled in the temporary Medicaid program may ultimately be found ineligible for Medicaid. However, the state incurs a greater risk from the recidivism that often results when released inmates do not have access to appropriate mental health services.

[footnotes omitted]



POST-RELEASE (PAROLE OR NOT) FOLLOW-UP/AFTERCARE

Provide specialized parole supervision

In jail

◆ The Cook County, Illinois Adult Probation Department 's Mental Health Unit in the county jail employs probation officers with a background in mental health to help clients access disability benefits and SSI and obtain medical cards. These officers also counsel probationers, help them budget their time and resources and support them with any difficulties they experience in treatment.⁴⁶

In prison

◆ In Pennsylvania, when there is a complication with an application filed from a prison, the county assistance office (CAO) has a single point of contact charged with contacting the Department of Corrections to resolve the problem.⁴⁷

◆ Wisconsin Department of Corrections staff review benefit application disapprovals and assist prison inmates in appealing the decision.⁴⁸

PROGRAM ADMINISTRATION—SIMPLIFY A COMPLICATED PROCESS

Appoint one agency to coordinate release planning for people with mental illnesses

◆ The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) is the state's agency designated to meet the needs of prison inmates with mental illnesses. TCOOMMI staff are responsible for handling benefits and other re-entry issues at the prison level.⁴⁹

Share information

In prison

◆ In Texas, health services agencies share information on individuals receiving health related services, ultimately helping officials to complete benefits applications on behalf of prisoners. A waiver from the federal Health Insurance Portability and Accountability Act was necessary to permit this exchange of medical information among state agencies.⁵⁰

◆ Wisconsin Department of Corrections (DOC) staff assist prisoners in completing information releases to authorize exchange of information between DOC and SSA.⁵¹

Establish explicit interagency agreements and task forces

In jail

◆ In Duval County, Florida, a Continuity of Care Agreement was developed between mental health providers and the jail to ensure continuity of care for

FROM BUILDING BRIDGES

...Providing application assistance through mental health case managers would be a good choice. The best approach may be to use staff who already have substantial benefits expertise, such as staff from the state mental health agency, public or private community-based mental health providers, the state Medicaid agency or the state welfare agency. For such staff to work successfully within correctional settings, corrections officials must be receptive, cooperate fully and provide orientation and training so that the benefits staff will understand how to work within a jail or prison environment.



incarcerated individuals. The agreement also calls for an application for benefits prior to release so inmates will be linked to community-based treatment upon release.⁵²

◆ In **Albany County, New York**, a group named the Options Committee manages the integration of existing health, mental health, substance abuse and social service systems to match jailed individuals' needs to available services. Committee member include representatives from the sheriff's department, County Executive's office, departments of health, mental health, probation and social services, office of the public defender and state division of parole.⁵³

◆ In **Rensselaer County, New York**, a Forensic Task Force composed of officials from both the criminal justice and mental health systems negotiated an agreement with the county's Medicaid agency so that many applicants now receive Medicaid benefits within 24 hours of release from jail. In addition, as a result of the task force's efforts, community mental health providers are now willing to work with released inmates.⁵⁴

In prison

◆ The **Minnesota** Department of Corrections Mental Health Services completed a comprehensive interagency agreement for partnerships with Department of Human Services divisions, including Mental Health, Chemical Health and State Operated Services.⁵⁵

◆ In **Pennsylvania**, a statewide Forensic Interagency Task Force composed of key forensic stakeholders is working to submit applications for eligible prison inmates before release to ensure their access to benefits on re-entry. Stakeholders include local and state agencies (PA Department of Corrections, PA Office of Mental Health and Substance Abuse Service, etc.) and advocacy groups (National Alliance for the Mentally Ill, PA Protection and Advocacy, etc.).⁵⁶

◆ In **Wisconsin**, memoranda of understanding between the Wisconsin Departments of Corrections and of Health & Family Services and the Social Security Administration outline procedures for processing prison inmates' Medicaid and SSI applications.⁵⁷

Use web-based applications, combine benefit applications and eliminate in-person requirements

In both jail and prison

◆ In **Texas**, applications to SSA for disability benefits also include an application for Food Stamps. Reinstatement of SSI benefits automatically triggers Medicaid coverage.⁵⁸

◆ In **New York**, a combined Medicaid, cash assistance and Food Stamp application offers released inmates access to additional services for which they are potentially qualified.⁵⁹

◆ The **Pennsylvania** Department of Public Welfare developed a web-based

FROM BUILDING BRIDGES

In addition to being humane and cost-effective, helping individuals with psychiatric disabilities to access...benefits upon release can be part of a more comprehensive state approach to support community integration. Under the Supreme Court's ruling in *Olmstead v. L.C.*,* states must avail themselves of all resources that can be used to support an individual with a disability living in the community. Failure to assist people being released from correctional facilities in quickly accessing federal Medicaid, disability and other benefits to which they are legally entitled undermines a state's ability to achieve the community integration mandate of the Supreme Court's ruling in *Olmstead*.

* *Olmstead v. L.C.*, 527 U.S. 581 (1999). See Bazelon Center for Mental Health Law, *Under Court Order—What the Community Integration Mandate Means for People with Mental Illnesses: The Supreme Court Ruling in Olmstead v. L.C.* (October 1999). Available at <http://www.bazelon.org/issues/disability-rights/resources/olmstead/under/>



FROM BUILDING BRIDGES

In Texas: Pursuant to a pilot pre-release project, federal benefit applications for SSI, SSDI and/or Food Stamps are submitted from correctional facilities to SSA 90 days prior to an inmate's release from custody. Inmates who go through this process typically receive their disability checks very quickly upon release. The state provides a stipend to released inmates, which helps until the checks begin. The SSA regional office provided training to local SSA staff, who at first resisted the new process and did not fully understand SSA's rules regarding inmates. Physicians at corrections facilities received training from SSA to help them provide the appropriate medical information concerning inmate's disabilities. The approval rate of such applications 'has increased by 27% since the inception of the program,' for which credit is given to 'a well-trained and knowledgeable staff whose sole function is to expedite the Social Security application process.'*

* The improved process for benefit access is part of a broader initiative for release planning and follow-up community care. The Texas Council has contracted with local mental health and human services agencies for staff to visit inmates six months prior to release, to engage in pre-release planning, help inmates access benefits and either provide follow-up care (when the inmate is released into the same community as the corrections facility) or arrange follow-up care in the inmate's home community (for those sent to corrections facilities in other parts of the state). For more information, the program's website is <http://www.tdcj.state.tx.us/tcomi/tcomi-home.htm>. The Biennial Report of the Texas Council on Offenders with Mental Impairments, Submitted to the Governor, Lieutenant Governor, Speaker of the House (2003), at 26-27.

application, COMPASS (Commonwealth of Pennsylvania Access to Social Services), that allows trained non-specialists to submit electronically one collective application for multiple benefits (excluding SSI/SSDI) to appropriate offices. The face-to-face requirement has also been eliminated for the medical part of county cash assistance.⁶⁰

◆ **The King County, Washington** Department of Social and Health Services (DSHS) waives the Medicaid and General Assistance face-to-face interview requirement for certain jail inmates with mental illnesses or addiction disorders.⁶¹

Work with SSA

In prison

◆ **In New York**, pre-release staff at the Arthur Kill Correctional Facility work with local SSA staff to complete and file SSI/SSDI applications. Staff from the local SSA office meet personally with inmates previously identified as potentially eligible for SSI/SSDI, explain the program rules and help the inmates complete their applications. With the applicant's consent, the pre-release coordinator provides the medical evidence from the Office of Mental Health record and the Department of Corrections' Health Services record as part of this process.⁶²

◆ **The New York State** Division of Parole (DOP) and the SSA have entered into a memorandum of understanding (MOU) regarding procedures for submitting a pre-release application for SSI and SSDI benefits. The MOU provides that state Office of Mental Health (OMH) staff submit the applications on behalf of prisoners with mental illnesses, while parole officers submit applications on behalf of prisoners with other disabilities.⁶³

◆ **In Oklahoma**, the Medical Services Division of the Department of Corrections partners with the SSA to connect prison inmates with SSA benefits prior to release. A reintegration specialist at each correctional facility works with a counterpart at the local SSA office to pull together applications.⁶⁴

◆ **In Texas**, each local social security office has a pre-release point person to work with prison coordinators on SSI/SSDI and Food Stamp applications.⁶⁵

◆ **In Wisconsin**, by agreement with SSA, completed applications for SSI/SSDI claims are accepted and processed up to 90 days prior to a prisoner's anticipated release date or 30 days for a non-disability claim. Each Department of Corrections (DOC) facility and regional office identifies a point of contact within the local SSA offices and maintains contact information (telephone, fax, email). The DOC also provides to SSA a list of DOC staff (with their facsimile signatures) who are authorized to assist offenders in the process.⁶⁶



NOTES

1. Arizona Council on Offenders with Mental Impairments, 150 N. 18th Ave, 2nd Floor, Phoenix, Arizona 85007; (602) 364-4558; www.azdhs.gov/bhs/ocouncil.htm
2. Summit County Jail, 205 E. Crosier Street, Akron, OH 44311; (330) 643-2171, (330) 643-4138 Fax; www.co.summit.oh.us/sheriff/corrections.htm
3. Montgomery County Department of Correction and Rehabilitation, 51 Monroe Street, Rockville, MD 20850; (240) 777-9975; www.co.mo.md.us/services/docr
4. Cook County Department of Corrections, 2700 South California Avenue, Chicago, IL 60608; (773) 869-7100; www.cookcountyscherrif.org
5. Operations Manager, Oregon Department of Corrections, 2575 Center Street NE, Salem, OR 97301; (503) 945-9090; www.oregon.gov/DOC/index.shtml
6. The Illinois Department of Corrections. *FY 2003 IDOC Annual Report Information*; www.idoc.state.il.us/
7. Council of State Governments. *Ensuring timely access to Medicaid and SSI/SSDI for people with mental illness released from prison: Minnesota*; www.reentrypolicy.org
8. *Id.*
9. "Oklahoma DOC partners with social security administration to benefit inmates." *Prison Talk Online*; www.prisontalk.com/forums/showthread.php?t=10739
10. Eiken, S., & Galantowicz, S. (2004). *Improving Medicaid access for people experiencing chronic homelessness: State examples*. Washington, DC: The Medstat Group, Inc.; www.cms.hhs.gov/medicaid/homeless/homeless32904.pdf
11. Lane County Diversion Program, Rebecca McAlexander; (541) 682-2176; Rebecca.mcalexander@co.lane.or.us
12. Eiken & Galantowicz. (2004)
13. Brightwood Health Center, Hampden County Correctional and Community Health Program, 380 Plainfield Street, Springfield, MA 01107; (413) 794-8375
14. Council of State Governments: *Minnesota*
15. Maria Torres, Turning Point Program Manager, 9111 NE Sunderland Avenue, Portland, OR 97211; CRCI: 503-280-6646, ext. 297; http://egov.oregon.gov/DOC/OPS/PRISON/CRCI_TurningPoint.shtml
16. Community Support Program, Wisconsin Correctional Service, 2023 W. Wisconsin Avenue, Milwaukee, WI 53233; (414) 344-6111; www.wiscs.org
17. Council of State Governments: *Pennsylvania*
18. Assistant Commissioner Forensic Services, 93 Worth Street, Rm 611, New York, NY 10013; (212) 219-5181, (212) 219-5191 Fax
19. Rensselaer County Jail, 4000 Main Avenue, Troy, NY 12180; (518) 270-5448
20. Council of State Governments: *New York*
21. Albany County, Department of Social Services, 162 Washington Avenue, Albany, NY 12207; (518) 447-7300
22. Brightwood Health Center, Springfield, MA
23. Eiken & Galantowicz (2004)
24. Coordinator, Community Re-entry Program, VA Los Angeles Ambulatory Care Center, 351 East Temple St., Los Angeles, CA 90012; (213) 253-2677, ext. 1 or ext. 4787
25. Director of Forensic Services, Office of Behavioral Health, Allegheny County Department of Human Services, 304 Wood Street, 4th Floor, Pittsburgh, PA 15222; (412) 350-7337
26. Chief Psychologist, Pennsylvania Department of Corrections, 2520 Lisburn Road, P.O. Box 598, Camp Hill, PA 17001-0598; (717) 731-7797; www.cor.state.pa.us
27. Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), Dee Wilson, Director, 8601 Shoal Creek Road, Austin, TX 48757; (512) 406-5406, (512) 406-5416 Fax www.tdcj.state.tx.us/tcomi/tcomi-home.htm
28. Eiken & Galantowicz (2004)
29. State of Wisconsin, Department of Corrections, 3099 East Washington Avenue, Post Office Box 7925, Madison, WI 53707-7925; (608) 240-5000, (608) 240-3300 Fax
30. Council of State Governments: *Minnesota*



31. NYS Division of Veterans' Affairs, #5 Empire State Plaza, Suite 2836, Albany, NY 12223-1551; www.veterans.state.ny.us/
32. Deputy of Correctional Programs, Oregon Department of Corrections, 2575 Center Street NE Salem, OR 97301; (503) 947-1040
33. Program Administrator, Multnomah County Department of Community Justice, Transition Service Unit, 421 SW 5th Avenue, Portland, OR 97204; (503) 988-4054, (503) 988-4898 Fax; www.co.multnomah.or.us/dcj/acjtsu.shtml
34. Council of State Governments: *New York*
35. C.R.S.A. § 17-1-113.5 (inmates held in correctional facilities) and C.R.S.A. § 17-27-105.7 (offenders held in community corrections programs)
36. Lane County Diversion Program
37. Texas Correctional Office (TCOOMMI)
38. Eiken & Galantowicz (2004)
39. Rensselaer County Jail, Troy, NY
40. Re-entry Program Coordinator, Dixon Correctional Institute, P.O. Box 788, Jackson, LA 70748
41. Montana Code Annotated 61-12-504
42. Brightwood Health Center, Springfield, MA
43. Council of State Governments: *Minnesota*
44. Texas Correctional Office (TCOOMMI)
45. Council of State Governments: *New York*
46. Adult Probation Department, Cook County Administration Building, 69 W. Washington Street, Suite 2000, Chicago, IL 60602; (312) 603-0240; www.cookcountycourt.org/services/programs/adult-probation/probation.html#8
47. Council of State Governments: *Pennsylvania*
48. State of Wisconsin Department of Corrections
49. Texas Correctional Office (TCOOMMI)
50. Council of State Governments (October 2004). Monthly Issue Brief "Federal Benefits and Re-Entry: Stopping the Revolving Door for People with Mental Illness Released from Prison"; www.csgeast.org
51. State of Wisconsin Department of Corrections
52. Bazelon Center for Mental Health Law. Federal benefits for individuals with serious mental illnesses who have been incarcerated: Fact sheets; www.bazelon.org/issues/criminalization/factsheets/benefits
55. Council of State Governments: *Minnesota*
53. Bazelon Center for Mental Health Law. (2003). *A better life, a safer community: Helping inmates access federal benefits*; www.bazelon.org/issues/criminalization/publications/gains/restoringstateloc.htm
54. *Id.*
56. Council of State Governments: *Pennsylvania*
57. State of Wisconsin Department of Corrections
58. Texas Correctional Office (TCOOMMI)
59. Council of State Governments: *New York*
60. Council of State Governments: *Pennsylvania*
61. Eiken & Galantowicz (2004)
62. Council of State Governments: *New York*
63. *Id.*
64. *Prison Talk Online*
65. Texas Correctional Office (TCOOMMI)
66. State of Wisconsin Department of Corrections

