



Re-Entry Services in Maryland – Results of the Mental Health & Criminal Justice Partnership

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Creation of the Mental Health & Criminal Justice Partnership



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Who we are

- State agencies:
 - Department of Public Safety & Correctional Services (DPSCS)
 - Mental Hygiene Administration/Health Department
 - Department of Human Resources
 - State's Attorney and Public Defender
- Local mental health authorities (Core Service Agencies)
- Advocates:
 - Mental Health Association of Maryland
 - NAMI-MD, On Our Own, Md. Disability Law Center
- Providers
- Judiciary



How we started

- **House Bill 990 (2005)** -- Required Health Department, Department of Human Resources, and DPSCS to convene a workgroup consisting of interested stakeholders to **make recommendations** on actions to be taken to **break the cycle of re-arrest and reincarceration for individuals with mental illnesses** who become involved with the criminal justice system.



Target Population

- Legislation enacted affects adult inmates in prison facilities.
- Individuals in juvenile facilities, inpatient psychiatric facilities and local detention centers are not the focus of legislation but the Partnership hopes to expand services to those individuals.



Target Population

- 27 State prison sites, ranging from maximum security to pre-release, located in nine of the 24 jurisdictions
- Total prison inmate population of 26,000 in Maryland prisons
- Division of Corrections FY 2008 data indicates 1800 inmates (7%) had a “serious mental illness” and 2,450 (9%) had a “mental illness”
- 13,500 inmates are released to their “home community” each year



What we do

- **House Bill 990 (2005)** required:
 - **suspension and reinstatement of Medicaid benefits** occur in a seamless fashion;
 - ✓ **case management services** for individuals released from incarceration;
 - ✓ timely assistance to inmates with psychiatric disabilities who are not on **eligibility rolls for federal benefits** but who are likely to be eligible for those benefits; and
 - ✓ Ensure that an individual who is released from incarceration receives in a timely manner a **photo identification card** that does not disclose the individual's incarceration.



What we do

- **House Bill 281 (2007)** required:
 - ✓ DPSCS to provide a **30-day supply of medication** to an inmate with mental illness (upon release);
 - ✓ Health Department to pay case managers or other appropriate **community mental health providers** to **conduct an initial assessment** of inmates diagnosed with serious mental illness who are within 3 months of release;
 - Mental Hygiene Administration to **develop a plan to divert** individuals with serious mental illness **from the criminal justice system**; and
 - DPSCS and Motor Vehicles Administration to **develop a plan to give State ID cards to departing inmates**.



Aftercare Planning in Prisons

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Aftercare Planning in Prisons

- Between 12 and 24 months prior to release, all inmates who suffer from a mental illness are screened for aftercare planning need.
- Aftercare plans are developed for individuals with serious mental illness.
- Social workers develop an aftercare plan that addresses housing, benefits applications, medical/mental health appointments, case management, and other services as appropriate and available.
- Inmates with a less severe mental illness could benefit from similar aftercare planning and access to community services if more resources were available.



Aftercare Planning in Prisons

- Medication:

- The mental health contractor will provide up to 30 days supply of medication to offenders upon release.
- If there is a concern about suicide risk or other inappropriate use of medications, the amount of medication provided at release is limited.
- DPSCS has to track and report to the State legislature in December regarding this requirement.
- DPSCS is making changes to processes to ensure that individuals being released stop at medical for their release medications and that we have documentation of delivery.



Aftercare Planning in Prisons

- Outpatient Clinic appointment
 - Starting this fall (2008) DPSCS social workers will work with Core Service Agencies to schedule an appointment with a community mental health provider (psychiatrist) within 2 weeks of release.
 - DPSCS social workers will complete a new referral form and fax it to the CSA, who will schedule the appointment.
 - Parole & Probation will join the effort to ensure patient compliance and track success.
 - It is hoped that the data collected from this effort will inform us on other issues and barriers faced by this population.



Medicaid Benefits

- DHR and DPSCS have taken interim steps to expedite the Medicaid application process and have implemented an MOU to begin new Medicaid applications for individuals prior to release so Medicaid benefits can be established within 24 to 48 hours of release for those found eligible.
- The MOU described above applies only to the prison population. Such an agreement could also benefit individuals in detention centers (at least those sentenced to a term of months).
- Advocates are working to replicate the expedited Medicaid application process for individuals being released from State psychiatric hospitals.



Medicaid Benefits

- Medicaid cannot suspend eligibility until a new computer system is operational.
- In the meantime, Medicaid and DPSCS are working to identify common clients so those individuals can be removed from their Managed Care Organization and placed in Fee-For-Service until their return to the community. This will also enable DPSCS to electronically reactivate the benefits and re-enroll individuals at time of release.



Social Security Benefits

- DPSCS entered into an MOU with the Social Security Administration (SSA) to improve completion of applications for inmates for disability benefits (both Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)) prior to the inmate's release.
- DPSCS social workers will complete the on-line Disability Report for offenders that have been identified as likely to meet the criteria for SSI benefits. After receiving this and the signed releases of information forms, the SSA will schedule a telephone interview to complete the application.
- The application will be “flagged” as a prison referral.



Social Security Benefits

- Disability Determination Services has designated certain claims reviewers to handle prison referrals and both the DPSCS and the SSA have named liaisons to improve communication and coordination of services.
- Persons who are approved for benefits prior to release will begin receiving those benefits the first full month following release.



Other Re-Entry Issues



Re-Entry Barriers Identified

- More resources are needed within both correctional facilities and the community to support comprehensive release planning for all inmates with mental illnesses who will require services upon re-entry;
- Difficulty predicting specific release dates for inmates within detention centers. (Within the State prison system release dates are generally predictable with the exception of court releases and parole decisions); and
- Shortage of community mental health residential programs to serve offenders with felony/violent convictions.



State Identification Cards

- Barriers to obtaining an MVA issued ID card include cost, transportation, and having access to required proofs of residency.
- DPSCS is changing the identification badge given to inmates to include more information so it will be an acceptable proof of identification at the Motor Vehicle Administration (MVA).
- DPSCS social workers seek inmates' birth certificates and other necessary documents during the individual's incarceration.
- MVA has agreed to accept alternative proofs of residency from former inmates.
- Starting this Fall (2008), MVA will send its mobile unit to one prison to begin the issuance of State IDs for departing inmates. This is a pilot program that they hope to expand to other facilities.



Lack of Housing

- Psychiatric hospitals and correctional facilities provide structured, supportive environments with medications and treatment programming to stabilize individuals with mental illnesses. Release to an unstructured community with no housing or case management services frequently leads to re-hospitalization or re-incarceration.
- Lack of decent affordable housing has been identified as a major barrier to successful community integration of persons released from correctional facilities.
- Cost and availability are not the only barriers.
- Having a criminal record impacts chance of approval even for government subsidized programs.
- Specialized housing needs of persons with mental illness released from correctional facilities should be a high priority area for stakeholder follow-up.



Training Law Enforcement

- Increased training opportunities to promote an understanding of mental health and effective behavioral management techniques would assist corrections and law enforcement officials.
- The Mental Health & Criminal Justice Partnership is working with the Police & Correctional Training Commission to revise the training currently offered to cadets and offer in-service refresher trainings to correctional officers, police, and parole and probation officers already on the job.

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