

*PRISONER REENTRY POLICY ACADEMY  
HEALTH, MENTAL HEALTH,  
AND SUBSTANCE ABUSE SUBCOMMITTEE*

SJR 126 Joint Subcommittee Meeting  
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# Reentry Health/Mental Health: Context

- ***Council of State Governments:***
  - ***Reentry Policy Council:***
    - Promote delivery of health and mental health services consistent with community standards and the need to maintain public health and mental health
    - Ensure that individualized, accessible, coordinated, effective health and mental health services are available on reentry to the community
    - Promote integrated service delivery through partnerships among state Mental Health, Criminal Justice and other agencies



# Reentry Mental Health: Basic Premise

- Prerelease Planning and Post-release Access to Community MH services Reduces Parolee/Probationer Risk of:
  - Relapse of individual's mental illness
  - Loss of community supports/employment/housing
  - Recidivism due to technical violations due to relapse
  - Commission of a new offense due to relapse
  - Associated threats to public safety



# Reentry Mental Health: Basic Principles

- **NIC:** “*Transition to Community from Prison Initiative*”: **3 Components to Address**
- **Risk:** MH interventions are responsive to *level* and *number* of targeted *dynamic (treatable)* risk factors
- **Needs:** Adaptive and dysfunctional emotional/social needs must be addressed in treatment planning and intervention
- **Responsivity:** Individualize treatment to maximize effect; “Meet the person where he is...”



# DOC Inmates with Health, Mental Health & Substance use Disorders: Population #s

- Senate Finance Public Safety Subcommittee
  - DOC inmates (2005): 4,650; 15%
  - DOC parolees/probationers (2005): 3,400; 7%
- Medical data: Urban Institute (2002)
  - 19% had a chronic or communicable disease
  - (HIV/AIDS, ; Asthma; Diabetes; Hepatitis; Hypertension; Multiple disorders)



# Jail Inmates/Probationers with MH & SA Disorders: Population #s

- Senate Finance Public Safety Subcommittee
  - Local and Regional Jails (2005): 4,006; 16%
  - Est. 8% with Serious Mental Illness
  - Est. 8% with Moderate Symptoms
    - \$500,000 for Jail Diversion and Release Planning in 2006 state budget
  - Local Probationers (2005): 1,804; 15%



# Reentry Health, Mental Health & SA Disorders Subcommittee: Goals

- NGA Policy Academy, 2004:
  - Provided initial framework for goal setting
- Developed in concert with DOC facility and Community Corrections input
- CSBs and DMHMRSAS representation
- Virginia Dept. of Health membership
- Responsive to TCPI prevention/support model



# ***GOAL I: HEALTH, MENTAL HEALTH, AND SUBSTANCE ABUSE SUBCOMMITTEE***

- ***Improve planning, assessment and service delivery process with Prisons, Community Corrections and local and state MH/SA providers***
  - Develop a seamless system of access to services, beginning at admission to the DOC
  - Use of state-of-the-art Mental Health/Criminal Justice approaches to treatment and community management
  - Eliminate barriers/implement collaborative planning/information sharing across agencies





## ***GOAL II: HEALTH, MENTAL HEALTH, AND SUBSTANCE ABUSE SUBCOMMITTEE***

- ***Reduce waiting times for access to Federal disability benefits and state rehabilitative services for offenders with disabilities***
  - Review/revise MOA between the DOC and SSA
    - Facilitate inmate applications for SSI/SSDI, Medicaid
    - Develop joint DOC/Disability Determination Services plan for conducting eligibility assessments and evaluations
  - Collaborate w/DSS on inmate Medicaid applications



## ***GOAL III: HEALTH, MENTAL HEALTH, AND SUBSTANCE ABUSE SUBCOMMITTEE***

- ***Provide health record summary to  
community treatment providers at time of  
release***
  - DOC policy change for Health and Mental Health records
  - Include provisions in an MOU



## *GOAL IV: HEALTH, MENTAL HEALTH, AND SUBSTANCE ABUSE SUBCOMMITTEE*

- *Create strategies to improve access of Community Corrections staff to crisis intervention for ex-offenders with acute MH and SA treatment needs*
  - Include provisions in MOU with CSBs
  - Cross train CC and CSB staff



# ***Implementing MH/SA Goals: CSB/DOC/DMHMRSAS MOU***

- ***Mandated by SJR 97/HJR 142 (2002):***
- The DOC and the DMHMRSAS were requested to:
  - Examine ways:
    - To ensure offenders' access to appropriate medications and
    - To provide for the management of medications for offenders when they are released from state correctional facilities.
  - *“The Departments shall include in their recommendations the contents required in a memorandum of agreement to ensure continuity of care for offenders in post-incarceration status.”*
  - Selected as shortest path to implement subcommittee goals



# CSB/DOC/DMHMRSAS MOU: DOC portion

1. Begin discharge planning on admission
  - In process “COMPAS” risk/needs measure
2. Coordinate information exchange with CSBs
  - Improved beginning communication
3. Use assessment instruments, as feasible
  - DOC adoption of risk assessment
4. Disseminate info re: Medicaid eligibility rules
  - ongoing



# CSB/DOC/DMHMRSAS MOU:

## DOC portion, ii

5. Improve Medicaid application process for inmates
  - Pilot projects with DSS; SSA negotiation
6. 90 day advance notice of release to Comm. Corrections
  - In progress
7. Designate local Community Corrections liaison to CSBs & DMHMRSAS
  - In progress: DOC psychologist coordinates w/DMHMRSAS
8. Verify application for disability benefits; Contact CSB, DRS and DSS 90 days prior to inmate release
  - MOA with SSA not yet signed
  - DDS Comprehensive Evaluation process in development



# CSB/DOC/DMHMRSAS MOU:

## DOC portion, iii

9. Develop pre-release “Template” for referrals
  - Included in implementation plan; still developing
10. Provide DMHMRSAS w clinical/criminal info 45 days prior to commitment hearing for hospitalization of inmate, pursuant to Code § 51.3-40.9
  - In operation
11. For inmates w Axis I MH disorders, provide 31 day supply and Rx for refill upon release
  - In operation; problems with access to medications remain



# CSB/DOC/DMHMRSAS MOU:

## DOC portion, iv

12. Send copy of Treatment Summary and Discharge Plan to CSB and CC 30 days before inmate release date
  - Included in implementation plan; still developing
13. Notify inmate of payment responsibilities for treatment
  - DOC Community Corrections, on a case by case basis
14. Community Corrections will notify CSB of relevant inmate problems on supervision
  - In operation for referred cases
15. Inform CSB of any sex offense history of inmate, at time of referral
  - In operation for referred cases





# CSB/DOC/DMHMRSAS MOU: CSB portion

1. Establish treatment planning process for released inmates who qualify for CSB services
  - Part of implementation plan; currently case by case
2. Provide treatment info, as appropriate, to DOC/CC
  - In operation for open cases
3. Develop interagency review process with DOC for service-active offenders
  - To be implemented



# CSB/DOC/DMHMRSAS MOU:

## CSB portion, ii

4. Notify offenders of costs of treatment; sliding scale info
  - Lack of Medicaid an issue with accessing services
5. Maintain a confidential treatment record, as with all cases
  - Standard procedure
6. Participate in cross-training with DOC/DMHMRSAS
  - Not yet implemented; included de facto in pilots; Specialized cross-training (e.g., risk assessment)



# CSB/DOC/DMHMRSAS MOU: DMHMRSAS portion

1. Promote MOU goals in its role as the primary mental health and substance abuse agency in the Virginia executive branch
  - Ongoing
2. Include MOU provisions in setting and maintaining of its Performance Contract goals with the Virginia CSBs
  - Ongoing



# CSB/DOC/DMHMRSAS MOU:

## DMHMRSAS portion, ii

3. Collaborate with DOC Community Corrections (and CSBs) in monitoring patients in DMHMRSAS facilities who are on active parole
  - Ongoing
4. Develop hospital discharge plans for patients under active DOC supervision jointly with DOC Community Corrections and CSBs
  - Ongoing



# Reentry Goals: Parole Survey

- **43 DOC CC District Offices: Sept. 2006**
  - 4,023 (7.4% of 54,224) parolees w/mental illness
  - 2,851 (71%) receiving MH treatment
    - *Crisis Intervention*: 41 of 43 have CI services; brief waits
    - *Case Management*: 40 have access; waits: days-months
    - *Group Counseling*: 36 have access; waits: days-months
    - *Individual Counseling*: 40 have access; 2 have no waits
    - *Psychiatry/Medication*: 41 have access; 1 has no wait
    - *MH Housing*: 30 have access; waits: days-1 year+
    - *“Dual Diagnosis”*: 39 have access; waits: days-1 year+



# Parole Survey: Comments

- “If a case is actively in need of services, the client is seen as a walk-in.”
- “The CSB has seriously reduced services in the last few years.”
- “We have very little problems with receiving assistance from MH Services when it pertains to our Seriously Mentally Ill clients.”
- \_\_\_\_\_CSB is the primary source of services, with about a 6 mo. wait.”
- “If offenders do not have funds or insurance, it is almost impossible for them to see a psychologist.”
- “Specialized housing is limited. Some have waited years.”
- “The delay in getting services is excessive as well as medication services.”



# Reentry Goals: Status

- **Goal I: *Improve planning, assessment and service delivery...*** Improved interagency collaboration; implementing modern assessment/planning in DOC; service availability remains a major issue
- **Goal II: *Reduce waiting times for access to Federal disability benefits...*** Pilot sites may expedite; Delays with finalizing MOA w/SSA; challenges with recruitment of DDS evaluators; agenda conflicts: security vs. support



# Reentry Goals: Status,ii

- **Goal III: *Provide health record summary at time of release...*** In operation for parolees referred for treatment on release; may need expanded implementation
- **Goal IV: *...Improve access of Community Corrections staff to crisis intervention for parolees with acute MH and SA treatment needs...*** Positive survey reports; waits a concern; further implementation/cross-training pending





# Reentry Goals: Recommendations

- Fully implement DOC/CSB/DMHMRSAS MOU
  - Include cross-training of agency staff
  - Designate key reentry staff in DOC agencies and CSBs
- Expedite disability application/evaluation process implementation, including SSA MOA and inmate application procedures
- Provide resources for access to community MH and SA treatment on release from DOC and Jails
- Focus on MH/SA services in Pilot program implementation

