

# **SJR 126: Joint Subcommittee Studying Prisoner Reentry to Society**

*October 26, 2006*

The Joint Subcommittee Studying the Commonwealth's Program for Prisoner Reentry to Society held its second meeting and a public hearing on October 26, 2006 at the General Assembly Building in Richmond.

## **The Mental Health, Health, and Substance Abuse Subcommittee of the Virginia Prisoner Reentry Policy Academy**

*Dr. James Morris, Ph.D., Director of the Division of Forensic Services at the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), and Chair of the Mental Health, Health, and Substance Abuse Subcommittee of the Virginia Prisoner Reentry Policy Academy* introduced the subject of the second meeting. During his presentation, Dr. Morris described model objectives on mental health and health services set forth by the Reentry Policy Council of the Council of State Governments and stressed the purposes of reentry mental health, including the prevention of a relapse of mental illness, threats to public safety, recidivism, and the loss of community supports such as employment and housing. He cited data presented to the Senate Finance Public Safety Subcommittee in October 2006 indicating that 15% of the Virginia Department of Corrections population requires mental health services, and that 16% of inmates in local and regional jails, and probationers and parolees have mental health or substance abuse disorders. Probationers and parolees, he stated, displayed similar statistics.

Dr. Morris then described four primary goals of his Policy Academy Subcommittee including: (i) improved planning, assessment, and service delivery process with prisons, community corrections, and local and state providers; (ii) reduced waiting times for access to Federal disability benefits and state rehabilitative services for offenders with disabilities; (iii) health record summary provided to community treatment providers at time of release; and (iv) strategies to improve access of Community Corrections staff to crisis intervention for ex-offenders with acute mental health and substance abuse treatment needs. To implement these goals, the Subcommittee focused on the Memorandum of Understanding (MOU) mandated by SJR 97/HJR 142 (2002) to ensure continuity of care for offenders in post-incarceration status. Dr. Morris highlighted comments in a 2006 survey of Department of Corrections parolees, which demonstrate long waits for services, medication, or housing. In conclusion, Dr. Morris recommended full implementation of the MOU, an expedited application process, access to resources on community mental health and substance abuse treatment upon release, and a mental health/substance abuse focus in the reentry pilot programs.

## **Mental Health Services within the Virginia Department of Corrections' Institutions**

*Dr. Robin Hulbert, Ph.D., Mental Health Program Director at the Department of Corrections* provided an overview of current mental health services in state prisons. She discussed typical mental health services staffing in state facilities, types of services available to offenders including the Sex Offender Residential Treatment program (SORT), the mental health disorder screening and classification process, diagnostic categories, and the Department's release planning process. Dr. Hulbert concluded with a discussion of a new Canadian measure/assessment model (COMPAS) that Virginia had been working with the state of Maine to implement.

## **Mental Health Issues that Impact Prisoners**

*Janet Warren, D.S.W., Professor of Psychiatry and Neurobehavioral Sciences and Associate Director of the Institute of Law, Psychiatry and Public Policy at the University of Virginia* gave a presentation on women incarcerated in maximum security facilities. She began by describing certain demographic characteristics of women incarcerated in maximum security facilities, then discussed the findings of the Prison Adjustment Questionnaire, data related to violence towards and victimization of women in prison, findings of the Brief Symptom Inventory, and information related to personality disorders among female prisoners. In conclusion, Dr. Warren offered several findings, including that re-entry will need to address the prior victimization of women, their significant psychological distress, their propensity for drug addiction, their lack of education and poor employability, their fractured relationships with alienated children who may themselves become incarcerated, their violent relationships, and their personality disturbances. To do so, Dr. Warren recommended a focus on case management, long periods of parole, intensive community monitoring, parenting classes and family-based interventions, random drug testing, and education and vocational training tied to financial incentives.

## **Programs to Address Public Health Concerns**

*Kathryn Hafford, Deputy Director of the Division of Disease Prevention of the Department of Health*, discussed prisoner public health issues and programs to address prisoner public health concerns. Ms. Hafford began by pointing out that prisoners experienced a higher rate of HIV, syphilis, gonorrhea, tuberculosis, hepatitis B, and hepatitis C than the general public. She then described two programs designed to address prisoner public health issues.

The first, undertaken jointly by the Department of Health and the Department of Corrections, consisted of a packet containing information on HIV, STDs, TB, hepatitis, and staying out of prison. These packets were distributed by probation and parole officers and to community-based organizations working with local and regional jails for further dissemination to released prisoners. Between 1998 and 2002 more than 26,000 packets were distributed. Of the 349 prisoners who responded to surveys sent by the Department, 97% indicated that the packets were helpful and nearly one third stated that they had or planned to contact a resource listed in the packet information. Ms. Hafford did indicate, however, that packet distribution has decreased in recent months and that a reminder letter from DOC to probation and parole officers may be necessary to increase use.

The public health program discussed by Ms. Hafford, the Seamless Transitions program, focused on providing HIV infected inmates with access to HIV related care and medications after release. The program provides participants with a 30 day supply of necessary medications and referrals to the Department of Health, which coordinates ordering of medication, referrals to local health departments and tracks compliance with such referrals. Local health departments, in turn, assist the participant with AIDS Drug Assistance Program enrollment, enabling the participant to receive all necessary medications. From its inception in September of 2000, Ms. Hafford reported, the program handled 581 referrals, 55% of which kept the initial ADAP appointment. In 2005, a total of 89 persons were referred to the program, with only 43% keeping the initial ADAP appointment and another 12% presenting to local health departments for assistance in subsequent months. Current Department of Health efforts are focused on identifying and addressing barriers to compliance with initial appointments.

## **Effective Non-Profit Responses to the Mental Health Crisis.**

*Maureen Neal, Director of Development, and Rob Osborn, L.C.S.W., Coordinator of Mental Health Services, The Daily Planet of Richmond*, discussed effective non-profit responses to the mental health crisis. The Daily Planet's mission is to "strengthen and enrich the lives of those who

are homeless, potentially homeless, or ... lacking the social, emotional and financial resources to create stable lifestyles." In doing so, the Daily Planet provides a safe haven consisting of a 22 bed transitional housing facility serving mentally ill and chronically homeless men and women where staff members work with consumers to develop comprehensive service plans to address the areas of mental health, substance abuse, medical issues, housing, livelihood, life skills and social support. In addition, staff at the Daily Planet offer case management, connecting individuals with medical, dental, and eye care, mental health treatment, substance abuse services, group and/or residential treatment, and housing, and assisting with benefit acquisition and income management. Daily Planet case managers also work to connect individuals with Project STRIVE, a job training and readiness program offered in conjunction with the University of Richmond and private businesses throughout the community. Within the last year, 100 individuals enrolled in STRIVE training and 85% percent of graduates obtained employment upon graduation.

The Daily Planet also offers comprehensive health services to uninsured and underinsured persons regardless of their ability to pay. The organization's health care center is the only free standing health care center for homeless persons in Virginia. Services offered at the clinic include medical, dental and eye care, and mental health services ranging from mental health assessments to individual therapy, couples, family and domestic violence counseling, medication management, and continuing psychiatric evaluations and treatment. During FY 2005-2006, approximate 18,000 patients utilized services offered through the center. 251 persons utilized the mental health services offered by the Daily Planet's health care center during this same period. Of these 251 persons, Ms. Neal and Mr. Osborn reported, 98 individuals had been previously incarcerated.

### **Substance Abuse Treatment: Model Programs.**

*Dr. K. Legree Hallman, M.D., Medical Director of the Courtland Center of Lynchburg, Central Virginia Community Services, and President of the Virginia Chapter of the Society of Addictive Medicine,* presented information on model programs for substance abuse treatment.

### **New Vision - Reentry Services for Women.**

*Debra Boyd, Regina Price, Suzanne McSpadden and Ruth Fullerton,* discussed New Vision's reentry services for women. Relationships are the cornerstone of the New Vision program. Prior to release, New Vision works to build relationships with women through the Legal Brief Program, a program to provide regulation undergarments to indigent inmates, a pen pal program, a gift program, life enrichment classes, and inspirational studies and church services. Following release, New Vision offers a range of case management services including a resource center and the Compassionate Advocates Representing Ex-Offenders (CARE) program. The resource center offers a benevolence center which provides funds for emergency needs, new clothing, and assistance with such activities as securing state birth certificates and identifying documents and preparing job applications and resumes. The CARE program provides all of the services offered to resource clients plus case management, individualized action plans, mentoring through an assigned female mentor, job placement assistance financial counseling, and housing assistance including rental deposits and furnishings.

New Vision believes that case management should be built upon relationships and facilitated through an accountability environment that encourages mutual respect and open communication between client, case manager and mentor, a cooperative spirit and teamwork, respect for diversity and inclusiveness, personal growth and celebration of accomplishments and the personal responsibility of the client. Mentoring is a key element of the New Vision method. New Vision mentors work one-on-one with clients to help them face the difficulties inherent in reentry and to reach their potential in life and become an asset to their families and communities. Action

plans, developed by mentors, clients and case managers together, address key issues affecting reentry including housing, job placement, alcohol and drug recovery, probation and court requirements, building health relationships, and spiritual growth. New Vision mentors are chosen based on their past experiences, biblical studies, counseling, and leadership skills. Mentors may be persons who are ex-offenders or ex-addicts who have changed their lives after facing the challenges of reentry.

## **Special Education Concerns for Inmates and Their Families**

*Mr. Keith DeBlasio, Executive Director, AdvoCare, Inc.*, discussed special education concerns for inmates and their families. Education is key to successful reentry. An individual needs education and skills to secure a job post-release. Moreover, active participation in educational programs reduces the likelihood of re-offending upon release. Also, children of incarcerated parents are more likely to succeed when the parent is able to take an active role in their education, and to avoid future incarceration themselves as a result.

Studies have shown that educational achievement levels have increased as more correctional systems have mandated educational programs, and that mandatory GED attainment may also contribute to successful programming. Virginia's mandatory eighth grade achievement level, however, leaves a gap that does not encourage GED preparation and achievement, Mr. DeBlasio reported. Additionally, learning difficulties may frustrate the ability of many prisoners to gain the education and skills and abilities that they need. Mr. DeBlasio stated that it is estimated that 70% of those incarcerated deal with some form of learning disability and that figures point toward an extremely high percentage of the prison population being dyslexic or dysgraphic.

To address the special educational concerns confronting inmates and their families, Mr. DeBlasio suggested providing funding for an adequate number of licensed staff within DCE or DOC to test for learning disabilities; raising the mandatory educational achievement level or simply requiring a high school equivalency; and reducing the cost of inmate telephone calls to family members, mandating child friendly visitation policies, mandating uniform visitation policies that allow family connections and adequately notifying family members of regulation changes in advance, and creating provisions for limited family counseling to increase inmate participation in their children's education.

## **Public Hearing**

A public hearing session was held following the meeting of the joint subcommittee. More than 50 citizens shared their experiences, presented their views on problems associated with prisoner reentry into society and provided suggestions to improve the reentry process.

## **Next meeting**

The next meeting of the Joint Subcommittee to Study the Commonwealth's Program for Prisoner Reentry to Society will be November 15 at 2:00 p.m. in Senate Room B, of the General Assembly Building.