

Bazon Center's Blueprint for Community Reentry of Inmates With Mental Illnesses

A new publication from the Bazelon Center for Mental Health Law provides state and local officials and corrections administrators a blueprint for linking inmates who have psychiatric disabilities to federal benefits promptly upon their release. *Lifelines: Linking to Federal Benefits for People Exiting Corrections* walks users through steps for aligning complex rules of federal benefit programs to state and local policies to create a system of services and support.

Approximately 16% of all prison and jail inmates have a serious mental illness, and more than half have a clinical diagnosis, a treatment history, or symptoms of mental illness, according to research cited in *Lifelines*. Within 18 months of release, 64% of those with mental illnesses are rearrested—more than twice the rate of those without mental illnesses. Entitlements such as Medicaid and Medicare, veterans benefits, and Social Security income support enable individuals to obtain mental health care, housing, and other services. Without assistance, released inmates often wait months for benefits—a major factor in their high recidivism rate. However, only a third of inmates nationally receive benefits restoration planning.

Lifelines is divided into three volumes. The 14-page first volume lays out a strong case for undertaking an initiative to link inmates with benefits as part of a broader strategy for successful reentry. It addresses the high cost of doing nothing and summarizes promising outcomes from benefits restoration programs in several states. The 48-page second volume presents a blueprint for action at three levels—the state, the local government, and the correctional facility. A recommended first step for state officials is to hold a conference to garner political and stakeholder support and identify policy options with the greatest impact. The blueprint details steps for creating an interagency planning group and then for setting up a simplified benefits application process

with coordinated forms and an electronic system. An online link to an example of such a system in Pennsylvania is provided.

A core state-level responsibility is to make needed changes in state policies on benefits, which may involve setting up prerelease agreements with the Social Security Administration, creating state policies to suspend—rather than terminate—Medicaid and welfare benefits during incarceration, and passing state laws to create a bridge program that will provide funds to released inmates whose benefits are pending. The blueprint even describes a process for ensuring that staff members from the Department of Motor Vehicles visit the jail or prison to issue licenses and identification documents.

Three recommendations are directed to mental health agencies to ensure a smooth transition. Agencies should review lists of arrested individuals to

follow up with existing clients. A reimbursement stream is needed to permit case managers to visit clients for discharge planning. Mechanisms are required to allow staff—peers, if possible—to meet individuals upon release and accompany them to benefit offices. Recommendations at the correctional facility level call for training, oversight and evaluation, and cost-versus-benefit reporting to government agencies. The bulk of volume 2 is devoted to an action plan for county and municipal governments to put revised state policies into effect and ensure collaboration between local jails and community agencies.

The third volume of *Lifelines* is a 34-page appendix that explains federal rules on benefit programs, discusses ways for corrections and mental health systems to share health information, and offers an extensive list of links to model policies and other resources. The volumes can be downloaded or purchased from the Bazelon Center's Web site at www.bazelon.org.

Federal Action Plan for Improving Responses to Children of Incarcerated Parents

More than 1.7 million children have a parent in a federal or state prison, according to the most recent available data. Despite this large number and the growing interest in prisoner reentry, the need to improve outcomes for children of incarcerated parents has received little attention at the national level. To address this gap, the Council of State Governments (CSG) Justice Center has published a federal action plan that outlines promising practices and offers more than 70 recommendations for ensuring the well-being of these children.

Children of incarcerated parents are at risk of poor school performance and substance use and mental health problems, and many are exposed to parental substance abuse, extreme poverty, and domestic violence. *Children of Incarcerated Parents: An Action Plan for Federal Policymakers*,

which was developed with support from the Annie E. Casey Foundation and Open Society Institute, is designed to raise awareness of these children's needs and inform policies and practices to address them. The Justice Center created an advisory board composed of a broad array of criminal justice and child welfare experts. The board and focus group participants identified eight key topics that are addressed in separate chapters. The bulk of each chapter highlights policies, legislation, and promising practices that have already been developed by states and local communities.

The first chapter and recommendations address the need for data gathering on this population. Because many families with an incarcerated parent are served by multiple human services agencies that rarely coordinate services with one another or with

criminal justice agencies, a set of recommendations in the second chapter addresses cross-system coordination.

The 46-page action plan cites a national study that found that nearly 70% of arrested parents were handcuffed in front of their children and that weapons were drawn in more than a quarter of these arrests. Most law enforcement agencies have no policies to guide officers when children are present at the scene of an arrest that does not involve child abuse or neglect. Recommendations in the third chapter call for officer training and for protocols to minimize trauma for children present. Policies to promote healthy parent-child relationships when a parent is incarcerated are presented in the fourth chapter; they include programs to make visits affordable when parents are in state and federal prisons, most of which are more than 100 miles from an inmate's previous residence.

Separate chapters on supporting kinship caregivers and on issues in foster care offer recommendations for ensuring children's well-being and promoting family reunification when appropriate. Two final chapters provide recommendations for helping incarcerated parents meet child-support obligations and for ensuring that children continue to receive benefits such as Medicaid and food stamps.

The action plan is available on the Justice Center Web site at justicecenter.csg.org.

NEWS BRIEFS

SAMHSA grants for reentry from the criminal justice system. The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year 2010 for Offender Reentry Program grants. The program's purpose is to expand or enhance substance abuse treatment and related recovery and reentry services to sentenced juvenile and adult offenders returning to the community from incarceration for criminal or juvenile offenses. Applicants are expected to form stakeholder partnerships that will plan, de-

velop, and provide a transition process to ensure receipt of substance abuse treatment and related reentry services. SAMHSA expects that a total of \$39.6 million will be available for the three-year project period. Applications are due January 19, 2010. More information is available at www.samhsa.gov.

NASMHPD forensic presentations available online:

Selected presentations from the 2009 meeting of the Forensic Division of the National Association of State Mental Health Program Directors (NASMHPD) are now available on the association's Web site. One featured presentation describes a Pennsylvania program that assigns peer support workers to mental health consumers who become involved in the justice system. The workers facilitate community reentry and reduce recidivism. In another presentation forensic directors of behavioral health departments in four states describe common elements of outpatient programs to restore competency; only seven states have adopted an outpatient option. Other presentations address evaluator bias in forensic evaluations and trauma-informed treatment of forensic clientele.

First Focus report on federal investment in children's well-being:

Children's Budget 2009 provides current data on federal spending on children in eight areas: child welfare, education, health, housing, income support, nutrition, safety, and training. In 2009 the dollar amount increased 10.5% over 2008—to about \$266 billion. However, the amount accounted for less than 10% (9.2%) of total non-defense spending. The report paints a bleak picture of the status of many children in 2009. Before the economic crisis, over 13 million children lived in poverty, and it is estimated that an additional three million will become poor as a result of the recession and two million will be affected by the foreclosure crisis. Moreover, 8.2 million children are living without health insurance. The United States ranks 20th of 21 industrialized nations in

measures of child poverty and well-being and has the second worst infant mortality rate. The report highlights efforts in 2009 to reverse a downward trend in spending in recent years. For example, of the \$787 billion stimulus package, almost \$144 billion went to children and children's programs. First Focus is a bipartisan advocacy organization dedicated to making children and families a priority in federal policy and budget decisions. Its 136-page, reader-friendly 2009 report is available at www.firstfocus.net.

Kaiser brief on Part D changes in 2010:

An issue brief released by the Kaiser Family Foundation provides an overview of the 1,576 stand-alone Medicare Part D drug plans that will be available in 2010. Most people with serious mental illness rely on low-income subsidy plans, also known as benchmark plans, which require no monthly premium. The number of such plans has fallen significantly since Part D was implemented. In 2010 a total of 307 benchmark plans will be available, 102 fewer than in 2006—a 25% decrease. About 3.3 million people, or four of every ten current benchmark enrollees, are in plans that will no longer qualify as benchmark plans in 2010. Sixty-five percent must switch plans on their own, and the Centers for Medicare and Medicaid Services (CMS) will reassign the others. All those affected will receive letters about choosing a different plan or being reassigned. *Part D Plan Availability in 2010 and Key Changes Since 2006* is based on information released by CMS on October 1, 2009. The 11-page issue brief is available at www.kff.org.

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