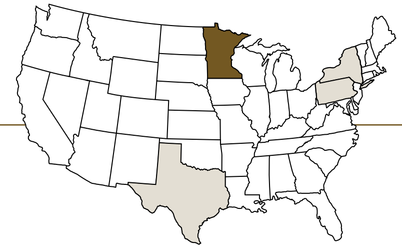

Ensuring Timely Access to Medicaid and SSI/SSDI for People with Mental Illness Released from Prison:

Minnesota

I. BACKGROUND INFORMATION

Minnesota's entire prison population is about 8,500. The state has nine state prisons and there are 87 counties. According to officials at the Department of Corrections (DOC), there is a high incidence of mental illnesses in the prisons.

Mental health services and Medicaid are both overseen by the Department of Human Services (DHS). Officials from the Mental Health and Medicaid divisions of (DHS) believe that sharing one oversight agency improves cooperation.

DOC Mental Health Services has recently completed a comprehensive interagency agreement for partnerships with DHS divisions including Mental Health, Chemical Health, and State Operated Services, which will assist in the implementation of services related to re-entry planning.

Minnesota does not have parole, but rather "supervised release." Under the state's "truth in sentencing" laws, each offender is required to serve ⅔ of his or her sentence in prison and is eligible to serve the final ⅓ under supervised release as a reward for good behavior. This "good time" can be lost through an administrative process if the prisoner is disciplined during incarceration. In that case, the offender would serve up to one hundred percent of the original sentence.

II. STRATEGIES TO ENSURE PROMPT REINSTATEMENT OF BENEFITS

A. Entry Process

Minnesota has experienced problems with offenders released from state prisons who have run out of medication and decompensated before they could obtain health care coverage. Accordingly, Minnesota's main focus for re-entry programs has been Medicaid eligibility.

Everyone coming into prison is screened by correctional nursing staff and by a mental health professional for medical and psychiatric illnesses. This process includes three separate screenings that build upon each other. The initial screening is a mental status examination and the final is a comprehensive assessment.

If the offender is identified as a potential consumer of mental health services through the initial screening, he or she is given an additional assessment that includes referrals for psychotropic medication evaluation. If a person enters the prison system with psychiatric medication, or is referred for medication evaluation, he or she is referred to a psychiatrist and is usually seen within one week.

When staff identifies, during this screening process, a person who had been receiving Veteran's Administration (VA) benefits, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) or Medicaid prior to imprisonment, they make a special note in the prison's information management system. Given that not everyone who is eligible for benefits has them upon entry to the prison, this notation system identifies some, but not all, offenders who are eligible for and in need of benefits upon re-entry.

B. State Legislation

Minnesota has passed legislation that governs voluntary discharge procedures for offenders with mental illnesses. The law establishes the procedures that are followed if a prisoner qualifies for discharge planning and volunteers to participate in developing the discharge plan. This legislation was passed in 2001 as a subsection of the Omnibus Correction Act. As a joint bill, its funding is provided under the authority of DHS rather than DOC.

Support for this project is provided by the US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), the MacArthur Foundation, and the New York Community Trust.

Section 244.054, entitled "Discharge Plans; Offenders with Serious and Persistent Mental Illness," requires that:

1. At least *90 days* before the offender is due to be discharged, an agent of the Department of Human Services trained in mental health be designated to serve as the primary person responsible for carrying out discharge planning activities;

2. At least *75 days* before the offender is due to be discharged, the offender's designated agent: a) obtains informed consent and releases of information from the offender; b) contacts the county human services department in the community where the offender expects to reside following discharge, and informs the department of the offender's impending discharge and the planned date of the offender's return to the community; determines whether the county or a designated contracted provider will provide case management services to the offender; refers the offender to the case management services provider; and confirms that the case management services provider will have opened the offender's case prior to the offender's discharge; and c) refers the offender to appropriate staff in the county human services department in the community where the offender expects to reside following discharge, for enrollment of the offender if eligible in medical assistance or general assistance medical care,
   - At least *75 days* before discharge, the offender's designated agent secures appointments for the offender with a psychiatrist no later than 30 days following discharge, and with other program staff at a community mental health provider;

3. At least *30 days* before discharge, the offender's designated agent convenes a pre-discharge assessment and planning meeting with the offender, staff from the programs in which the offender has participated while in the correctional facility, and him- or herself.

   The meeting provides an opportunity to discuss background information and continuing care recommendations for the offender, including the following:

   - information on the risk for relapse;
   - current medications, including dosage and frequency;
   - therapy and behavioral goals;
   - diagnostic and assessment information, including results of a chemical dependency evaluation;
   - confirmation of appointments with a psychiatrist and other program staff in the community;
   - a relapse prevention plan;
   - continuing care needs;
   - needs for housing, employment, and finance support and assistance; and recommendations for successful community integration, including chemical dependency treatment or support if chemical dependency is a risk factor.

   Following this meeting, the offender's designated agent summarizes this information and continuing care recommendations in a written report;

4. Immediately following the pre-discharge assessment and planning meeting, the service provider who will serve the offender following discharge offers to make arrangements and referrals for housing, financial support, benefits assistance, employment counseling, and other services required;

5. At least *ten days* before the offender's first scheduled post-discharge appointment with a mental health provider, the offender's designated agent transfers the offender's records to the community services provider and psychiatrist. These records may be transferred only if the offender provides informed consent for their release;

6. Upon discharge, the offender's designated agent ensures that the offender leaves the correctional facility with at least a ten-day supply of all necessary medications; and

7. Upon discharge, the prescribing authority at the offender's correctional facility telephones in prescriptions for all necessary medications to a pharmacy in the community where the offender plans to reside. The prescriptions must provide at least a 30-day supply of all necessary medications, and must be able to be refilled once for one additional 30-day supply.

In addition to the services provided for by this statute, Lino Lakes, Rush City and Stillwater Correctional Facilities have specialized services for people with severe and persistent mental illnesses (SPMI), and Oak Parks Heights Correctional Facility has an inpatient unit that provides services to offenders who are in psychiatric crisis or require residential chronic care services to manage their mental illness.

C. IMPLEMENTATION OF STATE LEGISLATION

1. Medicaid

Although the legislation described above requires the planning process to begin 90 days before discharge, in practice the process begins about six to nine months prior, because the discharge planners have realized that 90 days is not enough. DOC has trained case managers at the prison to identify offenders who may qualify for, or need, Medicaid upon release. Additionally, if a discharge planner determines that the offender has a prior relationship with a social worker in the community, the discharge planner invites the social worker into the prison to assist the offender with their discharge plan, including applications for Medicaid. When able, the social worker will come into the prison 30 days before discharge. In general, however, the social worker usually communicates with the offender via telephone due to problems of geographical distance and the rising caseloads of community service providers.

Offenders preparing for re-entry receive Medicaid application forms and fill them out themselves unless they qualify and volunteer for the "comprehensive discharge planning" detailed in the legislation. An offender qualifies for comprehensive discharge planning if they meet Minnesota's definition of "seriously and persistently mentally ill." However, because of staff limitations, not all offenders who qualify and volunteer for comprehensive discharge planning receive it. Such planning, when available, is done by a DOC discharge planner who is a trained social worker. The discharge planner refers the person to an outside mental health services provider but does not follow up with the benefits applications after the person is released. The correctional supervising agent receives a copy of the plan, as does the social services case worker; the case worker then follows up on the plan.

Minnesota has greatly improved its screening system in recent years, and this has resulted in a larger caseload for discharge planners because more individuals who are eligible for these services are being identified. Offenders who receive the comprehensive discharge planning typically leave prison with an affirmative eligibility decision by Medicaid, or receive an affirmative determination within days of release. The county offices have been instructed to mail the Medicaid eligibility cards to the prison; the prison holds this card until the inmate's release date, when he or she receives the card. The card is handed to the inmate as part of his or her personal possessions. The comprehensive discharge planning process requires the discharge planners to follow up on the application of each offender assigned to them if an eligibility determination is not made before release. However, offenders who do not take part in comprehensive discharge planning may not receive any follow-up, and when they do the type and degree of follow-up varies from county to county.

2. SSI/SSDI

DOC's "comprehensive discharge planning," defined by statute and referenced above, is mainly for people who are disabled and therefore includes SSI/SSDI applications. This program is available mainly in eight of the state's nine prisons but if an offender who qualifies and volunteers for comprehensive discharge planning is identified by prison staff at the ninth facility, he or she can be transferred to one of the other nine facilities, or the discharge planner will travel to that facility.

III. ISSUES REQUIRING FOLLOW-UP

Successful application for benefits for re-entering offenders is complicated by cross-county issues. Minnesota's social service system is state supervised and county-administered. "County of financial responsibility" is defined as the county where the person was living and is expected to return to; "county of commitment" is the county in which the crime occurred. Because there are only nine prisons but offenders are released to 87 counties, the offender is released to the county of commitment rather than to the county where they have been imprisoned. However, the county where the crime occurred may not be the county of financial responsibility for that offender—he or she may have lived before incarceration, and/or have family, in a different county—and he or she may choose not to return to the county of commitment.

Minnesota currently has no system for benefits applications filed in one county to be transferred to another. Accordingly, prior applications filed on behalf of an offender that are sent to the county of commitment are not processed if the offender returns to a different county. Additionally, some counties with fewer resources are not reviewing applications when received, but rather waiting until the inmate is 30 days from his or her release date. Generally, linkages between county systems need to be strengthened and incentives created to ensure that benefits applications are received by the appropriate county and processed in a timely fashion.

There are also difficulties determining whether an inmate referred for services has accessed them, and there

is no mechanism to follow up with those inmates who are not on parole. Furthermore, there needs to be improvement in communication between the parole officers and the mental health caseworkers because the offenders do not remain on parole indefinitely.

The state is also interested in establishing a standardized clinical decision protocol, or "psychotropic medication algorithm," for the correctional facilities and the community providers. Officials from DHS are concerned that social services and the correctional systems will not otherwise prescribe medications consistent with one another. They have seen instances where people served by the community mental health system are prescribed the newer and more effective psychotropic medications only to be switched to older, less effective alternatives when they enter the correctional system. Conversely, clinicians working in correctional facilities have prescribed appropriate medications inside the facility to offenders who are then released to community providers that cannot provide those medications.

Finally, Minnesota suffers from a shortage of discharge planning caseworkers, community-based psychiatrists and community services providers to serve offenders with mental illnesses. The Department of Human Services is working to intervene early and divert such persons from entering the correctional system. The department is working with the social and justice systems of the state's largest county to develop an intensive residential setting for individuals who have a major mental illness, are convicted of a felony, and are diverted by the presiding judge to this intensive mental health setting rather than to prison.