
Behavioral Health Care Subcommittee

Joint Commission on Health Care

Reentry Assistance for Offenders with BHC Needs Work Group Activities and Recommendations

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Background



Background

- Assisting offenders with BHC has been an issue of great interest for this Subcommittee (and its precursor the Joint Commission on Behavioral Health Care) for a number of years.
 - SJR 97/HJR 142 (2002) included provisions requesting:
 - DOC and DMHMRSAS “to examine ways to ensure offenders’ access to [and management of] appropriate medications...when they are released from state correctional facilities.”
 - DMAS in conjunction with DOC and DJJ “to examine ways to provide immediate access to Medicaid benefits for eligible offenders when they are released from prisons, jails, juvenile correctional centers or detention centers.”



Actions Taken to Simplify Medicaid Eligibility Determination

- Actions reported to this Subcommittee in 2003 included:
 - “DSS Medicaid eligibility manual was revised to provide specific instruction to Local Departments of Social Services on accepting and processing applications for incarcerated individuals who are about to be released.”
 - Local DSS staff have been trained regarding the policy changes and have received a Medicaid Fact Sheet that addresses eligibility for offenders who are being released from local and State correctional facilities.
 - DMAS has worked with DOC and others to distribute the Medicaid Fact Sheet and Medicaid applications to State correctional facility staff, probation and parole officers and local and regional jails.
 - DMAS intends to continue to monitor how the application process is going and to “offer technical assistance when necessary to facilitate inmate access to Medicaid coverage.”



Letter Requests of Chairman for Work Group and Report

- Earlier this year, Senator Martin (as approved by this Subcommittee in November 2006) requested:
 - Representatives participate in a work group to make recommendations to improve community support for offender treatment needs.
 - The Secretary of HHR and Commissioner of DSS “find ways to simplify and expedite Medicaid eligibility determination for juveniles and adults being released from correctional or psychiatric facilities.”
 - A report to the Subcommittee was requested prior to the 2008 Session.



Work Group Activities and Process



Work Group Activities and Process

- Representatives of these agencies/associations were appointed:

- Department of Corrections
- Department of Mental Health Mental Retardation and Substance Abuse Services
- Department of Juvenile Justice
- Department of Criminal Justice Services
- Department Medical Assistance Services
- Virginia Juvenile Justice Association
- Virginia Sheriffs' Association
- Department of Social Services
- Virginia Council Juvenile on Detention
- Virginia Association of Regional Jails
- Virginia Community Service Boards
- Virginia Probation and Parole Association

Meetings were held on
July 24th & August 31st



Work Group Activities and Process

- The work group focused efforts on the need to:
 - Assist in accessing entitlements such as Medicaid and SSI
 - Explore the ability to access the DMHMRSAS aftercare pharmacy until other means of accessing medication can be arranged
 - Assist in accessing BHC services upon release
 - Support out-stationing of social services staff.
- Initiatives in Virginia involving offender reentry and Medicaid eligibility were discussed in work group meetings.



Initiatives to Address Offender Reentry Needs

- In 2003, the National Governors Association (NGA) Center for Best Practices selected Virginia as 1 of 7 states to participate in its Prisoner Reentry Policy Academy.
 - Four subcommittees, which identified obstacles and proposed corrective actions, were established:
 - Financial Obligations, Housing and Financial and Community Resources
 - Social Reintegration
 - Employment and Education
 - Health, Mental Health, and Substance Abuse.
 - Responsibility for establishing “an integrated system for coordinating the planning and provision of offender transitional and reentry services” was added as a statutory responsibility of the Secretary of Public Safety in 2005 (*Code of VA* § 2.2-221.1).

Source: *Virginia Prisoner Reentry Policy Academy Pilot Programs*, Jane Brown
Virginia Department of Social Services, July 27, 2006.



Initiatives to Address Offender Reentry Needs

- In 2006, after Virginia was selected as 1 of 4 states to participate in the NGA Prisoner Reentry Continuation Policy Academy:
 - Pilot programs are working to develop and provide community resources for offenders being released from 5 correctional facilities.
 - Representatives of two prisoner reentry initiatives described their services during a work group meeting:
 - The Daily Planet is a multi-service provider which also employs mental health staff and provides medication assistance for released offenders.
 - A pilot to have “out-stationed” eligibility workers from the Greenville/Emporia social services agency work in Greenville Correctional Center is being considered.



Initiatives to Address Offender Reentry Needs

- SJR 273 – 2005 (Senator Puller) established a legislative joint subcommittee which in “conducting its study...shall continue the work of the Policy Academy in identifying and developing strategies to address key needs and overcome barriers for offenders, prior to and upon leaving prison, to reduce the incidence of reincarceration and increase their successful social adaptation and integration into their communities.”
 - The Joint Subcommittee has received continued authorizations for the last two years. The Subcommittee is expected to have recommendations to be considered during the 2008 Session.



Provisions of Memorandum of Understanding (MOU)

- A template for a MOU between DOC, DMHMRSAS, and individual CSB/BHAs was developed in 2004 in order to coordinate planning for services for offenders with significant mental health care needs (as defined Axis I disorders).
 - MOU provisions are addressed to the extent that resources allow.
 - DOC responsibilities include:
 - Assisting in application for entitlement programs at least 90 days prior to an offender’s release.
 - Establishing a liaison with each probation and parole district to serve as a contact for CSB/BHAs and DMHMRSAS to assist in treatment planning and to ensure treatment compliance by offenders.
 - Providing a 30-day supply of psychotropic medication and one written prescription for medication.



Provisions of Memorandum of Understanding (MOU)

- The individual CSB/BHA responsibilities include:
 - Establishing treatment planning process for released offenders with Axis I diseases who qualify for services.
 - Developing interagency review process with DOC Division of Community Corrections for offenders who are being treated.
 - Participating in cross-training with DOC and DMHMRSAS.
- DMHMRSAS responsibilities include:
 - Promoting and coordinating implementation of MOU.
 - Providing access to Aftercare Pharmacy for released offenders who are receiving CSB/BHA services.
 - Developing statewide cross-training program with CSB/BHAs and DOC.



Discharge Planning Regulations for Juvenile Offenders with MH Needs

- HB 2245/SB 843 (2005) required the Board of Juvenile Justice to promulgate regulations for developing transition plans for juvenile “residents” with BHC needs being released from correctional facilities.
 - The administrative regulations (6 VAC 35-180) are expected to be adopted by January 2008.
 - Draft regulations indicate that residents with a recognized BHC need will qualify for transition services by meeting one of the following criteria:
 - MH professional provides a diagnosis of a mental illness likely to cause significant “impairment in the resident’s functioning in the community” or the resident is taking medication for a significant mental illness (as just described) that will need to be continued after release.



Discharge Planning Regulations for Juvenile Offenders with MH Needs

- Court service units and detention centers with a post-dispositional program will enter into a MOU with the public agencies that participate in the Community Policy and Management Team (CPMT). Key provisions of the MOU include:
 - Specification of the BHC services that the agencies will make available.
 - The process that will be followed (including the entities who will be responsible) in making referrals and assisting with applying for services.
 - A timeline for service implementation.
 - Funding sources for needed services including private insurance and/or Medicaid.
- Enhanced transition plans will be developed no later than 30 days prior to the resident's expected release date.
 - Residents who are released without supervision at age 21 from DJJ custody or at age 18 or older from a detention home's post-dispositional program are not required to but may participate in transition planning.



Recent Actions by DMAS to Facilitate Medicaid Eligibility Determination

- Policy now allows eligibility for Medicaid to be determined by the locality in which the offender lived prior to incarceration.
- Disability determination for Medicaid eligibility through the Department of Rehabilitative Services can be requested prior to release. (If found to be disabled, Medicaid eligibility can be approved, but the federal programs of SSI/SSDI will have to be applied for separately.)
- Work is underway to develop “a quicker disability determination process [for Medicaid eligibility] for inmates who need to have a medical placement (i.e. nursing home, dialysis, etc.) upon their release.”
- Support provided for having out-stationed Medicaid workers (local social services staff) in several adult correctional facilities on a pilot basis.
- Discussions are underway with DJJ to assist with Medicaid eligibility for juveniles who are close to release.



Findings

- As noted, there are a number of offender reentry and transition programs and studies underway.
 - Although some programs are not limited to offenders with BHC needs, much can be learned from their reentry experiences.
- Procedural changes to simplify Medicaid eligibility determination and the potential of having out-stationed eligibility workers are promising new developments.
- Additional suggestions and concerns will be discussed with the Secretaries of Health and Human Resources and Public Safety for consideration in the report to the Subcommittee.



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