OVERVIEW: DEPT. OF CORRECTIONS CONTAINMENT MODEL

Sex Offender Containment

Prepared for
The House Judiciary Committee
Alaska State Legislature

on behalf of the
Alaska Department of Corrections

Kim English, Peggy Heil, Jeff Jenks

Wednesday, March 16, 2005, 1:00pm-3:00pm
Juneau, Alaska

U.S. Dept. of Justice Study

"About 45% of state prisoners participating in the 1991 Bureau of Justice Statistics Survey committed the crime while they were on probation or parole."

- 24% of prisoners serving time for RAPE
- 19% of prisoners serving time for SEXUAL ASSAULT

L.A. Greenfeld, Sex Offenses and Offenders, Feb. 1997:25

Agenda: The Containment Approach

- The Need for Specialized Sex Offender Management Practices
- Rape Victims Don't Report the Crime
- The Containment Approach: The Goal is INFORMATION!
- What We Can Learn From Sex Offenders?
- Using the Polygraph Examination
- Treatment Provides Information
- A few words about housing, quality control and cost benefit of containment
- Questions?

Forcible Rapes in 2000

Alaska ranked **first** in rapes per capita in the United States.

Alaska's reported rape rate is twice the national average.*

www.disastercenter.com/crime/akcrime.htm

*Alaska had 70.3 reported rapes per 100,000 inhabitants compared to 32 reported rapes US average

2003
Reported Crime Frequency in Alaska

One forcible rape every 15.25 hours

(This rate represents an annual average)

Alaska Dept. of Public Safety, 2003 Uniform Crime Reporting

Forcible Rapes ↑ Increased 21.7%

Reported rapes in Alaska increased 21.7% from 2000 to 2003

There were 521 reported forcible rapes and 54 reported attempted rapes in 2003.

There are approximately 4300 registered sex offenders in Alaska communities.

Alaska Dept. of Public Safety Uniform Crime Reporting

Personal and Social Costs Of Sexual Assault Are Very High

- More than half of victims have been raped more than once.
- 6x more likely to develop PTSD.
- 3x more likely to develop major depression.
- 13x more likely to attempt suicide.

Rape in American Report to the Nation 1992

Alaska's Cost of Victimization

521 victims x $86,500*

$45,066,500

per year in costs to victims

* National Institute of Justice calculated the victim cost of one sexual assault at $86,500

Only 16% of victims in the *Rape in America* study reported the rape.

Kilpatrick, et al., 1992. Medical University of South Carolina. N=4008 *Rape in America: A Report to the Nation*

Who Reports?

- Younger age
- Knowing the perpetrator

→ Delay Disclosure

Smith, Letourneau, Saunders, Kilpatrick, Resnick, Best, 2000

- Life threat
- Physical injury
- Stranger perpetrator

→ Increase Likelihood of Disclosure

Hansen, Resnick, Saunders, Kilpatrick, Best, 1999

Arrest Rates are Low

27% of reported sex crimes resulted in an arrest

NIBRS 1991-1996, Snyder, 2000

In Colorado, between 1994-98, 54%-70% of those charged with a felony sex crime were convicted of a sex crime.

Sex Offender Recidivism Rates: Artificially Low

- Incest: 4-10%
- Rapists: 7-35%
- Child Molesters with female victims: 10-29%
- Child Molesters with male victims: 13-40%
- Exhibitionists: 41-71%

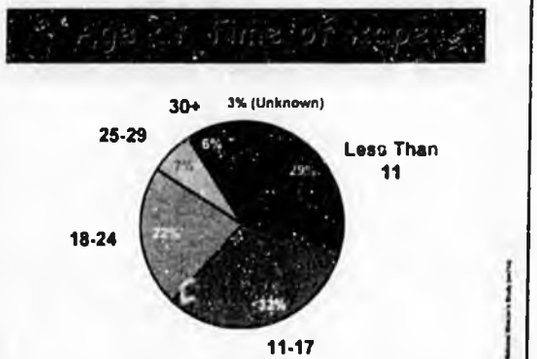
Marshall and Barbaree (1990)

Why don't victims report the crime?

Why Don't Children Report?

In one study, children ages 3-12 explained delayed disclosure by saying they feared being disbelieved, punished or unprotected

Lawson & Chaffin, 1992



Adult Victims

71% concerned about family knowing.
68% concerned about others knowing.
69% concerned about being blamed by others.

Rape In America Report to the Nation (1992)

A goal of The Containment Approach is to obtain and share information.

For the purpose of protecting the public and potential victims.

The Containment Approach
Containment Policies

The Criminal Justice System Provides the Hammer

The Hammer Is On the Back of the CJS

- Consequences for Failed Polygraph Examinations Must Be:
  - Immediate
  - Linked to the Implied Risk
  - Include Increased Surveillance
  - Involve Obtaining Corroborative Information
  - Include Informing Others of Poly Results

Sex Offenders Who Failed Supervision

- Sees self as no risk
- Diverse Victim Types
- Fewer months in the community
- **Access to victims**
- Sexual entitlement
- Poor social influences

Hanson and Harris, 1998

What Can We Learn From Sex Offenders ??

Studies with...

- **Guaranteed Confidentiality,**
- **Anonymous Survey, or**
- **Polygraph**

Secrets Revealed

Polygraph Research at the Colorado DOC

Comparing Court Information v. Polygraph

	# of victims	# of offenses
Information at Sentencing	2 (1)	7 (1)
Sex History	83 (21)	394 (50)
1st Polygraph	165 (24)	511 (95)
2nd Polygraph	184 (26)	528 (95)

Ahlmeyer et al., 2000, studied 35 sex offenders in treatment and polygraph testing at the CO Dept. of Corrections

Polygraph Research at the Colorado DOC

Comparing Court Information v. Polygraph

Admissions of Hands-on Crossover Offending

223 Sex Offenders Participating in SOTMP TC at the Colorado Department of Corrections

Type of Crossover	Court	Polygraph
Adult & Child Victims	7%	70%
Male & Female Victims	9%	36%
Multiple Relationships	20%	86%

Heil, Ahlmeyer, Simons (2003)

180 convicted sex offenders on probation and parole in TX, WI, OR

Current Conviction Crime: Incest

n=80

Ever assaulted...

Assaulted strangers	**35%**
Assaulted from position of trust	**57%**
Assaulted adult victims	**36%**

Average Age of Onset

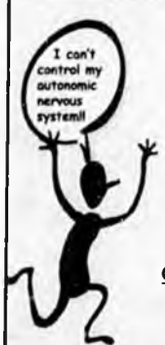
Study	Type of Offender	Age of Onset
Freeman-Longo(1985)	Rapist	18
	Child Molester	15
Elliot (1984)	Juvenile Rapists	16 peak
Emerick & Dutton(1993)	Juvenile Child Molesters	13 median
Ahlmeyer et al.(2000)	Inmates	12
English et al.(2001)	Supervised on Parole or Probation	12

Average Lag Time in Detection

Study	Type of Offender	# of Years
Freeman-Longo (1985)	Rapist	6
	Child Molester	13
Elliot (1986)*	Paraphiliacs	10
Ahlmeyer et al.(2000)	Rapists and Child Molesters	16

* as cited by Abel, Wisconsin Training Tapes

How Does the Polygraph Work?



Fear of Detection

↓

Fight or Flight Response

↓

Autonomic Nervous System

↓

Polygraph Responses

↓

Computerized Scoring/Manual Scoring

Accuracy of the Polygraph Test

National Academy of Sciences (2003) set median accuracy at **89%** with a range of 70 to 99%

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Information from Raymond Nelson & H. Lawson Hagler (2004)

Picture: www.vsp.state.va.us/ bci_pid_polygraph.htm

1. Pre-Test

- Review medical conditions
- Sign release and consent forms
- Explain purpose of exam
- Review equipment
- Review terminology
- Develop final questions
- Calibrate instrument

2. In-Test

- 2-4 relevant questions tucked inside 10-20 comparison questions
- Relevant questions must be specific
- Run 3 sets of charts
- Score and interpret chart markings (pen tracings)

3. Post Test

- Conducting an in-depth interview with examinee, giving him/her an opportunity to explain deceptive findings

The Purposes of the PC Exams Vary

- Sex History: Obtain information on past victims and past methods used to access those victims. Need to know age of onset, frequency, extent of crossover behavior.

- Specific Issue: Offender may be in denial about the crime....or may be facing a new accusation....or may have failed a recent examination....

- Maintenance: Check out assault patterns and behaviors regarding supervision conditions. *Looking for precursor behaviors!!!!*

"Fantasies are tantamount to planning sessions...."

William Pithers, 1990

Sex History Exam

- Types of past victims (gender, age, relationship)
- Frequency of assaults
- Types of behaviors (voyeurism, rape, child molesting, internet)
- Modus Operandi !!!!
  - Did they get friendly with parent?
  - Go to church to find single, exhausted moms?
  - Always engaged in obscene phone calls before rape?
  - Lured child with puppy?

Specific Issue Exam

- Used when offender is denying offense or significant aspects of the offense
- Used when there is an allegation
- Used to clear up a past deceptive test

Monitoring Polygraph

- To monitor problem behavior...
- Since entering treatment
  - While on probation/parole
  - Since the last polygraph exam
  - Conducted every 3-6 months

Monitoring Testing

- **Provides information** on whether the offender is changing his lifestyle and applying what they are learning in treatment
- **Provides information** on whether he is continuing to engage in high risk behaviors

Specific-Issue Tests Are Used to Clarify Risk Concerns

A specific-issue exam should be scheduled when concerns persist even after increasing surveillance.

Polygraph as a Deterrent

Abrams and Ogard, 1986

Studied the deterrent effect of polygraph on offenders on probation:

- Supervision **with** polygraph - **69%** successful compliance with probation
- Supervision **without** polygraph - **26%** successful compliance with probation

Only 2-4 Questions Allowed

- There can be NO surprise or trick questions.
- Questions must focus on BEHAVIORS.
  - No mental state questions.
  - No intent questions.
- No emotionally laden language

"rape" "murder" "molest"

Examiner Qualifications

- Graduated from APA accredited polygraph school.
- Colorado Standards: Minimum of 150 criminal issue exams.
- Minimum of 50 clinical exams in 12-month period.
- 40 hours of specialized training every 3 years.

Implementation Considerations

- Develop procedures
- Educate therapists
- Develop sex history questionnaires
- Set examiner qualifications and requirements
- Videotape exams
- Develop system to track and use results
- Educate stakeholders
- Develop consequences

SUMMARY: Value of Polygraph Testing in Risk Assessment

- Increase information on past offenses
- Evaluate treatment effectiveness/compliance
- Evaluate risk of child contact

Without the poly, we're operating blind

Caution

Polygraph testing should never be used in isolation

Multiple methods should always be used

Polygraph + treatment = more information

than

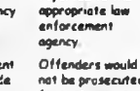
Polygraph or treatment alone

Admissions made in the process of polygraph testing should be confirmed through collateral sources or retesting

Heil 2004

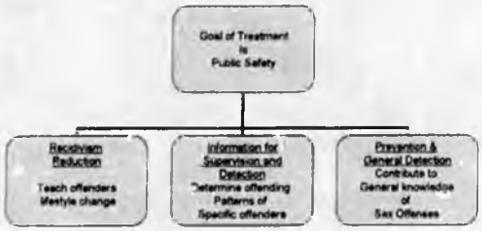
Options for Processing Information on Past Crimes

No Immunity	Sentencing limitations	Limited Immunity	Full Immunity
Specific information (i.e., date, place, name of victim) would not be collected on past crimes Information on the range, type and pattern of sex offenses would be collected Information on the range and types of past crimes would be reported in an M.O. database that could be queried by law enforcement	Specific information on past crimes would be obtained and reported to the appropriate law enforcement agency If District Attorneys decide to prosecute they would utilize sentences which increase the length of supervision but still allow for the possibility of community supervision when the offender is complying with treatment and monitoring requirements Sentence options could include: lifetime probation, sex offender's act (1 day to life) or deferred sentence	Specific information on past crimes would be obtained and reported to the appropriate law enforcement agency Offenders would sign a limited immunity agreement which would include provisions that they would not be prosecuted on the offense as long as they complied with recommended treatment and did not reoffend	Specific information on past crimes would be obtained and reported to the appropriate law enforcement agency. Offenders would not be prosecuted for past crimes



Heil 2000

Value of Treatment: Public Safety



Admitted # of Sex Crime Victims

Mean (Median)

Source	Inmates (n=35)	Parolees (n=25)
PSIR	2(1)	2(1)
Sexual History	83(21)	4(2)
1st Poly	165(24)	6(3)
2nd Poly	184(26)	7(3)

Includes victims of contact and non-contact sex offenses

Ahlmeyer, Heil, McKee, English, 2000

Sex Offender Treatment

- Offense Specific
  - Non-trust basis/external verification of statements
  - Verify changes in behavior
  - Client's responsibility to change
  - Client has choices
  - CONSEQUENCES if directives are not followed
  - Focus on present
  - Limited confidentiality
  - Behavior change req'd
- Traditional Therapy
  - Accept client statements as truth
  - Client has choice to change
  - Non-judgment and supportive of client choices
  - No consequences for choices
  - Focus on insight regarding the past
  - Complete confidentiality
  - No change required

In Colorado

"The client is the community."

Protecting known victims and potential victims

Does Sex Offender Treatment Work?

Washington State Institute for Public Policy

	Recidivism Rate	
Type of Treatment	Without	With
Cognitive-Behavioral	6.4%	3.5%
Psychotherapy	6.4%	11.2%
Behavioral	6.4%	5.5%

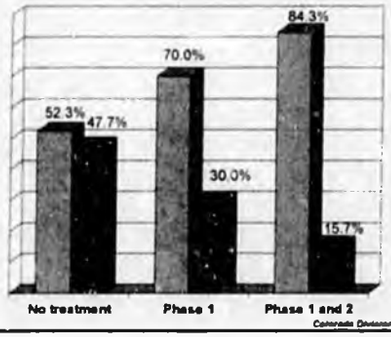
Intensity and length of treatment had a measurable effect on outcome

English, 2003

This finding is similar to drug and alcohol research findings

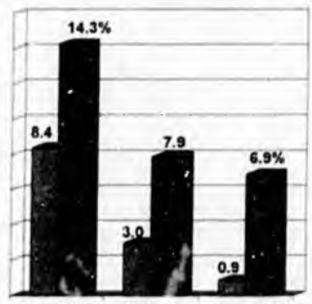
Parole Outcomes 1993-2002

n=1585



Parole Release v. Discharge

VIOLENT ARREST at 1 year



Success is in the combination of prison and community containment

Twin Rivers Correctional Center in Washington

- After 2000 days, 40% of sex offenders receiving only prison treatment failed
- After 2000 days, 15% of sex offenders receiving prison treatment and community treatment and supervision failed

Gordon &Packard, 1999

Where will sex offenders live after their release from prison?

Research Regarding Living Arrangements

- Sex offender probationers living with their families in Denver were more likely to have a criminal & technical violation than those living in other types of residences
- For high-risk offenders, those with no support and living with a family member or friends had the highest numbers of violations
- Living with a family member or friends does not necessarily mean that he or she is living in a supportive or healthy environment

Colorado Sex Offender Management Board, 2004

Research Regarding Living Arrangements

- Those who had support in their lives had significantly lower numbers of violations than those who had negative or no support
- Recommendation - Efforts should be made to ensure that the sex offender's support is positive in order to aid in his or her treatment

Colorado Sex Offender Management Board, 2004

Positive Support Defined

- Awareness of the cycle, offense patterns and early abuse signs.
- Familiarity with the offender's schedule and whereabouts.
- The ability to enhance and encourage application of the offender's treatment tools outside of the therapy setting.
- A working relationship with the treatment provider and criminal justice supervisor.
- The ability to acknowledge the seriousness of the offending behavior.
- The ability, skills and tools to hold the offender accountable early in the onset of risky behaviors.
- Willingness to report non-compliance to the containment team.

The Containment Approach: Quality Control

- Training training training
- Written protocols
- Adequate supervision
- Standards for practice
- Regular team meetings
- Individual treatment plans
- Measures of progress/program evaluation

Or how will you know if you are getting anywhere?

Cost Benefit

Considering benefits to crime victims in addition to taxpayer, each taxpayer dollar spent on a cognitive-behavioral program for adult sex offenders returns between $1.19 and $5.27 in victim and taxpayer benefits

Washington State Institute for Public Policy

Questions?

Current Issues in Community Corrections

By Donald G. Evans

The Ontario Halfway House Association held its annual training conference for front-line staff in Kingston, Ontario, Sept. 15-16, 2004. The focus of the two-day session was current issues in community corrections. More than 100 front-line staff members from halfway houses and community residential facilities participated in workshops covering a number of critical areas that included discussions on aboriginal offenders, respecting diversity in re-integration strategies, working with gang-involved youths, understanding the victim's perspective and an update on risk assessment. Three presentations were especially useful for front-line staff: managing sex offenders in the community, the treatment of high-risk violent offenders and working with mentally ill offenders.

Managing Sex Offenders In the Community

Dr. Robert J. Wilson, chief psychologist with the Correctional Service of Canada, Ontario Region, led this workshop. He discussed the issues of risk, re-integration and registration. Risk factors take three forms: static, stable and acute. Examples of static risk factors include prior sex offenses, convictions for noncontact sex offenses, nonsexual violence, unrelated victims or stranger victims, whether there were male victims and age of the offender. Stable factors might include intimacy deficits, social influences, attitudes, sexual self-regulation and general self-regulation. Acute factors include substance abuse, negative mood, anger and hostility, and access to victims. Wilson noted that static factors are unlikely to change and that stable factors should be reassessed every six months. He added that the supervisor should consider acute factors at each and every contact.

Given the threat to public safety that sex offenders pose, it is important to manage the risk in the most effective and efficient manner possible. Wilson explained that most new research suggests that collaborative approaches work best. For him, teamwork is critical, especially across agencies. Wilson gave an example in which the Correctional Service Canada and its halfway house partners share information and supervision strategies, and participate in police-parole partnerships that include information sharing and team supervision. Wilson feels that it is important that the offenders understand that law enforcement and corrections work together. The free flow of information results in less secrecy and overt manipulation by offenders and contributes to swift identification and management of emergent problems in supervision.

Wilson concluded his presentation by stressing that research has clearly shown that a collaborative approach that includes representation from all stakeholders can assist considerably in enhancing public safety and offender accountability. He firmly believes that if agencies work together, the risk of sexual re-offending can be managed effectively.

Treatment of High-Risk Offenders

Dr. Jeffery Abracen, another psychologist with Correctional Service Canada, working out of the Toronto District Parole Office, spoke to the issues involved in treatment and supervision of high-risk offenders, especially those who meet the diagnostic criteria for psychopathy as indicted by the Hare Psychopathy Checklist-Revised (PCL-R). According to Abracen, the PCL-R was designed as a measure of personality (i.e., to assess the personality constructs associated with psychopathy). These personality characteristics include glibness and superficial charm, manipulation, irresponsibility and shallow affect. According to Abracen, the checklist also contains a number of behavioral characteristics that include a poorly integrated sex life, early criminal behavior and varied adult criminal behavior. In the research to date, high scores on the PCL-R by offenders have been indicative of higher rates of recidivism than those with lower or more moderate scores. Abracen concluded that psychologists are effective in diagnosing who is a psychopath, but not so good at figuring out whether such offenders are responsive to treatment.

It should be clear to correctional employees that those offenders who exhibit features that are indicative of psychopathy are difficult to supervise. The question arises as to whether these offenders can be treated, Abracen said. He offers a ray of hope by noting that recent studies have shown that with appropriate treatment, psychopaths may in fact benefit from counseling. In a study he and colleagues conducted, Abracen found that the high-scoring PCL-R group that received treatment recidivated at approximately half the rate of the untreated, matched, high-scoring PCL-R group. The follow-up time for this study was about eight years.

From his work with this group of offenders, Abracen suggests that cognitive-behavioral approaches are preferred to other treatment modalities and he specifically feels that relapse prevention is well-suited to these offenders. In dealing with the manipulative behaviors of these offenders, there is a need for team communication, meetings with the offender and all those involved. Abracen noted that effective treatment of these high-risk offenders recognizes the importance of rapport, the need for a long-term intervention (short-term interventions do not work well with this group of offenders) and the fact that lapses will occur.

In closing, Abracen asked the workshop participants to remember the personality features associated with psychopathy, namely, that these offenders are very skilled at manipulation and are very glib and superficially charming. However, he believes, they can be effectively treated.

Continued next page

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Working With The Mentally Ill Offender

Crystal Grass and David Champagne from the Regional Treatment Centre (Ontario), Correctional Service of Canada presented a workshop on the prison-community transition needs for offenders with mental illness. For Grass and Champagne, discharge planning was an essential element of an effective supervision strategy for offenders with mental illness. They listed the following as specific needs of offenders at the time of release:

- Legal considerations;
- Identification documents;
- Housing requirements;
- Income sources;
- Health care;
- Employment;
- Support systems; and
- Transportation requirements.

The fact that they were giving this presentation to the staff of halfway houses seemed to influence the discussion about housing options or requirements. In particular, Grass and Champagne addressed the on- and off-site considerations and the challenges for halfway house workers. Key considerations are health care/treatment, boundary setting, legal accountabilities and training for staff. In terms of off-site issues, the need for partnerships with local mental health resources, social and community services and the inclusion of family members/support systems in the work with mentally ill offenders was highlighted by the presenters. To meet the needs of the mentally ill offender, halfway house providers will need to provide for:

- Long-term community re-integration strategies;
- Access to social and community services;
- Knowledge, training and resources for staff;
- Manage expectations and presumptions about mental illness; and
- Influence public opinion.

In concluding their presentation, Grass and Champagne said that although there can be no guarantees of success, teamwork and collaboration will go a long way to improving conditions for the mentally ill offender.

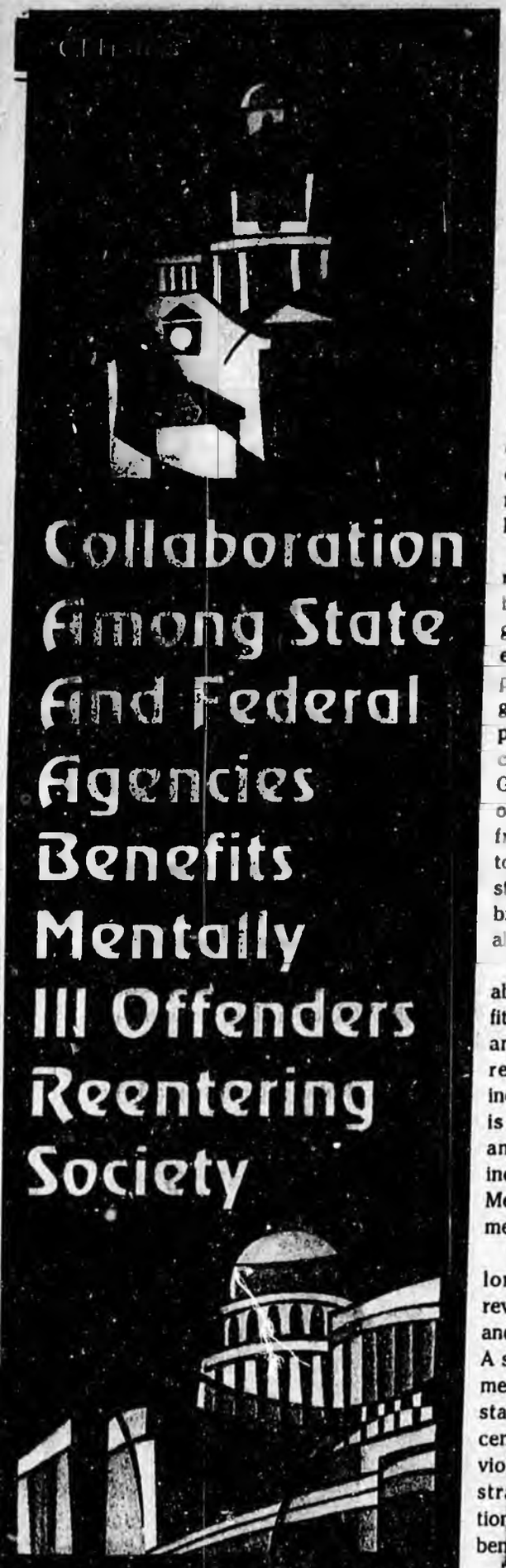
Other Conference Highlights

Although the Rev. Pierre Allard, president of the International Prison Chaplains' Association, opened the conference, it appears that his comments were an important conclusion to the training sessions. In his keynote speech, Allard discussed current challenges facing community corrections, including the fact that one-half of new admissions to prison in Canada serving a term of three years or less are not in long enough to receive programs before returning to the community. The life sentence population is increasing and aging offenders are becoming a social problem within institutions. When released to community supervision, they have medical problems that halfway house providers are not able to manage. Allard challenged the assembled participants to be more creative, courageous and, above all, create a sense of hope for the residents. For him, places like halfway houses should be places of hope. When offenders are sent there, they need to see that the staff believe in their potential for change. Allard explained that there were two sides to the concept of hope:

- Anger about those things in the community that are not as they should be for victims of crime and the re-integration of offenders; and
- Courage to take risks to remove barriers to change and improve the situation of offenders and victims.

It is indeed encouraging that research results, practice innovations and program efforts are bringing a measure of hope to communities and to correctional work in the community.

Donald G. Evans is president of the Canadian Training Institute in Toronto.



Collaboration Among State And Federal Agencies Benefits Mentally Ill Offenders Reentering Society

By Denise Tomasini and Karen Imas

Every year, more than 600,000 adults leave prison and reenter their communities. Additionally, jails release more than 7 million offenders yearly. According to the Bureau of Justice Statistics, approximately 16 percent of these individuals have a mental illness. Many offenders with serious mental illnesses are eligible to participate in Medicaid but leave prison (and jail) without this and other benefits integral to their successful reentry into the community. For offenders with mental illnesses, who have even greater challenges to successful re-integration, the inability to connect to these programs has major public safety, fiscal and human costs.

Many states and localities have recognized this p[illegible]d have begun implement[illegible]ve programs to ensure [illegible] offenders with ment[illegible]s are promptly conne[illegible]efit programs upon [illegible]ease from prison. At [illegible] this past fall convened [illegible]ncil of State Governm[illegible] of these [illegible] from ke[illegible], came together [illegible]novative state str[illegible] possibilities fo[illegible] federal collab[illegible]

Offen[illegible] abilities [illegible] fit prog[illegible]sing, food and n[illegible]ces upon releas[illegible]source of incom[illegible]ndividuals is su[illegible]y income and/o[illegible]disability incom[illegible]dicaid and Medic[illegible]hly form of medic[illegible]ble.

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[illegible]ld[illegible]es burdens on [illegible] corrections that can be measured in several ways, including monetarily. The Pennsylvania Department of Corrections estimates that a person with serious mental illnesses costs $140 per day to incarcerate, as opposed to $80 per day for an average inmate. When taking into account that nearly half the inmates in prison with mental illnesses were incarcerated for committing a nonviolent crime, these numbers suggest that these funds could contribute more to public safety if reserved for offenders who committed more violent offenses. While many at the forum agreed that it is less expensive to treat offenders with mental illnesses in the community than when they are going in and out of prison, the forum panelists emphasized [illegible]oviding eligible offenders [illegible]ntal illnesses with bene[illegible]reentry can increase the [illegible] that they will be successfu[illegible]ommunity.

Legi[illegible] recognizing the budg[illegible] concerns [illegible]ectional fa[illegible] release pl[illegible] York A[illegible]), co-ch[illegible]rd of di[illegible]ion-a[illegible]op-[illegible]t of pe[illegible] from retur[illegible]ty of care [illegible]

Se[illegible]ollment prob[illegible]ers with ment[illegible] a lack of awar[illegible]aking circles[illegible] state and local[illegible] about federal[illegible]efits, the abse[illegible] policy and inad[illegible]mong correct[illegible]tate benefit [illegible]y mental heal[illegible]groups to ensu[illegible]ransition plan[illegible]e is turning a[illegible]ors [illegible]ring the conn[illegible]betw[illegible]efits for offen[illegible]h men[illegible]ses who are a[illegible]eligible a[illegible]ning for reent[illegible]he comm[illegible]s Pennsylv[illegible]n. Robert [illegible]son (R) pu[illegible] are not as[illegible]for hand-o[illegible]for benefits ne[illegible]essary to

ensure successful transition to the community, which will protect public safety."

Stakeholders Discuss Federal Benefits

Recognizing the importance of facilitating discussio among various agencies, on Sept. 13 and 14, 2004, CSG, with support from the MacArthur Foundation and the Substance Abuse and Mental Health Services Administration, brought together state and federal officials for a forum in Washington, D.C., about access to benefits for eligible offenders with mental illnesses leaving state prison. State officials from Minnesota, New York, Pennsylvania and Texas shared information on their pioneering programs.

The state teams, which included leading correctional administrators such as Gary Johnson of Texas and John Schaefer of Pennsylvania, also worked among themselves to determine ways to further improve their state-based efforts. On the federal side, representatives from the Department of Justice, Centers for Medicare and Medicaid Services, Social Security Administration (SSA), Office of the Assistant Secretary for Planning and [illegible] Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration provided guidance on the federal rules and highlighted their agencies' commitment to helping states address this issue.

The forum is part of the ongoing work of [illegible] Criminal Justice/Mental Health Consensus Project, a national effort to help local, state and federal policymakers and criminal justice and mental health professionals improve the response to people with mental illnesses who become involved in, or are at risk of involvement in, the criminal justice system. The project released a major report in June 2002, and has worked since then in a variety of ways to encourage the implementation of the report's recommendations. More information is available at www.consensusproject.org.

At the forum, Joseph Morrissey, professor and deputy director of the Cecil G. Sheps Center for Health Services Research at the University of North Carolina, and Henry J. Steadman, president of Policy Research Associates, a firm known nationwide for its research on mental health and criminal justice issues, presented findings from a two-year study to determine the impact of medical insurance on recidivism rates for offenders with serious mental illnesses. The findings showed that having Medicaid upon release leads to greater use of services and increases the amount of time between arrests.

Morrissey and Steadman emphasized, however, that increasing access to services through Medicaid receipt is only the first step in a comprehensive strategy to reduce recidivism rates for offenders with mental illnesses. Once Medicaid has been tapped for those eligible individuals, states and counties must also ensure that there are effective mental health services available for them to access. Effective mental health services are those that are evidence based. Services such as integrated treatment for people with co-occurring mental health and substance abuse disorders have been shown to provide [illegible] outcomes, according to

[illegible] ed on streamlined [illegible] nd programs [illegible] ped to enable [illegible] mental illness- [illegible] efits prompt- [illegible] community. [illegible] ollow.

Termination [illegible] Under federal [illegible] not pay for [illegible] le an eligible [illegible] The law, however, does not require states to terminate inmates' enrollment, and inmates may remain eligible for Medicaid even though payments will not be covered by the program. In spite of this, all states terminate Medicaid benefits for incarcerated offenders. The Centers for Medicare and Medicaid Services recently sent a letter to state Medicaid directors saying, "States should establish a process under which an eligible inmate or resident is placed in a suspended status so the state does not claim federal financial participation (i.e., payment), but the person remains on the state's rolls as being eligible for Medicaid."

According to most states, the difficulties in following this recommendation to suspend rather than terminate lie in part with the connection between Medicaid and supplemental security income. Thirty-two states have policies whereby offenders approved for supplemental security income are automatically eligible for Medicaid. This system is beneficial for both applicants and the states because only one application must be completed and only one eligibility assessment must be performed. Unfortunately, under this system, when supplemental security income benefits are suspended due to incarceration, inmates also lose their condition for Medicaid enrollment.

According to supplemental security income rules and regulations, a person cannot receive payments while residing in a public institution and typically has his or her benefits suspended after the first full month of incarceration. A supplemental security income recipient has 12 consecutive months after the date of suspension to regain eligibility and have benefits reinstated without filing a new application. After 12 months, the suspension converts to a termination and an offender would have to submit a new application, prior to release, to regain eligibility.

To suspend rather than terminate Medicaid, states would have to undergo system and capacity changes. However, dollars and time could be saved if inmates' Medicaid status is not completely revoked and new eligibility assessments are deemed unnecessary.

Prerelease Procedures. Research by the Vera Institute and the Bureau of Justice Statistics shows that the first few weeks in the community are critical, with arrest rates highest soon after release and declining over time. According to the Bazelon Center for Mental Health Law in Washington, D.C., reinstating someone in Medicaid after his or her benefits have been terminated can take anywhere from 14 to 45 days (and some-

times longer), depending on the state.

Some state correctional agencies have specific prerelease agreements with SSA offices, including New York and Texas. The Texas Council on Offenders With Mental Illness developed a prerelease agreement with SSA that allows its social workers to submit applications for supplemental security income and social security disability income for all offenders with special needs who are within 90 days of being released.

Prerelease agreements are formal written agreements between penal institutions and local social security offices. Some agreements include provisions for SSA to train jail/prison staff on enrollment rules and for jails/prisons notifying the administration of inmates likely to meet supplemental security income criteria.

At the forum, Nancy Veillon, associate commissioner for SSA income security programs, spoke on a panel of federal officials promoting the use of these prerelease agreements, explaining that the states signing them "have a strong working relationship with the federal government." Additional advice from the administration focused on streamlining the prerelease process. SSA representative Kenneth Brown suggested that states should expedite the forwarding of medical records to SSA. State officials provided feedback to SSA, requesting a checklist of information that state DOCs need to provide during the prerelease process.

Coordination Among State Agencies. State and local government interagency efforts to address this issue vary widely. Memorandums of understanding and [illegible]agency agreements have proved e[illegible]e in several jurisdictions, giving more [illegible]mality to the process of reinstating federal benefits and helping coordinate efforts to connect offenders with mental illnesses to benefits.

According to Catherine McVey, deputy secretary for administration of the Pennsylvania DOC, formalizing the interactions between the multiple agencies involved, through an interagency agreement, has been crucial. Some state officials at the CSG forum, including Dee Kifowit of Texas Correctional Office on Offenders with Medical or Mental Impairments, suggested that federal agencies can also reap the benefits of such agreements to facilitate coordination at the federal level.

Many state officials at the forum supported interagency agreements for the purpose of training public welfare officials to understand criminal justice issues and training corrections officials to understand entitlement issues. Furthermore, some states suggested that task forces comprising key forensic stakeholders in the state can help work through issues that arise while implementing programs to connect offenders with mental illnesses who qualify for benefits upon reentry.

With proper understanding of information sharing and collaboration among relevant agencies, community mental health programs can work effectively with prisons to ensure that the inmate has access to appropriate services upon release.

State Legislation

Three states represented at the forum, Minnesota, New York and Texas, have passed legislation that faci[illegible] the process of connecting elig[illegible] with mental illnesses t[illegible] Min[illegible] volu[illegible] offe[illegible] men[illegible] the law [illegible] stat[illegible] case managers at t[illegible]ntify offenders who [illegible] a comprehensive disc[illegible]g that includes appl[illegible]edicaid and supplemen[illegible] income or social secu[illegible] income. Offenders who [illegible]omprehensive discha[illegible] prison with an affir[illegible]ecision by Medi[illegible]rmative dete[illegible]

New York [illegible]r ha[illegible] es[illegible]on Grant Prog[illegible] for people with mental illnesses being released from prisons, jails and hospitals. This county-based program provides psychiatric medications in the community, and seeks to connect people to Medicaid and other benefits such as food stamps and cash assistance. The success of this program hinges on coordination among the Office of Mental Health, the Department of Health and the Office of [illegible]mporary Disability Assistance.

In Texas, legislation permitting the exchange of medical information among [illegible] agencies allowed the state to obtain a waiver from the federal Health Insurance Portability and Accountability Act. This waiver allows [illegible] service agencies to share information about individuals receiving health services and helps officials fill out benefits applications on behalf of offenders.

Federal Initiatives

Problems in the current mental health service delivery system that allow inmates to fall through the cracks have led to various responses at the federal level. The Mentally Ill Offender Treatment and Crime Reduction Act (HR 2387), which passed the House in October, authorizes $[illegible] million in federal grants in each of the next two years for collaborative [illegible] between criminal justice and mental health agencies at the state and local levels to improve the res[illegible] people with mental illness[illegible] bill currently [illegible]its the [illegible]me

[illegible]ally, the [illegible]002 New [illegible] Commiss[illegible] Health [illegible]essed probl[illegible] current [illegible] service delivery [illegible] Among its many recommend[illegible] the commission noted the pr[illegible] that arise when individuals [illegible] mental illnesses get involv[illegible] the criminal justice system[illegible]uding issues related to federal [illegible]: "Many [people with mental illnesses] lose their eligibility for in[illegible] supports and health insurance benefits that they need to reen[illegible] an[illegible]e-integrate into the community after they are discharged."

Beyond Benefits

While federal benefits will play [illegible] crucial role in helping offenders with mental illnesses reenter the community from prison and [illegible] forum participants agreed that a holistic approach with a variety of services is needed. "Three-quarters of people

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with mental health disorders have substance abuse problems," said Steadman of Policy Research Associates. "These individuals need assertive case management."

The Freedom Commission's subcommittee on criminal justice emphasized this point while focusing on jail releases, recommending that jails implement the APIC (Assess, Plan, Identify, Coordinate) Model of transition reentry planning. This model is a set of critical elements that, if implemented in whole or in part, are likely to improve outcomes for individuals with co-occurring disorders who are released from jail.

Clearly, housing, effective medical treatments, substance abuse intervention and treatment and social support are all necessary components of successful reentry for individuals with mental illnesses. The promising state efforts to ensure that benefits are reinstated promptly upon reentry will increase the likelihood that inmates with mental illnesses can access these services, thus halting the revolving door that too often returns them to correctional facilities soon after their release.

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