

**Continuity of Care upon Reentry
Good Public Health = Good Public Safety**

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Critical Factors for Successful Reentry

Housing

Medical

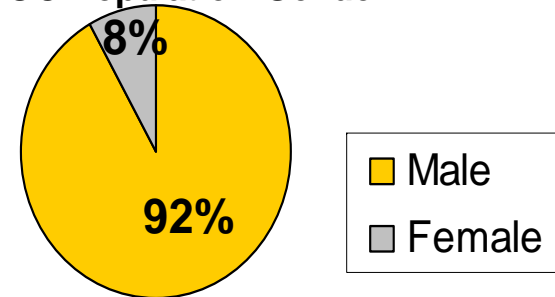
Employment



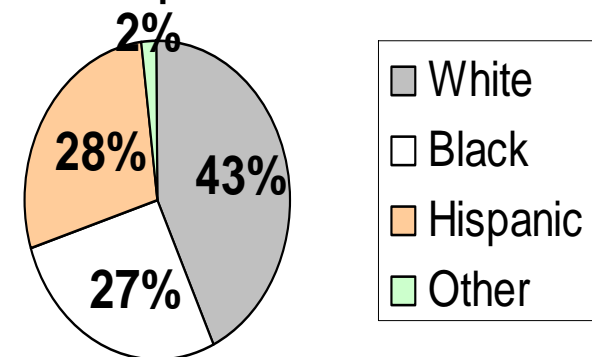
DOC POPULATION

- Current Population 11,100+ includes:
 - State Sentenced
 - Civilly Committed
 - County Sentenced
 - Awaiting Trial
 - Average 10th grade education

DOC Population-Gender

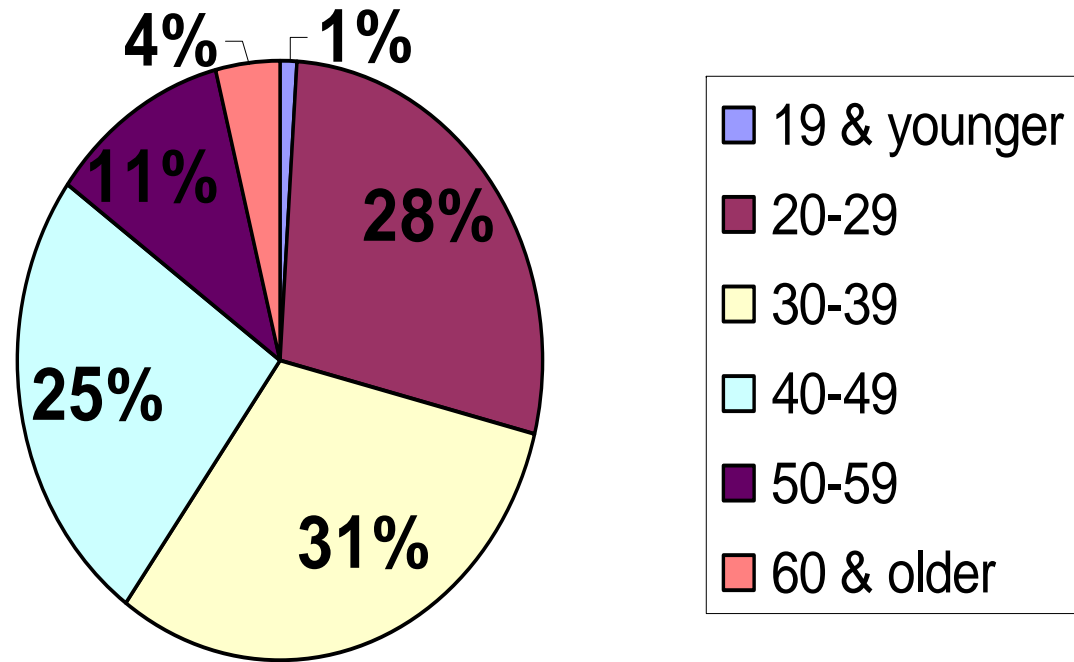


DOC Population-Race



POPULATION DEMOGRAPHICS- Age

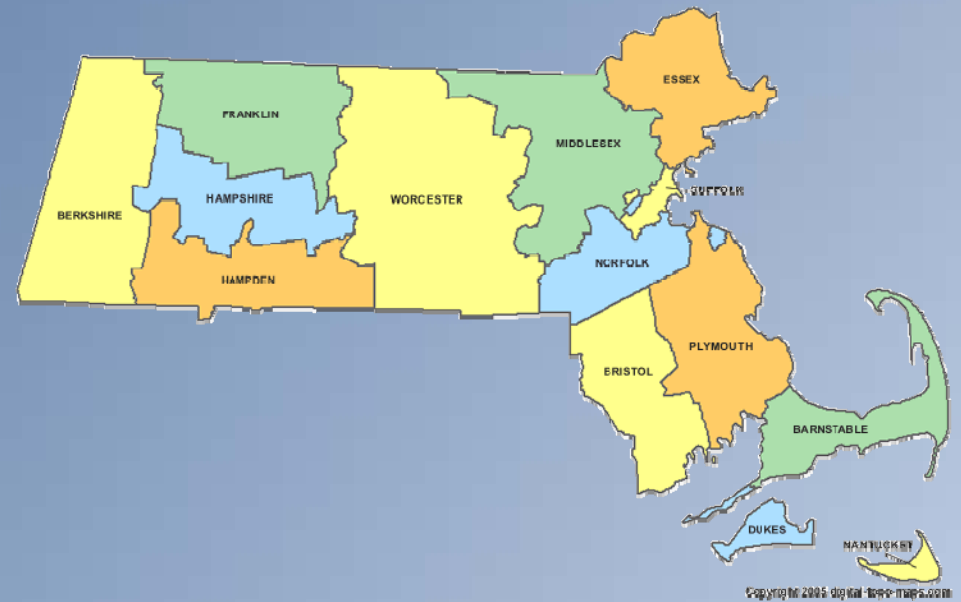
Population Demographics-Age



Reentry: Where do they go?

Top 10 Cities

- Boston
- Worcester
- Springfield
- New Bedford
- Framingham
- Lawrence
- Brockton
- Lowell
- Lynn
- Fall River



Releases in 2006

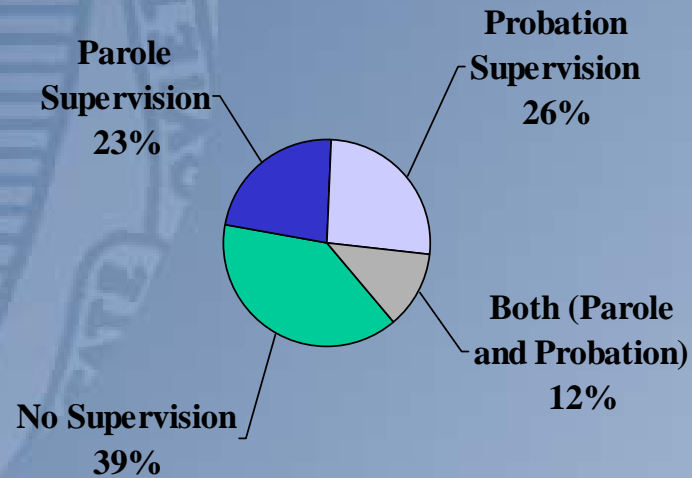
2,562 to the community

- **1,636 (64%)** males
 - Average age **36**
- **926 (36%)** females
 - Average age **34**
- **39% Release without Post Release Supervision**



Releases in 2006 (cont'd.)

Releases with Post-Release Supervision by Type of Post-Release Supervision



Massachusetts Department of Correction

HEALTH SERVICES DIVISION



De Facto Public Health System

- **Detoxification and loss of community resources**
- **Criminalization of substance abuse**
- **Infectious disease including HIV, HCV, Gonorrhea/Chlamydia, Syphilis, and TB**
- **Aging inmate population**
- **Chronic disease**



De Facto Mental Health System

- **Deinstitutionalization of the mentally ill**
- **Loss of mental health inpatient resources**
- **Lack of availability of community mental health services**
- **Criminalization of homeless and mentally ill**
- **Forensic population**



SPECIAL POPULATIONS

- **Bridgewater State Hospital**
- **MASAC**
- **Treatment Center for the Sexually Dangerous Persons**

Female Population:

- **Increased clinical needs**
- **70% open MH cases**
- **High prevalence of substance abuse, physical & sexual abuse**
- **Jail and prison**



Aging Inmate Population (MDOC) Age 40+

<u>YEAR</u>	<u>Number</u>	<u>Percent</u>
1990	1365	18%
1995	2095	22%
2006	3835	41%



Impact of Aging Inmates

- **Specialty clinic appointments**
- **Community hospitalization and tertiary care**
- **Chronic disease management**
- **Clinical resources**
- **Housing, recreation, education, reentry**
- **Transportation**



Chronic Disease Management

- Evidence-based clinical protocols
- Standardized documentation
- Tracking of provider compliance
- Performance improvement based upon clinical outcomes



Chronic Disease Caseload (2/08)

Total Inmate Population

10,789

Chronic Disease Inmates

40 to 70% by site



Mental Health Services Utilization (1/08)

<u>Category</u>	<u>Number</u>	<u>Percent</u>
Open Cases (total)	2969	28%
Females Only	556	70%
Medication	2142	20%
Females Only	385	49%
Crisis Encounters	1020	10%
“Watches”	236	2%



Re-entry Coordination Discharge Planning

Health Services Division

DOC

**Medical and
Mental Health
Liaison**

Medical Care

UMass

**Three central
positions**

Mental Health

MHM

**One central
position and
designee/site**



Discharge Planning Services

Medical

- Referral for chronic disease management, continuity of care
- Disability determination/submission
- Specialized housing search for medical care, i.e. long-term care, etc.



Discharge Planning Services

Mental Health

- Referral for outpatient needs (MassHealth)
- Referral for outpatient services, case management (DMH)
- Specialized inpatient needs (DMH)
- Participation of DMH Forensic Transition Team
- Disability determination/submission

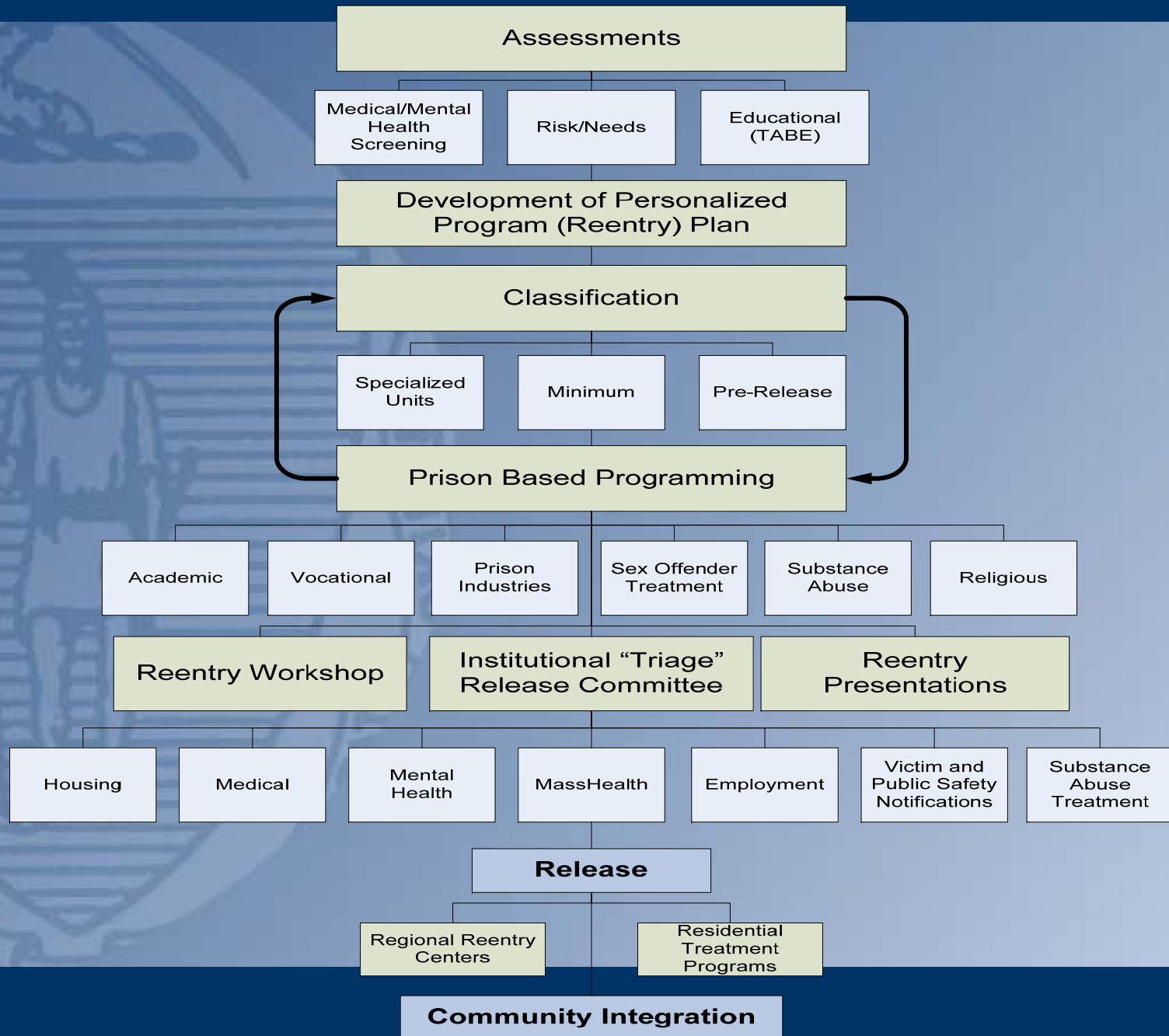


Massachusetts Department of Correction

REENTRY SERVICES DIVISION



Reentry Continuum



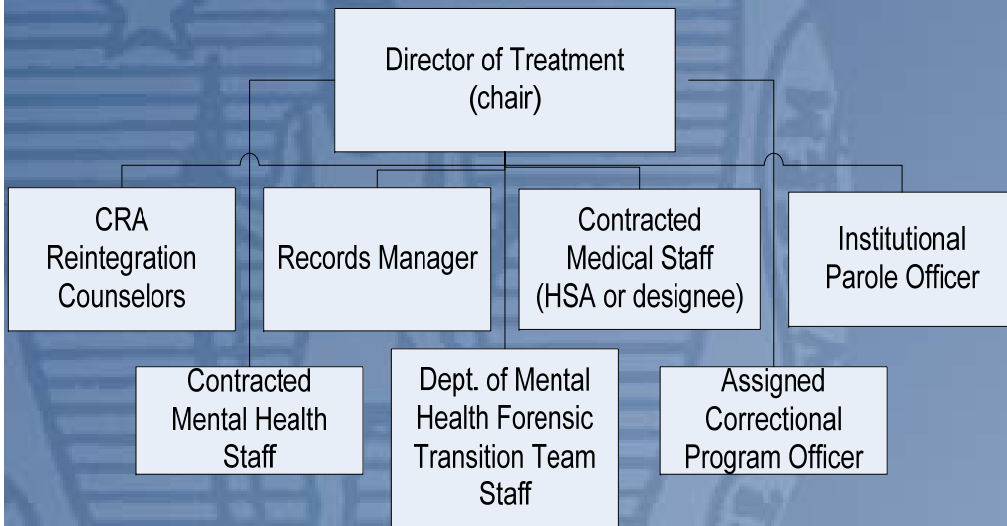
Inmate Reentry Presentations



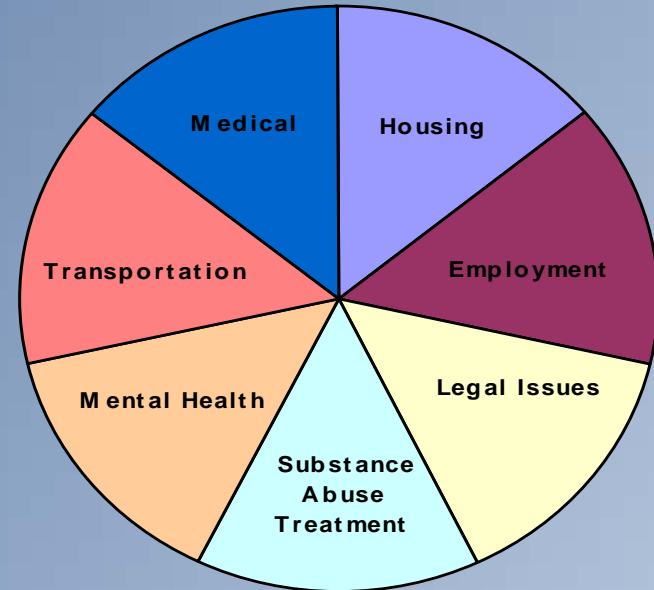
- **Quarterly at each institution**
 - **DOC** – Institutions Release Committee (IRC)
 - **MassHealth**
 - **SMOC** – Reentry Housing Program
 - **Employment** – Division of Career Services
 - **Parole** - Transitional Housing Program and Regional Reentry Center (RRC) services



Institutional Release Committee Meetings



Information Discussed at Monthly Release Planning Meetings



Reentry Housing Program



Housing & Homelessness:

- Administered through community based service provider
 - In reach: intake at institution
 - post release: may work with ex-offenders up to one year (wrap around services)
 - 10% were referred to RHP
 - 29% of the 10 % referred were Sex Offenders



What is MassHealth?



Health-care coverage for eligible and low- and moderate-income individuals, couples, and families.

- Covers prescription drugs, medical transportation services, behavioral health and substance abuse services, dental services, and more...
- Several coverage types based on the individual's income and circumstances.



Why the need for collaboration?

Individuals released from prison/jail accounted for:

- 1/4 of all people living with AIDS/HIV.
- 1/3 of people diagnosed with Hepatitis C.
- 1/3 of those diagnosed with Tuberculosis.

MA inmates:

- 90% have substance abuse problems.
- 40% receive medical services while incarcerated.
- 1 out of 4 are open mental health cases.



Project History

November 2004

- MassHealth-DOC partnership began.
- Paper applications submitted 90-days prior to inmates release date.

June 2006

- Implementation of the Virtual Gateway System electronic, online submission of the application.

July 2007

- Online applications submitted 60-days prior to inmates release date.

August 2007

- MassHealth-DOC Pilot Program recognized by Council of State Government – Innovations Award Nominee



Outcomes/Performance Measures

Pre Virtual Gateway

(Average per month from Jan.-June 06)

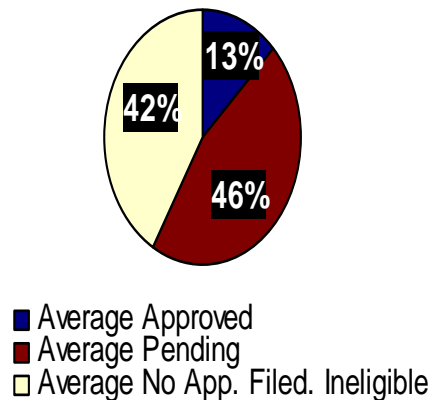
Average MassHealth Approved: 24 (13%)

Average Pending: 86 (46%)

Average No App. Filed/ Ineligible: 79(42%)

Average # of Releases to the Street: 189

January - June 2006



Post Virtual Gateway

(Average per month from July 06 to Jan. 07)

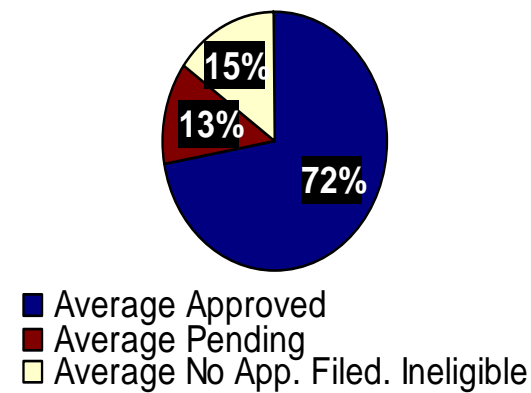
Average MassHealth Approved: 148 (72%)

Average Pending: 27 (13%)

Average No App. Filed/Ineligible: 30 (15%)

Average # of Releases to the Street: 206

July 2006-January 2008



Prior to Release

Assisted by CPO:

- Identification of home area
- Selection of Primary Care Clinician for appointments
- Receipt of Mass Health Card to be given to inmate at point of discharge



Next Steps

- Seeking grant funding for community linkages for continuity of care/advocacy
- Collaboration/cross training with Community Health Center Association
- SSI/SSDI applications



Summary



- Critical to the release planning process is the ability to access necessary medical insurance.
- Linkages to a continuum of services promotes successful offender reentry and contributes to the safety of our communities.
- The innovative partnership between the Massachusetts Department of Correction and MassHealth allows this continuum to occur.

