Re-entry Project for Offenders with Special Needs

Annual Report

Fiscal Year 2011

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Michigan Prisoner ReEntry Initiative
MPRI
Creating Safer Neighborhoods & Better Citizens

Program Overview

The mission of the Re-entry Project for Offenders with Special Needs (RPOSN) is to provide pre-release planning and targeted care coordination post-release for prisoners with special needs to ensure a seamless transition to the community. Special needs populations include the mentally ill, the medically fragile, the developmentally disabled and youthful offenders. An Aftercare Plan is developed that meets each offender's individual needs in collaboration with the facility treatment team, parole agent, family members and service providers in the community. This plan addresses needs related to housing, mental health, substance abuse, employment, physical health, links to entitlements and additional community supports.

This project relies on a unique model of using a single coordination point for implementation of a statewide system. This system allows for consistency across the state and emphasizes the importance of interagency communication and cooperation. The role of targeted care coordination within this model is integral, as it builds collaborative relationships and serves as a neutral broker, navigating the complex systems involved and bridging the communication gap. The result is that fewer offenders with special needs return to prison, creating safer communities, fewer victims and financial savings.

Executive Summary

The Re-entry Program for Offenders with Special Needs (RPOSN) continues to improve public safety by linking paroled offenders with critical resources that enable quick transitions to stable living situations in the community and ensuring individual treatment needs are met.

In fiscal year 2011, the Offenders with Special Needs program served over 2500 offenders yielding 777 successful community transitions and demonstrating an 83% success rate (a 5% improvement over FY 2010). Key factors to this success include a high degree of involvement, customized service plans, and extensive pre-planning work with each individual participant.

The long term success rate for the initial 525 mentally ill cases for whom 3 years have now passed is 69.1%. 30.9% were returned to prison within three years for new sentences (13.9%) or technical rule violations (17.0%). These figures compare very favorably to BASELINE outcomes from 1998, which showed 50.0% returned to prison within three years for new sentences (16.2%) or technical rule violations (33.8%). Additionally, this program enables many offenders who would not have paroled without the program to safely transition to the community.

The Department of Human Services Juvenile Justice program continues to go well, attaining 84% success in FY 2011. PCS continues to assist DHS in developing and refining this program to optimize value and success rates and increase the number of participants, currently at 33.

Community Referrals are another key facet of the program whereby Parole Agents can refer people that were not identified pre-release. This referral method grants support and resources to enable continued success in the community. There are currently 48 active community referrals and 45 people successfully completed the program in the 2011 fiscal year.

Significant cost reductions are being offered to the State for FY 2012 as a result of PCS' ability to effectively link participants with community resources and manage service expenses without sacrificing success. Additionally, the administrative fees related to this program are less than 5% of contract value as a result of efficient business processes and world class database and information systems.

The length of time from referral to the program and parole board decision is significantly improved over the past year as a result of focused effort by both PCS and MDOC. PCS has achieved a 32% improvement in after-care plan development time and MDOC has achieved a 33% improvement in delivery of key clinical and needs assessment information. The result is an estimated 30 day improvement in average referral to parole board decision times, or 30 bed-days per offender.

There is a significant opportunity to positively impact the State budget by expanding this program to include a front end incarceration alternative for courts whereby a funded care plan is provided, in conjunction with community based disciplinary measures, to ensure provision of mental health services, treatments and basic needs without incarceration. This program would serve as a diversion path from prison and would significantly aid in decreasing prison population and expense. The existing structure of the RPOSN program would provide an ideal framework for this concept. This program would foster upstream involvement with the adult probation department and would create significant cost avoidance opportunities for the State.

Summary Statistics

Table I – Referrals, Admissions, Discharges and Active Participants – Oct. 2010 through Sep. 2011

Service Category	Active as of 10/1/2010	New Referrals	Total Discharges	Active as of 9/30/2011
Mentally Ill	**987**	**1068**	**846**	**1209**
Parole Board Referrals (D-47)	844	899	656	1087
Discharged from MDOC (Max-out)	100	107	129	78
Community Based, Agent Referred Parolees	43	62	61	44
Medically Fragile	**49**	**89**	**87**	**51**
Parole Board Referrals (D-48)	48	77	77	48
Discharged from MDOC (Max-out)	0	1	1	0
Community Based, Agent Referred Parolees	1	11	9	3
Developmentally Disabled	**1**	**3**	**1**	**3**
Parole Board Referrals (D-47)	1	1	1	1
Discharged from MDOC (Max-out)	0	1	0	1
Community Based, Agent Referred Parolees	0	1	0	1
Youthful Offenders - HYTA	**89**	**150**	**155**	**84**
Juvenile Justice Cases (DHS)	**28**	**37**	**32**	**33**
Totals	**1154**	**1347**	**1121**	**1380**

Table I Observations

- The number of participants in the program continues to increase due to higher referral rates from MDOC (up 22% from FY 2010)
- There are few Developmentally Disabled (DD) participants due to co-occurring conditions that classify most DD participants as either Mentally Ill or Medically Fragile
- Max-Out Referrals account for 10% of Mentally Ill admissions

Table II – Discharge Details and Program Success Rates by Service Category

Service Category	Successful* Completions	Unsuccessful** Completions	Other*** Completions	Success Rates****
Mentally Ill	**557**	**150**	**139**	**79%**
Parole Board Referrals (D-47)	430	125	101	77%
Discharged from MDOC (Max-out)	89	7	33	93%
Community Based, Agent Referred Parolees	38	18	5	68%
Medically Fragile	**64**	**2**	**21**	**97%**
Parole Board Referrals (D-48)	56	1	20	98%
Discharged from MDOC (Max-out)	1	0	0	100%
Community Based, Agent Referred Parolees	7	1	1	88%
Developmentally Disabled	**1**	**0**	**0**	**100%**
Parole Board Referrals (D-47)	1	0	0	100%
Discharged from MDOC (Max-out)	0	0	0	
Community Based, Agent Referred Parolees	0	0	0	
Youthful Offenders - HYTA	**139**	**3**	**13**	**98%**
Juvenile Justice Cases (DHS)	**16**	**3**	**13**	**84%**
Totals	**777**	**158**	**186**	**83%**

* Successful is defined as having met the goals and objectives in the service plan

** Unsuccessful are those cases not meeting the goals in the service plan due to return to prison or absconding

*** Other terminations include death, refusal of treatment, removal by parole board and other circumstances

**** "Other terminations" are not included in success rate determination

Table II Observations

- Youthful Offender success rates are higher as these cases typically have a stronger support system from family and a higher degree of access to community resources. Additionally, these cases also have a high Medicaid approval rate due to their age.
- Max-out cases success rates are higher due to voluntary participation and PCS' effectiveness in engaging them in services post release.
- Community based referral success rates are low. This may be improved by involving PCS earlier on rather than as a last resort if a parolee is struggling.

Financial Summary

PCS receives compensation from MDOC on a per offender case rate that is based on the availability of supplemental funded services and supports from other sources such as Community Mental Health, Medicaid, Medicare, Social Security, Veterans benefits and County Health Plans. Under this model, the financial impacts of changes in the availability of these services are absorbed by PCS and are not passed on to the State. The case rate compensation method effectively aligns the goals of success and fiscal frugality between MDOC and PCS. For FY 2011, the total invoiced amount to MDOC was $8.95 Million, which was less than the budgeted amount.

PCS works to supplement the case rate compensation through securing participant benefits programs such as Medicaid, Medicare, Veterans benefits and Social Security. For clients who are approved for Medicaid, PCS is able to secure, on average, over $500 in mental health services and medications per participant. For participants who are approved for Social Security (Disability), PCS is able to redirect, on average, $780 in housing related expenses.[1]

In FY 2011, PCS submitted 574 Medicaid and Medicare applications, pre-release, on behalf of participants. 30% of these applications were approved, up from 25% in FY 2010.

Key Accomplishments

- Improved success rates to 83% from 79% in FY 2010 despite continued challenging economic conditions.
- Maintained administrative fees of 5% of contract value as a result of efficient business processes and world class database and information systems.
- Reduced average expense per individual while improving success rates. Savings is passed on to MDOC in case rate reductions for FY 2012.
- Successfully managed a 22% increase in referrals (1347 new cases) while improving success rates.
- Processed 574 benefits applications, pre-release, resulting in quicker access to benefits in the community. As of September 30th, 2011, a total of 1037 pre-release applications were submitted for mentally ill participants, resulting in a 30% approval rate.
- Improved turn-around time of After Care plans by 35%, from 73 to 47 days on average. These improvements in conjunction with prompter receipt of clinical information from MDOC reduced program entry to parole decision times by approximately 30 days.
- Secured, on average, over $1280 in additional services through Medicaid, Medicare and Social Security when participants were approved for these benefits.
- Developed and continue to refine strong Information Technology systems to streamline operations and track and record all aspects of program including aftercare plans, service

[1] Estimates are based on comparison of average accrued costs for mentally ill participants with approved Medicaid and/or SSD and those who do not have these services. No benefit summaries or invoices are received from Community Mental Health, Medicaid, or other service providers, so no data regarding actual costs of services can be provided.

provision, documenting of progress, program expenses, success rates and demographics. These systems provide MDOC with detailed reporting and prompt access to key information.

Program Opportunities for Improvement

- Recommend re-starting discussions regarding the creation of an incarceration alternative for courts whereby a funded care plan is provided in conjunction with community based disciplinary measures to ensure provision of mental health services, treatments and basic needs without incarceration.
    - This program would serve as a diversion path from prison and would aid in decreasing prison population and expense.
    - The existing structure of the RPOSN program would provide an ideal framework for this concept and participants could simply be added under a new referral source.
    - This program would foster upstream involvement with the adult probation department and would create significant cost avoidance opportunities for the State.
- Continued focus on expediting the referral to release process could easily yield an additional 30 to 60 bed-day savings per individual. Key milestones include:
    - Receipt of a clinical packet from MDOC (current average is approx. 55 days)
    - Receipt of a Needs Assessment from MDOC (current average is approx. 65 days)
    - Submission of a completed After Care plan by PCS to MDOC (current average is 47 days)
    - Decision by MDOC Parole Board
- Improved quality of MDOC clinical documentation that focuses on the functioning level of the individual would positively impact Medicaid approval rates and may enable further price reductions to MDOC.
- Expansion of the program to include other special needs groups such as females, elderly and other youth populations as identified by MDOC would further the fiscal savings and public safety impact of the RPOSN program.
- Continue to define and develop processes and systems for the DHS to further improve the Juvenile Justice aspect of the RPOSN program.

Closing Remarks

The RPOSN program has been a great success this year and we are looking forward to another successful year in 2012. We thank the State and the Michigan Department of Corrections for the opportunity to be a part of this program. We are sincerely interested in the creation of an incarceration alternative and look forward to discussing this opportunity and other aspects of the program.

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