

To: The Office of Governor Paul LePage

From: Valentina Annunziata, Maine Policy Scholar 2018
University of Maine at Presque Isle



Continuity of Care for Mentally Ill Inmates in Maine's Jails

Background:

Mental illness is a crisis that has bled into the correctional system since the well-intended deinstitutionalization movement of the 1980's. The process of shutting down unethical asylums and psychiatric facilities resulted in individuals being "reinstitutionalized" into the jail and prison system. Due to the vast differences in Maine's demographics and resources, these effects are felt most severely in the county jail facilities. Jails have become a "revolving door" for individuals with mental health issues, and the current system is not only expensive, but it fails to address their needs or make citizens safer. Enhanced policies in both the community and within county jails could improve the continuity of care for mentally ill citizens who come in conflict with the law and allow Maine to reach a higher gold standard of care for these inmates as they transition in and out of correctional facilities.

Review of the current written policies on the Maine Department of Corrections (DOC) website revealed only vague, minimum standards on policy for mentally ill inmates within Maine's jails. This encouraged a qualitative research method, resulting in 25 interviews with professionals in the field who work closely with this population. Interviews were conducted with administrators from the Maine Department of Corrections and county jails, on-site mental/health care staff, correctional officers, and inmate advocates. These interviews shed light on common barriers that limit Maine from reaching a higher standard of care.

Analysis:

These interviews echoed issues found during an extensive literature review. Many mentally ill individuals are brought to jail even though it is not the best place for them to go. Two separate interviewees, one mental health care provider and one advocate, referred to jails as "de facto psychiatric facilities." One jail administrator stated that it is a daily occurrence for individuals to be picked up by law enforcement officers and brought to the county jails because there is not an alternative option. Considering the lack of resources in rural Maine, it is often the case that the emergency rooms are full and cannot take patients in need of a psychiatric evaluation. In addition, because of large cuts in psychiatric facilities, there are not nearly enough beds open to use as a diversion for the mentally ill from correctional facilities. Instead, these individuals are brought to jail, where they face the need to wait potentially long periods of time to resume taking existing prescription medication prior to incarceration, or may have medication completely stopped on the inside because of concerns regarding abuse potential or cost for county jails.

An additional barrier is the fact that all inmates lose insurance, as they become "custody of the county" during their time in jail. This means that county jails are responsible for paying for all medications and medical care, and insurance can only step in if a transfer to the hospital for the night is required. Individuals with MaineCare also face a difficult task when transitioning back to society because, while on the inside, their

insurance is switched to “inmate status” and is temporarily put on hold. However, the process to resume care often requires the help of a DHHS caseworker to make phone calls and complete paperwork. This can be a lengthy and frustrating process, even for a professional. Those with the most severe mental illness may be unable to navigate the system in order to resume care upon release. This leads to major recidivism rates, as many of these individuals return to the streets as transients, and self-medicate until they are arrested again.

The Somerset County Jail is one of the many jails that faced a funding barrier in regards to transitional care for inmates. To address this, they applied and were approved for a grant funded transitional program that allows for several additional services to aid inmates’ transition in and out of the facility. This facility is a prime example of how a county jail can maximize care when increased funding is sought with a knowledge and understanding of the specific population they serve. Unfortunately, this funding was not approved for the next fiscal year, but the jail administration plans to adopt certain aspects of the grant into their own budget. The Somerset County Jail’s success highlights how even a short-term investment in resources helps increase legitimacy of the need for in-depth resources and lead to long-term policy and funding changes. Since most jails do not have the opportunity to receive this type of targeted funding, additional policy recommendations for the entire state could help Maine insure better care and continuity of services for this vulnerable population.

Policy Recommendations:

There are three specific areas for potential policy change that can help address the concerns brought to light through interviews. These include changes in the community, changes within the facilities, and an increased collaboration between communities and facilities. These changes could potentially save the counties and state an impressive amount of money long-term, as the overuse of jail and other criminal justice services would decrease.

1) Changes in the Community:

One major recommendation is to open more psychiatric facilities such as Riverview. In the past, these facilities have been shut down, but it is important that there are more beds to divert the mentally ill from going to jail in the first place, as well as create open beds for transition back to society post incarceration. Often an inmate with mental illness will spend an additional 6-10 months in jail because a condition of their release is to go to a psychiatric facility, but there are no open beds within the entire state. **In addition, more lower barrier homeless shelters should be opened up, as many shelters in Maine disqualify individuals with mental illness for the potential safety risk to families.** However, if they have nowhere to stay, they will remain on the streets and be more likely to recidivate and engage in substance abuse.

2) Changes within Facilities:

To address the problems associated with the gap in insurance upon release, one policy recommendation is the need for onsite office space for the assigned DHHS caseworker. This is the individual who can help inmates with mental illnesses be proactive and start the process of connections to resources and insurance on their transition back out. Some county jails have a place in which the caseworker can work closely with other relevant staff. Unfortunately, some county jails do not, and treat the caseworker like an outsider who is often unwelcomed into the facility because of time or

space restraints. It is important to note that the caseworker has a state mandated role within the jails, which shows a need for increased state and county communication and collaboration.

Facilities should also have a medical technician present at the time of delivery of medication to inmates with the oversight of a correctional officer for safety and security reasons, and to verify that the inmate is not taking extra medications. This would create much less of a liability and would cut down on the abuse of prescription medications on the inside. The presence of a trained medical technician, instead of only a correctional officer, could potentially open the door for inmates to receive mental health medications that are needed, but banned for abuse potential. This may also allow for an inmate to receive the non-generic medication if needed.

Another recommendation is to increase the screening process upon intake. There should be more than one booking officer asking the inmate whether or not they have mental health concerns. Targeted resources could support a counselor from an outside agency to ask these questions as well, and work towards a more comprehensive needs assessment. Enhanced screening is needed to get relevant information without causing the inmate fear of being put in administrative segregation if they disclose suicidal thoughts or mental health concerns.

3) Increased Collaboration between Communities and Facilities:

Interdepartmental communication is an important recommendation, as this will allow for the needs of an inmate to be addressed upon intake, during incarceration, and through transition. Having communication among all system actors will help improve the transition of care inside and outside of the facility, and cut down on gaps in care. Relationships with relevant outside agencies are also a way for facilities to connect individuals with resources before or during their transition. This will allow an individual to receive immediate support, and not fall through the cracks upon release. **One way to do this is to create an easy to read resource pamphlet that includes relevant resources and community organizations that have established connections with the facility.** Providing this at the time of release can help an individual seek immediate services regarding mental health, substance abuse counseling, shelter/housing, clothing, and more. A model used at the Somerset County Jail is attached.

Conclusion:

In order to address the presented concerns, action must be taken on this issue from beyond the administration in the Department of Corrections. Increasing housing and facilities for the mentally ill will be a much more cost effective way for individuals within the state of Maine to receive adequate care. For mentally ill individuals who do enter the jail system, having all system actors, including state and county employees, work together to assess their needs and help connect them with services upon re-entry, will address any gaps in care. This would improve safety and cut down significantly on repeat offenses, recidivism rates, and ultimately the cost to county jails and state government. The Somerset County Jail offers a prime example of the potential for small county jails to achieve these goals. If the aforementioned policy recommendations are attempted at both the local and state level, Maine can reach a higher gold standard of care for all citizens within the state.

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Maine Crisis Hotline:
(888) 568—1112

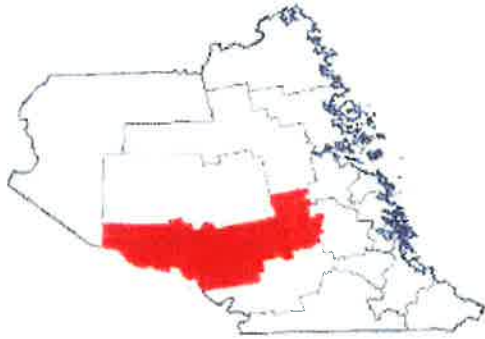
The Maine Crisis Hotline is staffed around the clock, every day of the year. Call them any time for emergency mental health care.

Intentional Warm Line:
(866) 771—9276

The intentional Warm Line offers telephone support during challenging times and non-crisis situations. The goal is not to be tied to the Intentional Warm Line, but to be encouraged to build a life that is lived in the community of choice. Callers will receive support, social connection, assistance with referrals to community resources, recovery programs, and an opportunity to connect with others during time of fear, grief or sadness.

Sexual Assault Crisis & Support Center
(800) 871—7741

The Sexual Assault Crisis & Support Center's mission is to lessen the trauma-related suffering of sexual assault and promote healing by guiding those affected by sexual violence toward survival through support, advocacy, education and community collaboration.



Peter Moulton

Programs Caseworker
(207) 858-9598 ext. 2106
131 East Madison Road
Madison, Maine 04950

“It takes a village...”

INTEGRITY * RESPECT * FAIRNESS *
DEDICATION

Somerset County Resources



Sheriff Dale P. Lancaster
(207) 474—9591
Somerset County Jail
131 East Madison Road
Madison, Maine 04950

Alcohol Recovery Support Groups
To find a local AA meeting, please visit this website: <http://www.aa.org/> or call toll free (888) 981-5804

*** Somerset County falls within District 14 for AA meetings. ***

Narcotic Recovery Support Groups
To find a local NA meeting please go to: <http://www.na.org/> or call toll free 818-773-9999.

To find other local community resources, call 211 from any telephone or text 858-211 from any cell phone. This resource is staffed 24/7 and is completely confidential. This free service is sponsored by United Way of Maine.

“Get Connected. Get Answers.”

Food Banks & Pantries and Soup Kitchens in Somerset County:

St. Peter's Food Pantry, Bingham
(207) 474-2039

Cornville/Athens Food Pantry
(207) 431-5487

Fairfield Food Pantry
(207) 509-9972

People Who Care Food Pantry Madison
(207) 696-3971

Norridgewock Food Pantry
(207) 634-4116

The Welcome Table Food Bank, Pittsfield
(207) 487-5861

Federated Church "Grab & Go", Skowhegan
(207) 474-2776

Skowhegan Community Food Pantry
(207) 474-9249

Smithfield Food Pantry
(207) 362-4772

Solon Food Pantry
(207) 643-2855

Family Violence Project:

This is a non-profit organization serving the needs of people affected by domestic violence. All services are free and confidential.

Toll Free Help Line 24/7.....(877) 890-7788

Skowhegan Office.....(207) 474-8860

Waterville Office.....(207) 877-0835

Augusta Office.....(207) 623-3569

Homeless Shelters:

Trinity Free Evangelical Church Shelter
12 McLellan Street
Skowhegan, Maine 04976
(207) 474-8833

New Hope Women's Shelter
111 South Main Street.
Solon, Maine 04979
(207) 399-3348

Mid Maine Homeless Shelter
19 Colby Street
Waterville, Maine 04901
(207) 872-8082

Clothing Closets:

Centenary United Methodist Church Community Clothing Closet
103 Dr. Mann Road
Skowhegan, Maine 04976
(207) 474-3915

Lamb's Clothing Closet
Fairfield First Baptist Church
12 Newhall Street
Fairfield, Maine 04937
(207) 453-0170

Well-Being Needs:

Kennebec Behavioral Health Organization

5 Commerce Drive
Skowhegan, Maine 04976
(207) 474-8368

Crisis & Counseling Center

336 Water Street
Skowhegan, Maine 04976
(207) 474-5461

Maine Behavioral Health Organization

30 Leavitt Street
Skowhegan, Maine 04976
(207) 474-3244

Blue Sky Counseling

32 College Avenue
Waterville, Maine 04901
(207) 314-7544

The above agencies often have grants that allow for free substance abuse treatment. Please call them to see if you are eligible for free care.

KVCAP

28 Mary Street
Skowhegan, Maine 04976
(800) 542-8227

Somerset County Superior Court

41 Court Street
Skowhegan, Maine 04976
(207) 474-5161

Maine District Court

47 Court Street
Skowhegan, Maine 04976
(207) 474-9518

Probation & Parole Officers

Cameron DuFour (207) 474-0371
Rafael Garza (207) 474-7384
Jodie Johnson (207) 474-7378
Matthew Kennedy (207) 474-0437
Craig Ladd (207) 858-0131

Somerset County Community Corrections Program (SCCCP)

Teresa Brown, Supervisor
(207) 858-9598 ext 2044