

## Obtaining Federal Benefits for Disabled Offenders:

# Part 3 — The Challenges And Lessons Learned

By Marilyn Moses and R. Hugh Potter

**Authors' Note:** Findings and conclusions reported in this article are those of the authors and do not necessarily represent the official position or policies of the U.S. departments of Justice or Health and Human Services.

The previous two articles in this series discussed findings from Catherine H. Conly's *Helping Inmates Obtain Federal Disability Benefits: Serious Medical and Mental Illness, Incarceration, and Federal Disability Entitlement Programs*, a study about programs designed to obtain federal benefits for inmates as part of reentry planning. The research, jointly funded by the National Institute of Justice and the Centers for Disease Control and Prevention, showed that helping offenders obtain federal disability benefits not only can increase their access to community-based care, it can also: 1) reduce the financial burden on state and local governments that fund indigent health care systems, and 2) increase the number of disabled offenders who receive treatment.<sup>1</sup> This article summarizes what the researchers identified as the primary challenges to and lessons learned about obtaining benefits for offenders who are entitled to them.

## Challenges

The programs the researchers studied face a number of common challenges to obtaining benefits:

**Staff resistance.** Some staff and professionals may resist helping inmates because they feel that offenders do not deserve this type of assistance. Because corrections staff, including contract medical and mental health staff, may not view benefits planning as part of their job duties, they may resist participating in the process because it places additional burdens on their time. Likewise, parole officers may not assign high priority to having parolees apply for or obtain benefits.

**Applicant impairments.** Illiteracy, language barriers, and mental and physical health conditions can make it difficult for severely ill offenders to participate effectively in the application process. Illness may also impair their memory of prior treatment.

**Offender resistance.** Inmates may refuse to participate in filling out prerelease applications for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) only to discover after release that they cannot support themselves or obtain care. Parolees who have obtained prerelease approval for benefits may not follow through with obtaining benefits after they are released.

**Delay in determining disability.** Even when applications for SSI or SSDI are filed before an inmate is released, the application review process can take a long time. As a result, benefits may not start for weeks or months after release.

**High rates of denial for SSI.** Initial SSI applications are often denied, which necessitates appeals that produce significant delays. If releasees do not have help filing appeals following release or cannot be located, they may lose the opportunity to obtain benefits.

**Lack of information.** Medical and mental health records necessary to substantiate the nature and duration of a disability may be difficult to obtain because offenders typically have seen multiple health care providers in the community. In addition, correctional records may be inaccurate or incomplete.

**Inability to locate releasees.** Even if they receive medical approval prior to release, releasees who cannot be located are likely to have their SSI or SSDI applications closed for lack of important information.

## Lessons Learned

The experiences of the study sites suggest six important lessons regarding efforts to assist inmates with benefits applications:

**1) Partnerships keep the process alive.** Regardless of whether the benefits application process operates through a formal interagency agreement or an informal accord, inmates receive better assistance when many agencies, organizations and individuals work together to ensure that eligible applications do not fall through the cracks and that benefits are distributed.

**2) Dedicating staff to the program has rewards.** Specialized staff who help offenders access benefits can streamline the process, provide complete applications for more individuals and establish stronger working relationships with disability decision-makers. In Texas, for example, since the primary burden of gathering medical and mental health documentation shifted from medical staff to the benefits eligibility specialists, medical staff are more willing to assist in preparing applications.

**3) Filling gaps until benefits commence is essential.** The benefits for many severely ill inmates do not begin immediately upon release and programs may have to fill potential gaps in benefits by using their own program dollars to pay for services during the period between a client's release and the start of disability or health benefits.

**4) Tracking outcomes is beneficial.** Collecting outcome data on the benefits process not only allows staff to evaluate the progress of the program but also to garner additional financial support to offset costs. For example, in Texas, the staff assessed which eligibility specialists succeeded in obtaining benefits and used their techniques in staff training. In contrast, New York did not maintain data on social security applications, so its staff members often assumed their efforts were largely unsuccessful, making it difficult for them to feel motivated when filing applications.

**5) Centralizing operations reduces delays and improves communication.** Sites that centralized the medical and cash assistance claims process significantly reduced the amount of time until enrollment began.

**6) Assisting mentally ill offenders poses special challenges.** Some individuals interviewed for the research suggested that disability determination staff appear more cautious when approving benefits for mentally ill inmates. With fewer objective criteria, it is harder to diagnose a mental illness. In addition, there is a common perception that some offenders feign mental illness to obtain more favorable treatment or that those who are mentally ill can appear stable in the structured environment of a correctional setting. Some offenders also suffer from substance abuse, making it difficult to determine which ailment is the primary illness.

## Benefits Are Just One Aspect of Planning

Helping inmates apply for medical and cash assistance is an important way to support severely ill inmates who are returning to the community. The study suggested, however,

that such assistance should be viewed as only one facet of a more extensive discharge plan. Corrections staff should also provide case management and housing services. Even individuals who qualify for benefits may find it challenging to avoid relapse unless these supports are available

### ENDNOTES

<sup>1</sup> The jurisdictions that participated in the research were the Texas Correctional Office on Offenders with Medical and Mental Impairments; the New York Division of Parole; the City of Philadelphia Behavioral Health System; King County, Wash.; and Pinellas County, Fla.

For more information about the benefits programs described in this article, see: Conly, Catherine H. 2005. *Helping inmates obtain federal disability benefits: Serious medical and mental illness, incarceration, and federal disability entitlement programs*, Final report for contract no. 99-C-008 2002TO097 000, NCJ 211989. (June). Available at <http://www.ncjrs.gov/pdffiles1/nij/grants/211989.pdf>

For more information about the rules and regulations for federal benefits programs, contact your state and federal benefits agencies directly.

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