CASES

TESTIMONY OF ANN-MARIE LOUISON,
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THE CENTER FOR ALTERNATIVE SENTENCING AND EMPLOYMENT SERVICES
(CASES)

THE NEW YORK CITY COUNCIL

HEARING ON DISCHARGE PLANNING AND COMMUNITY RE-ENTRY FOR THE CITY'S JAIL POPULATION

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Thank you for the opportunity to address the Council on behalf of the Center for Alternative Sentencing and Employment Services (CASES), New York City's oldest and largest alternative to incarceration program. In all of our work, we try to increase the understanding and use of community sanctions that are fair, affordable and consistent with public safety.

The City Council has been a longstanding supporter of the work of CASES and other ATI programs in the City. **ATI programs Cut Crime, Cut Costs and Help People and Communities**. ATI programs, get young people into school and help them stay in school, find people jobs, connect people to services, and keep families together. We save the City money and contribute to public safety. We thank you for your past support. We look forward to your support in the upcoming budget negotiations and your continued partnership in the future.

We are pleased to have the opportunity to share our experiences with the Council in its investigation of discharge planning and community re-entry for our City's jail population. As Director of CASES' Mental Health Programs, I would like to speak specifically today to the needs of offenders with mental illness, particularly those whose Medicaid benefits are terminated while in jail. I would also like to voice our support for Resolution 263-A, which would require the suspension, rather than termination, of Medicaid benefits for individuals in city jails.

Time and again, CASES staff grapple with the effects of Medicaid termination as they work with severely and persistently mentally ill offenders in our three Mental Health programs: Assertive Community Treatment (ACT), a State Office of Mental Health licensed and Medicaid funded two year alternative to incarceration program for adult felony offenders with mental illness; Exit, a federally funded (Substance Abuse and Mental Health Services – SAMSHA) six-month voluntary mental health program for misdemeanants with mental illness; and Nathaniel Homeless, a federally funded (Substance Abuse and Mental Health Services – SAMSHA) two-year alternative to incarceration for adult felony homeless offenders with mental illness. Our strategy for bringing about real changes in the lives of individuals is to make available best practices of the mental health field to individuals released from the justice system; our programs

incorporate tested, effective methods such as peer support and a participant-centered, strengths-based approach to counseling and case management.

CASES' Mental Health programs serve 180 of our City's most vulnerable population each year – individuals with mental illness, who often experience co-occurring substance disorders, physical health issues and homelessness. Tragically, our capability to effectively assist our participants is compromised by Medicaid termination in many ways. Program staff must dedicate precious resources, in the form of time and money, to the bureaucratic task of reenrolling our participants in Medicaid.

While individuals terminated from Medicaid who are leaving jail are provided with a temporary Medication Grants Card, they are ineligible for medication relating to chronic health conditions. The ensuing delay keeps many individuals from being properly diagnosed and treated. The discontinuation of medical treatment will often exacerbate a condition, which if diagnosed earlier, would require a less costly medical intervention. For a diabetic, for instance, this can mean the difference between taking tablets, when diagnosed early, or administering lifelong insulin shots, if diagnosed too late.

Medicaid termination also yields a costly misappropriation of program resources. It is typical for a mental health professional to dedicate valuable time, which could otherwise be spent on counseling and other services, accompanying participants to required visits to Medicaid offices to reinstate their benefits. This process can take upwards of 30-45 days. During this time, a mentally ill offender struggling with physical problems will understandably have a difficult time attaining the stability needed to successfully concentrate on and engage in mental health services. Further, because of a break in medical services related to chronic conditions, CASES is often forced to spend needless dollars from its subsistence funds on medication related to chronic conditions. These same dollars would otherwise be devoted to helping a participant stabilize and reengage in the community, through the provision of clothing, toiletries, GED program fees and books.

Before concluding, I wanted to provide you with two case studies of participants from our ACT program in order to illustrate the difference in their quality of care based on the presence or lack of immediate Medicaid availability. One client, a 54-year-old,

HIV-positive woman, was arrested, jailed, and discharged from Riker's Island all within a two-week period. As a result, her Medicaid was not terminated and upon release, she was able to receive immediate treatment for a thrush infection in her mouth that was brought on by her HIV status. This individual was able to return to her community service provider, who was knowledgeable of her medical history, within 24 hours of release.

This case can be compared with that of a sixty-year old woman, who had been jailed for four months before being released and coming to CASES. Her Medicaid benefits had been terminated. This client suffered from asthma, lower back pain, abdominal pain, and hypertension. CASES staff also believed that she was experiencing symptoms of Dementia and deemed it necessary that she undergo a neurological work-up. Because this individual did not have Medicaid, she had to wait an entire month to receive medical attention for both her physical pain and neurological evaluation. While Dementia was eventually ruled out, her conditions were exacerbated by the amount of time she was forced to wait for medical treatment. Since being reenrolled on Medicaid, she has had to visit a doctor bi-weekly.

The juxtaposition of these two cases illustrates the need for discharge planning that requires a reinstatement of Medicaid on the day of release. We wholeheartedly endorse Resolution 263-A, calling upon the New York City Department of Social Services to suspend, and not terminate, incarcerated individuals from the Medicaid rolls. Community providers should not be forced to spend treatment and rehabilitation dollars on medications for acute ailments. City dollars should not be spent needlessly on chronic health conditions whose diagnoses are delayed. Mental health professionals or community providers should not dedicate their limited time with clients to bureaucratic tasks rather than to needed treatment. And finally, individuals leaving jail should be free to dedicate their time to reconnecting to the community rather than to Medicaid benefits.