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First Year Evaluation of the Legal Action of Wisconsin Disabled Offenders Economic Security (DOES) Project Conducted for the Wisconsin Department of Corrections

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**First Year Evaluation of the
Legal Action of Wisconsin Disabled Offenders
Economic Security (DOES) Project Conducted for
the Wisconsin Department of Corrections**

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Executive Summary

Among the most challenging populations released from Wisconsin adult correctional institutions are offenders with serious mental and physical disabilities that impede their ability to hold gainful employment and present serious mental and physical health conditions often requiring medications and continuing medical care. The Disabled Offenders Economic Security (DOES) Project is supported by the state Department of Corrections using Becky Young funds to offer assistance to prison inmates who have serious mental health and disability conditions and who are releasing from DoC institutions into communities throughout Wisconsin. Under this project, Legal Action of Wisconsin attorneys serve as benefit specialists helping soon-to-be-released disabled offenders acquire Supplemental Security Income (SSI) and Social Security Disability Income (SSDI), medical assistance, and other public benefits for which they qualify. This report summarizes early data on inmates served by the DOES project and their success rates in obtaining SSI, SSDI, Medicaid/Medicare and other benefits during the 2011 start-up year.

1. The project opened cases for 466 clients in Calendar Year 2011. As of December 31, 2011, monthly income benefits had been obtained for 144 clients, another 117 clients had SSI/SSDI applications under review by the Social Security Administration (SSA) and Disability Determination Bureau (DDB), and 114 clients had SSI/SSDI applications under preparation by LAW benefit attorneys.

December 31, 2011 Status of the DOES Client Cases Opened in 2011

(466 cases opened from January 13, 2011 to December 29, 2011)

144 clients gained income benefits.

- 95 initial SSI/SSDI applications were approved.
- 42 SSI/SSDI reinstatement applications were approved.
- 5 retirement applications were approved.
- 2 SSI/SSDI applications were approved under reconsideration decisions.

117 client cases are currently under review in the SSA/DDB system.

- 26 initial applications submitted to the SSA are awaiting assignment to the DDB.
- 51 initial application cases are under review by the DDB.
- 39 denied cases are awaiting reconsideration decisions.
- 1 denied case is under appeal to the administrative law judge.

35 cases have been denied benefits and are not currently under appeal.

- 24 cases were denied at the initial application stage.
- 11 more cases were denied at the reconsideration stage after denial at the initial application stage.

114 cases have SSI/SSDI applications currently being prepared.

- 88 cases have completed intake interviews with their SSI/SSDI applications under preparation.
- 26 cases were opened in late 2011 and had no calendar events in 2011.

11 partially processed cases were closed due to changes in client circumstances (e.g., client died, release date changed beyond service period, client elected not to continue).

45 cases were closed without receiving services (e.g., clients elected not to receive services or had their cases closed before services were provided usually because of changes in their release dates or transfers to non-project correctional facilities).

- The SSI/SSDI income secured for disabled adults (usually, \$700 to \$800 a month) allows released offenders to find a stable housing situation and to count on a dependable source of monthly income for years to come, and the Medicaid/Medicare health insurance (with a typical estimated monthly value of \$652) ensures access to needed medications and medical treatment. These benefits can reduce the likelihood of recidivism related to unemployment and illness, with most of the costs borne by the federal government.¹ By contrast, the average annual cost to the state for incarcerating an adult in Wisconsin prisons is \$32,080 in 2012, with costs likely considerably higher for mentally ill and disabled inmates.²

The income and medical benefits secured for the first wave of DOES Project clients served from January 2011 to March 9, 2012 total over \$2.4 million annualized. *Additional clients have received approval for SSI and SSDI income with their monthly payment levels yet to be determined or with payments postponed due to calculations of income overpayments or changes in their prison release dates.* The benefits obtained for 2011 DOES clients included \$112,638 in monthly income (for 139 clients); \$86,133 in monthly medical assistance benefits (for 131 clients); and \$2,194 in monthly FoodShare benefits for 15 clients. One-time retroactive benefit payments of \$65,107 were also obtained for 31 clients. All benefits are paid directly to the client or the client’s payee; no fees are kept by Legal Action. If the first wave of DOES clients gaining benefits remain out of prison, their financial gains for basic living and housing costs plus medical care will total \$12 million over the next five years.

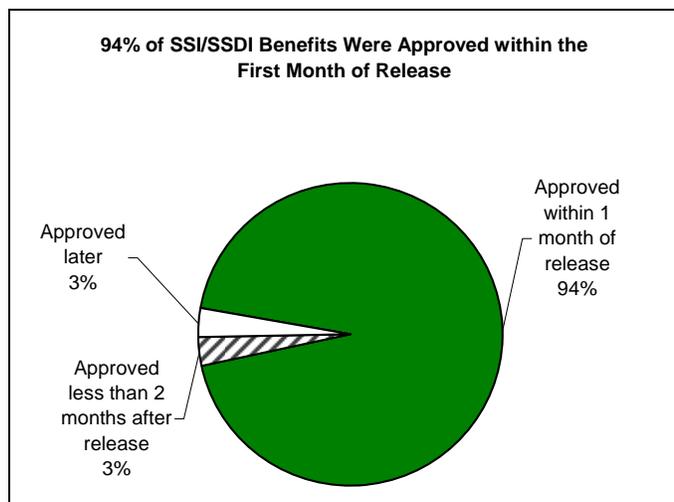
DOES Project Benefits Obtained for Clients (Jan. 31, 2011 – March 9, 2012)

| Benefits | Monthly Benefit | Yearly Total | Number of Clients |
|-------------------|-----------------|--------------|-------------------|
| Income | \$112,538 | \$1,350,454 | 139 |
| Medicaid/Medicare | \$86,133 | \$1,033,602 | 131 |
| FoodShare | \$2,194 | \$26,328 | 15 |
| Child support | \$100 | \$1,200 | 1 |
| TOTAL | | \$2,411,584 | 145* |

*Unduplicated count. Note: Additional clients received authorization for SSI/SSDI and medical assistance benefits, with amounts yet to be determined.

Note: Thirty-one clients also received one-time retroactive payments totaling \$65,107.

- Given the thoroughness of the SSI/SSDI applications prepared by the DOES Project benefit specialists in 2011, the vast majority (94%) of offenders gaining SSI/SSDI benefits received their authorizations before their release or within the first month after release, and nearly all (97%) secured their benefits within two months of their release. The timeliness of benefit receipt helps offenders secure adequate housing, return to the community with a reliable income source, and continue access to needed medications and medical care as they are released into the community.



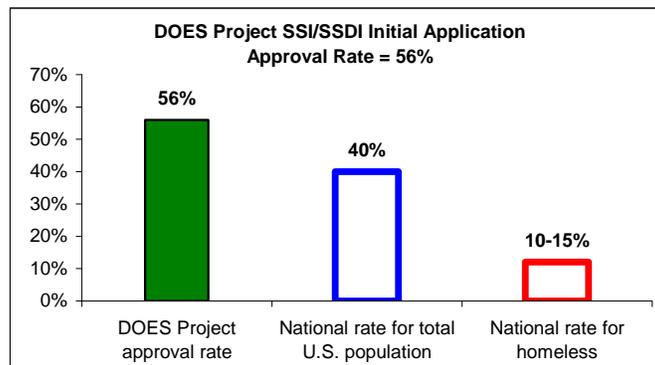
¹ Federal funds cover 89% of the SSI income for an eligible individual living independently while the state pays 11%. Medicaid funding sources for disabled adults are 69% federal and 31% state.

² “Reentry, Wisconsin Department of Corrections” (Wisconsin Department of Corrections, March 2012).

Only 3% of the approvals came more than 2 months after the client's release. *Note: The DOES cases with longer waits for disability benefits typically involved clients originally denied benefits and with applications under reconsideration.*

Approval Success Rates

4. In 2011 the DOES Project helped 42 inmates reinstate the SSI/SSDI benefits they had been receiving prior to incarceration and helped 5 clients obtain SSI and SS retirement benefits. Another 240 clients were helped to apply for new SSI/SSDI benefits.
5. **The Legal Action attorneys achieved very high success rates for approval of new SSI/SSDI applications in the 2011 start-up year**, in spite of the complexities of the SSI/SSDI application process and the challenges of establishing eligibility for incarcerated clients. For DOES clients filing initial claims for SSI and SSDI, a total of 170 initial applications were reviewed by the Disability Determination Bureau in 2011, with 95 (56%) approved. (Over two-thirds, 54 of the 75 denied claims, have been submitted for reconsideration.)
6. The 56% approval rate for initial SSI/SSDI applications reviewed by the DDB for DOES clients is approximately four times the 10-15% approval rates found nationally for homeless applicants (a category that includes released prisoners) and significantly higher than the 40% reported national approval rate for all initial SSI/SSDI applications (including submissions from individuals of all income levels, applicants with personal family doctors and with access to private law firms specializing in SSI submissions).³



7. In Calendar Year 2011 the Legal Action benefit specialist attorneys assisted inmate clients in thirteen Wisconsin correctional institutions that had been identified by DoC reentry staff administrators as having the highest numbers of mentally ill and disabled inmates scheduled for release. The offenders served are from communities throughout Wisconsin.

³ Social Security Advisory Board, Disability Decision Making: Data and Materials (May 2006), p. 30; Jacqueline Kauff et al, **Findings from a Study of the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative** (Mathematica Policy Research, Fall 2009). Little baseline data are available on the success rates of homeless populations securing SSI/SSDI benefits. No studies were located that reported success rates for homeless persons applying for benefits on their own without agency or attorney assistance.

**DOES Clients Obtaining SSI/SSDI/Retirement Income Benefits:
New Applications and SSI/SSDI Reinstatements**

| <u>Facility</u> | <u>Clients Obtaining Monthly Income Benefits in 2011</u> |
|---|--|
| Wisconsin Resource Center | 28 |
| Oshkosh Correctional Institution | 20 |
| Racine Correctional Institution | 20 |
| Taycheedah Correctional Institution | 19 |
| Fox Lake Correctional Institution | 14 |
| Jackson Correctional Institution | 9 |
| Columbia Correctional Institution | 8 |
| Green Bay Correctional Institution | 6 |
| Waupun Correctional Institution | 6 |
| Kettle Moraine Correctional Institution | 4 |
| Redgranite Correctional Institution | 4 |
| Robert E. Ellsworth Correctional Center | 3 |
| Dodge Correctional Institution | 2 |
| Other | <u>1</u> |
| Total | 144 |

8. The largest number of SSI/SSDI initial application and reinstatement approvals (N=28) were for inmates scheduled for release from the Wisconsin Resource Center, a mental health facility operated by the state Department of Health. (For WRC clients 18 initial applications were approved, 1 application was approved under reconsideration, and 9 reinstatement applications were approved.) Notably, 72 percent of the **new** SSI/SSDI applications from inmate clients housed in the Wisconsin Resource Center were approved at the first DDB review stage.

Serious mental health problems, even for inmates housed at the WRC, can be difficult to document and to demonstrate as disabling. Since most DOES clients' disabilities are mental illnesses, the Legal Action benefit specialist attorneys are continuing to file reconsideration and appeal procedures for clients denied benefits, including the clients released from the WRC.⁴

9. The DoC administration and staff use the inmate mental health classification system and inmates' functioning in prison to help identify potential clients for service prior to their release. The mental health coding system is described below.

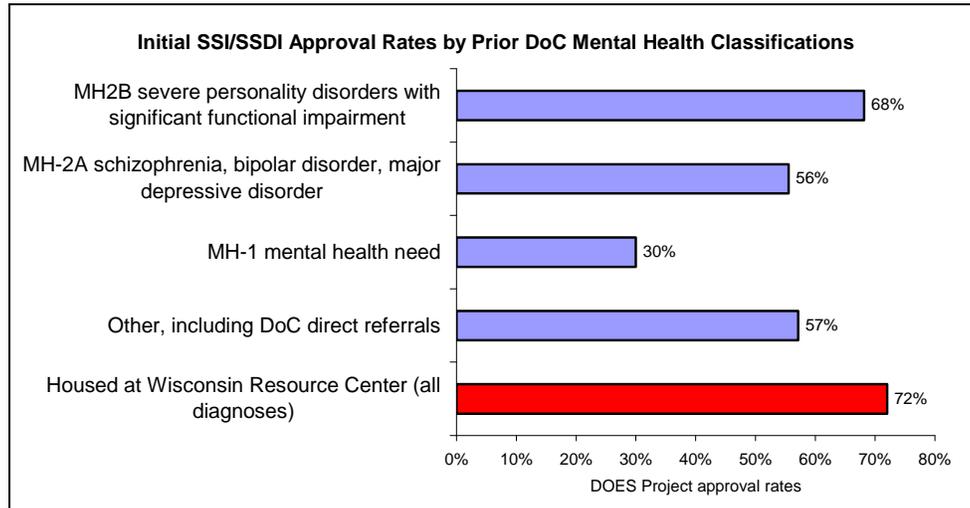
The Department of Corrections classifies inmates based on the severity of their illnesses: a code of **MH-0** identifies inmates who do not have any mental health needs, a code of **MH-1** identifies inmates who have some mental health needs but are not seriously mentally ill, and MH-2 codes identify inmates who are seriously mentally ill. A code of **MH-2A** identifies inmates with disorders that include schizophrenia, bipolar disorder, and major depressive disorder. It is also used to identify inmates who have any diagnosed mental illness that significantly impairs their ability to function. A code of **MH-2B** identifies inmates with personality disorders that are severe and accompanied by significant functional impairment, such as borderline personality disorders. Inmates are also classified as **developmentally disabled** (indicating an IQ of approximately 70 or below with concurrent impairments in adaptive functioning).⁵

⁴ Legal Action has a track record of successfully appealing initial and reconsideration SSI/SSDI benefit denials in approximately 75% of its cases.

⁵ See **An Evaluation of Inmate Mental Health Care** (Wisconsin Legislative Audit Bureau Report 09-4, March 2009).

Approval success rates were very high (68%) for DOES client inmates that had been diagnosed by the Department of Corrections as in the MH-2B group with severe personality disorders and significant functional impairments.

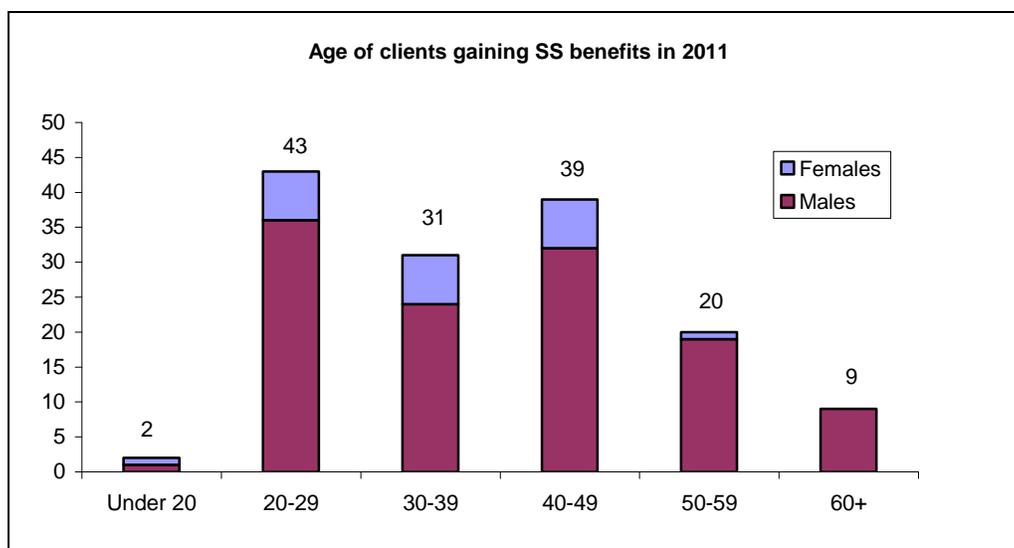
10. SSI/SSDI applications were also processed for special circumstance referrals where DoC social work or unit staff indicated that the inmate's DoC mental health classification was not truly reflective of the inmate's current mental illness. The Legal Action benefit specialists take these cases, often on an accelerated time line, when their caseloads allow.



11. The initial SSI/SSDI approval rate was lowest (30%) for those offenders with mental health classifications of MH-1, that is, with less severe mental health conditions, even though these clients had serious problems functioning in daily activities and work situations. These initial approval rates are still double the national approval rates for homeless populations.

Reaching Inmates Most in Need

12. A major portion (81%) of the offender clients gaining SSI/SSDI benefit approvals had been diagnosed by prison DoC staff as having serious mental illnesses, including 18% with severe personality disorders with significant functional impairment (coded as MH-2B), and 63% with schizophrenia, bipolar disorders, or major depressive disorders (coded as MH-2A). Other clients had problems documented by the DOES Project psychologist consultant (see Finding #15 below).
13. The DoC records showed that a majority (61%) of the DOES clients acquiring SSI/SSDI benefits (initial and reinstated) were receiving medications while incarcerated. By securing health insurance for these inmate clients, the DOES Project helps ensure that mentally and physically ill clients are able to continue their needed medications for their health and stability. For some mentally ill releases the medications may be essential to preventing repeat criminal acts.
14. The long-term benefits of the DOES Project to the DoC's reentry efforts are underscored by the age of the offenders served. A major group gaining SSI and SSDI income and medical care was disabled and mentally ill male offenders in their twenties. These ex-offenders' SSI/SSDI income and medical benefits can continue for decades, as long as the ex-offenders are not re-institutionalized.



15. To assist in documenting clients' medical and disability problems, Dr. Steven Kaplan, a rehabilitation psychologist and vocational consultant, conducted examinations and testing for 136 DOES clients and prepared documentation for their SSA/DDB benefit applications in 2011. These assessments provide telling evidence of the severity of the problems faced by disabled inmates nearing release. Half of the group had some type of cognitive disorder, a full 25% met criteria for mental retardation (and another 20% had borderline intellectual function); 86% were diagnosed with personality disorders which significantly interfere with their capacity to live independently in the community. Two-thirds had mood disorders, 63% had AODA issues which contributed to their incarceration, 55% had anxiety disorders, and 46% had schizophrenia or another related psychotic disorder. (See Section VI.)

Factors Contributing to the DOES Project First-Year Successes

16. Several features of the Legal Action DOES Project appear to be contributing to the high first-year approval rates and timely securing of Supplemental Security Insurance and Social Security Disability Insurance benefits in 2011 for the DOES Project clients.

- The benefit specialists serving the inmate clients are attorneys, thus offering several advantages for the Wisconsin DOES Project. As attorneys, the LAW benefit specialists
 - are knowledgeable about the stringent disability requirements of Social Security Administration,
 - have authority to serve as legal representatives of their clients before and after release from prison, and
 - are skilled at preparing advocacy memoranda documenting the functional effects of clients' disabilities and presenting evidence that addresses the specific requirements of the Social Security Act.
- The first DOES Project director and the current one had prior experience working on the LAW pilot project serving disabled offenders in Wisconsin correctional facilities.
- The Department of Corrections administrative and institutional staff are committed to the project and have facilitated smooth working relationships between DoC staff (including social workers,

medical personnel, unit staff, correctional officers, and community corrections agents) and LAW attorney benefit specialists.

- Planning efforts are coordinated by the DoC disability reentry coordinator who also assists in developing timely lists of potential clients and supporting interagency planning with Legal Action of Wisconsin, the Social Security Administration, and the Disability Determination Bureau.
- The DOES Project partners have demonstrated flexibility in addressing the special circumstances and unique challenges involved in working with incarcerated populations.
- The timing of the DOES Project work allows collection of needed medical and prison records while the offender is still incarcerated and allows for a thorough documentation, thus facilitating the work of the Social Security Administration and the Disability Determination Bureau in timely review of SSI/SSDI applications.
- Where additional documentation is required, the DOES Project contracts with an experienced rehabilitation psychologist to conduct additional testing and functional assessments of clients' ability to function in work situations.
- The DOES Project staff work closely with the Social Security Administration and the Disability Determination Bureau to help move applications through the review process. During the Legal Action pilot project (in 2004-2008), LAW prepared a functional assessment tool that the Wisconsin DDB now uses for incarcerated persons who are applying for disability benefits, in order to better elicit information about the effects of the disability. This documentation (along with the advocacy memoranda prepared by LAW attorneys) simplifies the work of the SSA and DDB in reviewing applications.
- Disability Rights Wisconsin provides additional advocacy training and consultation.
- Denials of SSI and SSDI are submitted for reconsideration for offenders (including those already released) with cases qualifying for assistance and interested in pursuing their access to benefits.

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I. DOES Project Services and Success Rates in 2011

The Wisconsin Department of Corrections contracted with Legal Action of Wisconsin in November 2010 to assist state inmates nearing release and having serious mental health disabilities with application assistance, advocacy, and representation in obtaining and maintaining public benefits such as Social Security benefits, disability determinations, Medicaid, BadgerCare, Food Shares and other available healthcare and income sources. The rationale for the project was explained in the RFP issued by the Department of Corrections for the contract.

When they are released from prison, many offenders do not receive the public benefits to which they are entitled either because they simply do not apply, they do not apply correctly, or their benefits are wrongly denied. This benefits gap is quite extensive and often includes SSI, Medicaid, SSDI, veteran's benefits, food stamps, Medicare, energy assistance benefits, employment training and placement services, subsidized housing, and community-based medical and mental healthcare. The gap creates a huge additional risk that these newly released offenders will become homeless and will re-offend.

The Department supervises offenders with multiple and complex needs. Released inmates face a multitude of obstacles upon returning to their communities including joblessness, substance abuse, mental health problems, and a disconnect from community and family. Statistics on a national level show that two out of three inmates are re-arrested for new crimes within three years of their release and more than half are re-incarcerated. The risk of recidivism is highest the year after release and even higher for those with serious mental and medical health issues.

Inmates with serious and persistent health and mental health illnesses present a myriad of complex needs and challenges for reentry planning and integration into the community. Comprehensive transition planning is of paramount importance. For inmates with mental illness, whose community adjustment issues are even more complex than inmates in the general population, the need for systemic reentry planning is particularly crucial. Individuals with mental illness leaving prison without sufficient supplies of medication, connections to mental health and other support services, and safe, secure housing are almost certain to decompensate, which will likely result in behavior that constitutes a technical violation of supervision or new criminal behavior. Access to medical services is critical to many inmates under DOC supervision and when an inmate lacks the capability to be gainfully employed due to age or medical or mental health conditions their access to medical services is impacted.⁶

In late January 2011 Legal Action of Wisconsin began aiding soon-to-be-released inmates in securing Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicaid, Medicare, and other public benefits for which they qualified. This evaluation report examines SSI/SSDI approval rates for inmates electing to apply for benefits and tracks the services provided to these inmates by Legal Action of Wisconsin. The report uses the Department of Corrections Public Inmate Database File (PIDF) records from 1994-2012 to assess the prison records of clients served. Because Legal Action serves as the legal representative for the project clients, it receives direct correspondence and communications from the Social Security Administration, Disability Determination Bureau, and other administrative agencies related to project clients' receipt, or denial, of services.

⁶ "Request for Proposal TP-2605," Department of Corrections, July 13, 2010.

This report summarizes early data on inmates served by the DOES Project and their success rates in obtaining SSI, SSDI, Medicaid/Medicare and other benefits during the start-up year of the project. The outcome data are requested by the Department of Corrections as part of its commitment to research-based, evidence-driven strategies for improving the reentry process for disabled offenders. Data were collected from the Legal Action client case files; reports to Legal Action attorneys of SSI, SSDI, and income maintenance support approvals; the Wisconsin Department of Corrections Public Inmate Data File (as of January 2012), the Wisconsin Circuit Court Consolidated Court Automation Programs (CCAP) system, and Wisconsin Department of Transportation files. Outcomes are summarized for clients entering the program from January 13, 2011 through December 29, 2011.

Services Provided in 2011

During Calendar Year 2011 the Legal Action attorney benefit specialists opened cases for 466 soon to be released inmate clients. These DOES cases are now at various stages of work, with 156 cases closed as of the end of December 2011, and 310 cases continuing into 2012. (See the chart on page i for the status of all 2011 cases as of December 31, 2011.)

By the end of December 2011, the Legal Action attorney benefit specialists had:

- Submitted SSI/SSDI reinstatement forms to the Social Security Administration for 42 clients who had received Social Security benefits before incarceration.

All 42 clients received approval to reinstate their benefits.

- Submitted applications for SS and SSI retirement benefits for 5 clients.

All 5 clients were approved for retirement benefits.

- Submitted initial SSI/SSDI applications to the Social Security Administration for 240 clients.

- 209 of these cases had been assigned to the Disability Determination Bureau (as of December 31, 2011).

- The benefit specialists submitted advocacy memoranda along with detailed medical and related disability records to the DDB for all 209 clients reaching the DDB review process.

95 cases were approved at the initial application stage.

75 cases were denied.

39 cases were still under review (as of December 31, 2011).

- Submitted advocacy memos and supportive data records to the DDB for reconsideration of SSI/SSDI applications for 54 of the 75 clients initially denied benefits.

2 clients received benefits at the reconsideration phase.

13 clients were denied at the reconsideration stage.

39 clients were awaiting decisions (as of December 31, 2011).

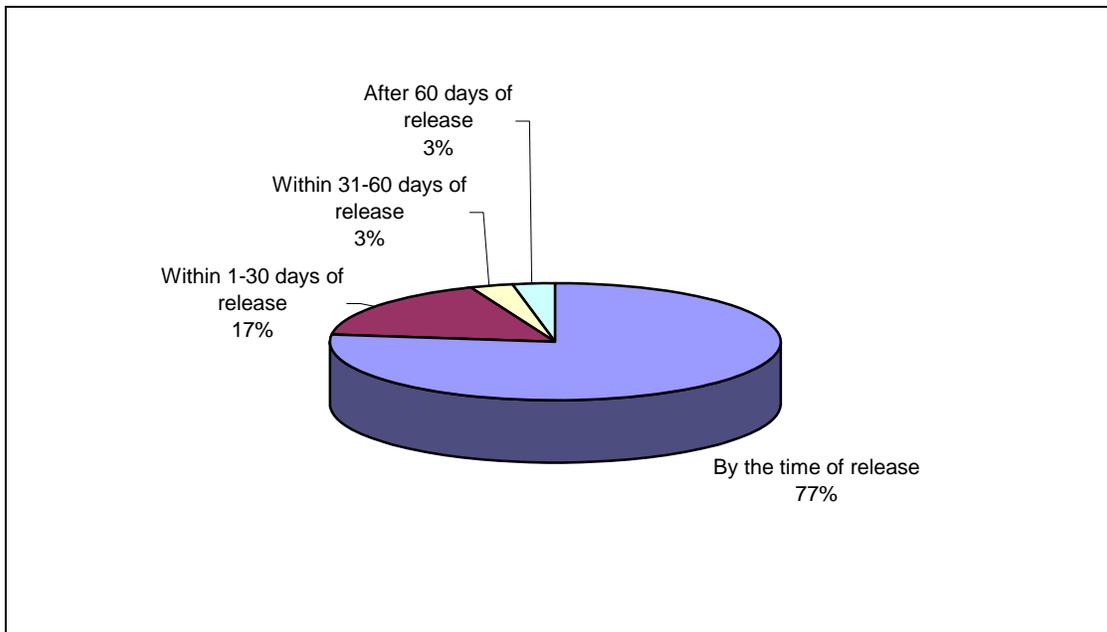
- Filed an SSI/SSDI appeal to the Administrative Law Judge for 1 of the 13 denied reconsideration cases.

Additionally, the DOES Project benefit specialists provided benefit check-up reviews for 130 clients helping them determine their eligibility for non-SSI/SSDI benefits (including FoodShare, BadgerCare Plus, Department of Vocational Rehabilitation services, and W-2). Where appropriate, benefit specialists helped the offenders apply for benefits. In other cases, they provided instructions on how to apply.

Timing of Approvals Gained

The LAW benefit specialists accomplished their work on a timeline during 2011 whereby 77% of the SSI/SSDI approvals were received by the date of the client’s release, and 94% of the approvals were received within 30 days of release. Nearly all (97%) of the approvals were received within 60 days of the clients’ release – thus facilitating timely planning for the clients’ housing and allowing continuation of needed medications and medical care.

Timing of DOES Project SSI/SSDI Approvals: New and Reinstatement Applications



Tracking the SSI/SSDI Application Process

After the LAW benefit specialist completes an intake interview on the DOES client, the specialist collects data for the application and submits the initial application to the Social Security Administration.

- The median time for this process (i.e., intake interview to application submission) was 39 days in 2011 for 240 clients assisted.



The SSA staff reviews the new applications and forwards those applications that meet the non-medical criteria to the Disability Determination Bureau where an assigned reviewer notifies the LAW benefit specialist that the medical and other disability records should be forwarded to the DDB.

- The median time for this process was 29 days in 2011.



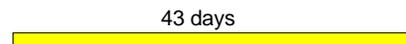
- Within 7 days the LAW benefit specialist forwards all necessary records including the medical and disability records and an advocacy memorandum to the DDB.

7 days or less



Disability examiners and medical professionals at the DDB then evaluate the evidence to decide if the applicant is disabled and qualified for benefits under the disability rules.

- The DDB period of review averaged 43 days in 2011.



The median time required from the benefit specialist's intake interview to the decision announcement by the Disability Determination Bureau was 115 days for cases decided in 2011.



- The median time required for approval decisions (118 days) was very similar to the median time for application denial decisions (114 days).

The processing time for SSI/SSDI applications was substantially improved by the measures taken by the LAW benefit specialists – including complete applications, inclusion of all relevant prison records (including medical history, work records), collection when appropriate of prior medical records, and presentation of the client’s legal basis for eligibility through use of advocacy memoranda.

- For cases securing income benefits in the first year of the DOES Project, 98% of the approvals were received within 6 months (180 days) of the time of application, and 83% were obtained within four months (120 days) of application.

| Time Required for the SSI/SSDI Application Approval | Cumulative % of Total |
|--|------------------------------|
| Within 1 month of application (30 days) | 22% |
| Within 2 months (60 days) | 50% |
| Within 3 months (90 days) | 69% |
| Within 4 months (120 days) | 83% |
| Within 5 months (150 days) | 94% |
| Within 6 months (180 days) | 98% |

Approval Success Rates for Initial SSI/SSDI Applications

As noted, the DOES Project achieved a very high overall approval rate (56%) for inmate clients submitting initial SSI/SSDI applications where decisions were made by the SSA and DDB in the first year of the project. This rate is about four times higher than the national approval rates (10-15%) for homeless populations, including prisoners.⁷ Approval rates are shown below for various client subpopulations. *Note: Many of the cases initially denied approval are under reconsideration.*

⁷ Social Security Advisory Board, Disability Decision Making: Data and Materials (May 2006), p. 30; Jacqueline Kauff et al, **Findings from a Study of the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative** (Mathematica Policy Research, Fall 2009). Little baseline data are available on the success rates of homeless populations securing SSI/SSDI benefits. No studies were located that reported success rates for homeless persons applying for benefits on their own without agency or attorney assistance.

Approval Rates for New SSI/SSDI Applications Decided in 2011 (N=170)

| <u>Client Population</u> | <u>Approval Rate</u> | <u>New Applications Approved</u> |
|---|-----------------------------|---|
| All new SSI/SSDI applications | 56% | 95 |
| Gender | | |
| Males | 62% | 80 |
| Females | 36% | 15 |
| Client's Age | | |
| Under 30 | 61% | 35 |
| 30-39 | 47% | 20 |
| 40-49 | 54% | 27 |
| 50-59 | 69% | 11 |
| 60 and above | 50% | 2 |
| DoC Mental Health Classification | | |
| MH-2B | 68% | 15 |
| MH-2A | 56% | 68 |
| MH-1 | 30% | 3 |
| MH-0 | 29% | 2 |
| Developmentally Disabled | 75% | 3 |
| Receiving medication in prison | | |
| Yes | 55% | 37 |
| Level of Security | | |
| Maximum | 63% | 25 |
| Medium | 55% | 62 |
| Minimum | 36% | 5 |
| Correctional Facility | | |
| Racine Correctional Institution | 76% | 16 |
| Waupun Correctional Institution | 75% | 6 |
| Wisconsin Resource Center | 72% | 18 |
| Jackson Correctional Institution | 67% | 6 |
| Oshkosh Correctional Institution | 64% | 9 |
| Fox Lake Correctional Institution | 60% | 9 |
| Green Bay Correctional Institution | 50% | 5 |
| Kettle Moraine Correctional Institution | 44% | 4 |
| Columbia Correctional Institution | 42% | 5 |
| Taycheedah Correctional Institution | 40% | 14 |
| Other (Dodge, Ellsworth, Redgranite) | 25% | 3 |

Inmate clients that had received SSI/SSDI payments prior to incarceration were usually eligible to regain those benefits upon release. The DOES Project secured reinstated benefits for 42 clients in 2011.

Demographics of DOES Clients with Reinstated SSI/SSDI Benefits (N=42)

| <u>Subpopulation</u> | <u>Number Reinstated</u> | <u>Percent of Total</u> |
|-------------------------------------|--------------------------|-------------------------|
| Gender | | |
| Males | 35 | 83% |
| Females | <u>7</u> | <u>17%</u> |
| Total | 42 | 100% |
| Age | | |
| Under 30 | 11 | 26% |
| 30-39 | 8 | 19% |
| 40-49 | 11 | 26% |
| 50-59 | 8 | 19% |
| 60 and older | <u>4</u> | <u>10%</u> |
| Total | 42 | 100% |
| Mental Health Classification | | |
| MH-2B | 11 | 26% |
| MH-2A | 20 | 48% |
| MH-1 | 4 | 10% |
| MH-0 | 2 | 5% |
| Social worker referrals | 2 | 5% |
| Not classified | <u>3</u> | <u>6%</u> |
| Total | 42 | 100% |
| Level of Security | | |
| Maximum | 5 | 12% |
| Medium | 33 | 79% |
| Minimum | <u>4</u> | <u>10%</u> |
| Total | 42 | 100% |

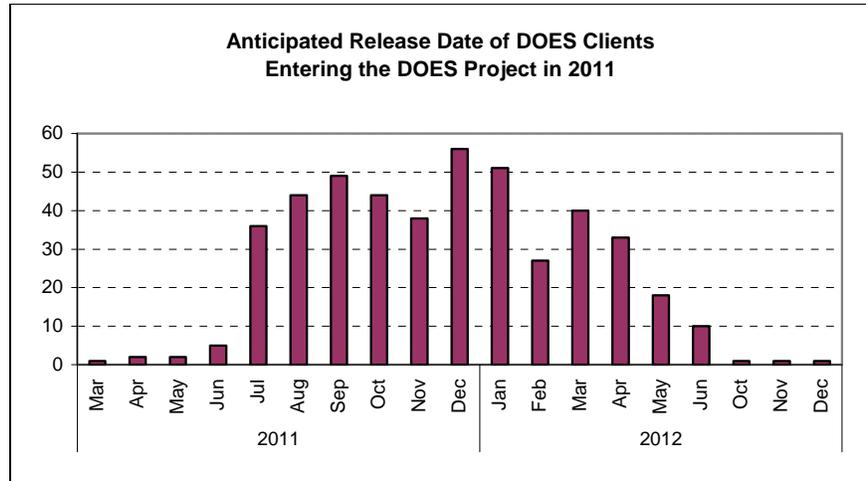
Five other clients, all males, secured retirement benefits through the project.

II. Profile of DOES Client Cases Opened in 2011

A total of 466 DOES cases were opened by the project in 2011, with 421 clients enrolled for services and 45 clients electing not to receive services or having their cases closed before services were provided usually because of release date changes or transfers to non-project facilities.

Month of Discharge

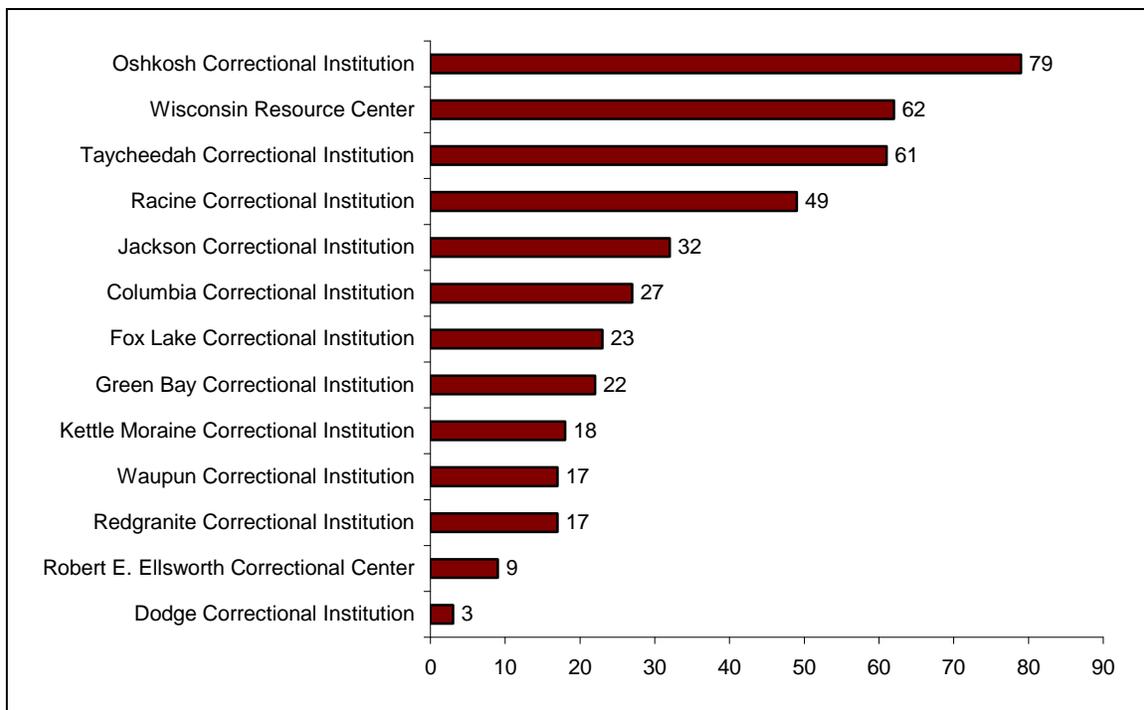
Most of the 421 DOES Project clients enrolled for services in the first year were discharged late into 2011 or are scheduled for release in 2012. As a result, the outcomes in this report are very early and preliminary.



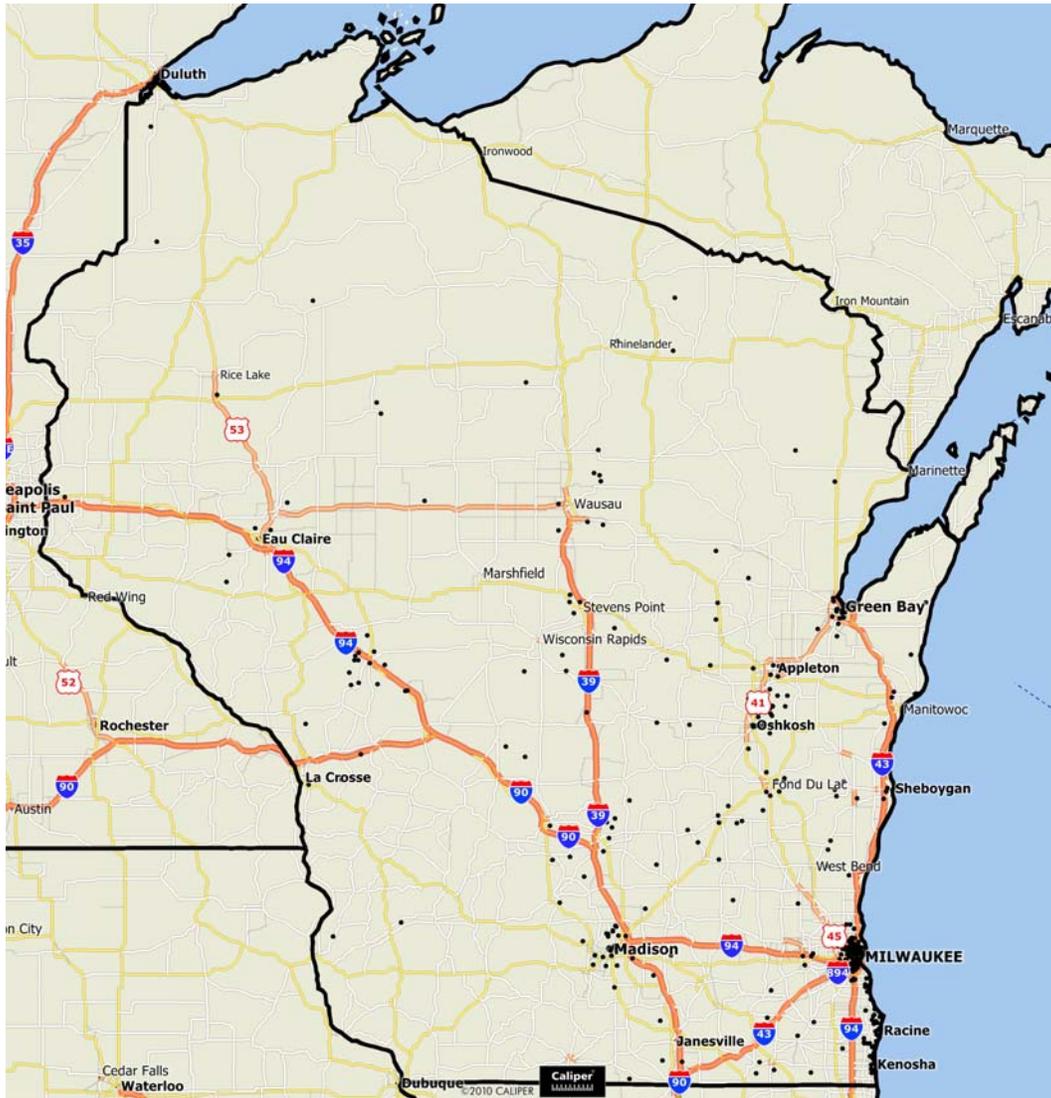
Correctional Institution

The 421 inmate clients assisted in Calendar Year 2011 were located in thirteen Wisconsin correctional institutions that had been identified by DoC reentry staff administrators as having the highest numbers of mentally ill and disabled inmates scheduled for release. The offenders served are from communities throughout Wisconsin.

421 DOES Client Cases in 2011 by Facility

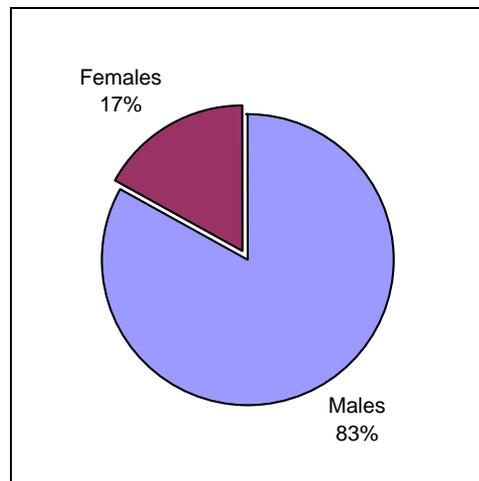


Home Residence (ZIP Code) of DOES Clients: 2011 Cases



Age, Gender and Race/Ethnicity

83% of the DOES clients were males; 17% were females.

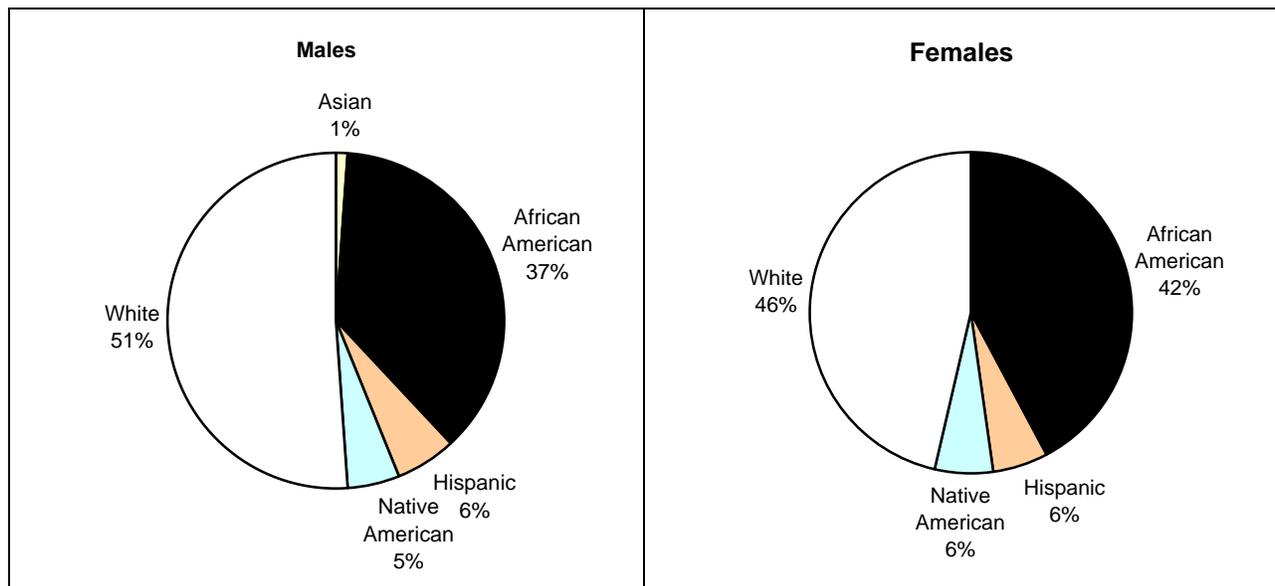


The male DOES population was fairly evenly divided by age groups among men in their twenties, thirties, forties, and fifties and above. By contrast, the largest numbers of female clients served were in their forties with very few aged 50 or above.

First Year DOES Clients by Age

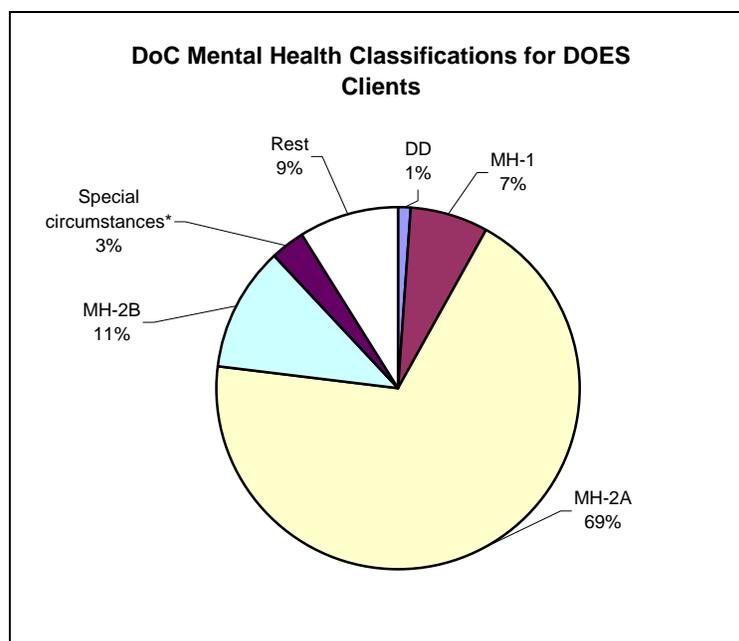
| <u>Age as of January 1, 2012</u> | <u>Males (N=350)</u> | <u>Females (N=71)</u> |
|----------------------------------|----------------------|-----------------------|
| 18 – 29 | 25% | 21% |
| 30 – 39 | 27% | 32% |
| 40 – 49 | 22% | 44% |
| 50 and above | <u>26%</u> | <u>3%</u> |
| TOTAL | 100% | 100% |

Whites (non-Hispanic) make up 51% of the male DOES clients and 46% of the female clients. The majority of female clients are non-whites – including 42% African American, 6% Hispanic, and 6% Native American.



History of Mental Illnesses

Many of the DOES clients had extremely serious mental illnesses. Forty-seven clients (11% of the first year group) had been diagnosed with serious mental illnesses, i.e., severe personality disorders with significant functional impairment, the DoC MH-2B classification. Over two-thirds of the clients (N=291) suffered from schizophrenia, bipolar disorders, or major depressive disorders, the DoC MH-2A classification. Another 7% had been diagnosed with less serious mental conditions.



Assessments by Dr. Stephen Kaplan of 136 clients in 2011 provide further data on a subset of the population. See this analysis on page 20.

Inmates with Drug Offenses

Drug offenses were much higher for the African American clients with 38% showing one or more drug offenses, compared to only 14% of white clients having drug offenses.

Inmates with Driving-Related Offenses

The Public Inmate Database File showed that almost one out of five (19%) of the white offenders in the DOES Project had driving-related offenses, as did 8% of the African American client inmates.

Inmates with Sex Offenses

Some 30 percent (N=128 of the 421 cases) of the DOES client population served in 2011 had a history of sex offenses. During 2011, the DOES project gained SSI/SSDI benefits for 39% of this subpopulation of offenders, with other applications in process or still under review and other denied. The 128 DOES cases involving sex offenders face challenging relocation/release barriers due to the special conditions placed on this population. This subpopulation was examined in detail.

- Most (95%) of the clients with sex offences were males. Whites accounted for 61% of this population, African Americans 34%, Hispanics 3%, and other minorities 3%. The characteristics of the population differed considerably by race/ethnicity, as shown by a number of measures, including age, length of incarceration, and type of offenses.
- African Americans in this population of sex offenders were much more likely to be also involved in drug cases, are older, and are much more likely to show multiple incarceration

rates. For African Americans the age of offenders showed 39% aged 50 and older, while whites showed 23% of offenders aged 50 and older.

- Drug related charges accounted for 25% of cases for African Americans with sex offender status, compared to white offenders where 6% also had a history of drug-related charges. Additional offenses for assaults were listed for 45% of the African American offenders and for 17% of the white offenders. Also, African American sex offenders were more likely to have had repeat incidences with 23% having 5 or more events returning them to DoC institutions compared to 3% of white offenders with 5 or more events.

III. The Legal Action DOES Project Model for Securing Social Security Disability Benefits (SSDI) and Supplemental Security Income (SSI)⁸

The DOES Project staff directly assist project clients in submitting applications and train social work staff in project-assigned prisons to help any inmate submit the initial SSA application when Legal Action staff is not present. LAW maximizes the project client's likelihood of receiving an approval of their Social Security disability benefits at the initial application by aggressively approaching the development of medical records and advocating for and making an argument for the disability determination.

The DOES Project staff collect and review all available medical records that were produced during the project client's incarceration (including from DOC medical staff and from external medical staff) or by other treating sources that the project client might have had before incarceration since these records might also help establish past treatment for and/or functional impairments of the disability. The DOES Project staff determine whether existing medical records are adequate to demonstrate the disability's functional effects and impairments, diagnoses, long-term prognosis, and treatments. LAW works with social workers and offenders to gather more background information on client's disability and history. If necessary, LAW gets DOC medical staff and/or unit staff to supplement the existing medical records with other evidence such as functional assessment tools, and may hire an external, consultative psychologist to conduct a functional assessment and produce a written report that documents the effects of the project client's impairment if the prior-to-incarceration and/or DOC medical records are not adequately documenting the disability's functional effects and if the medical staff cannot complete the assessment tool in such a manner. The LAW benefit specialist writes and submits a memorandum to DDB that makes the legal argument for a finding of disability by analyzing and presenting evidence (medical and other records) that is documenting the functional effects of the disability (rather than merely a diagnosis) and that pairs the law and requirements of the Social Security Act with that evidence. The LAW benefit specialist submits all available medical records and supporting memoranda to the Disability Determination Bureau, continues to consider the development of new or additional medical records or other evidence and submits that evidence to DDB on an on-going basis, and contacts DDB to determine whether any follow-up information is necessary and fulfill DDB's requests for follow-up information.

The LAW benefit specialist may seek reconsideration by DDB of project clients' initial denials of Social Security disability benefits by providing legal representation, further aggressive development of medical records, and advocating for and making an argument for the disability determination for clients desiring to appeal the benefit denial. The LAW benefit specialist examines DDB's reasons for initial denial, determines whether the case has merit to appeal for reconsideration, and discusses the appeal options with the client explaining the intricacies of the disability benefits programs and legal basis for appealing vs. not appealing.

If the client desires to appeal, and if LAW staff determines that the case has merit, the DOES Project staff collects additional records from DOC medical staff, institutional unit staff, and/or external examining psychologists using functional assessment tools or other testing (IQ testing, developmental functioning testing); and submits those records to DDB. The LAW benefit specialist attorney writes and submits an additional memorandum or letter to DDB that makes a legal argument by presenting more evidence that demonstrates the functional effects of the disability (rather than merely making a diagnosis) or by presenting evidence differently and that responds to or refutes DDB's reasons for denial, contacts DDB to determine whether any follow-up information is necessary for reconsideration and fulfills DDB's requests for follow-up information.

⁸ This descriptions is excerpted verbatim (with minor editing changes) from the Legal Action of Wisconsin RFP TP-2605 for Benefit Specialists, dated August 24, 2010.

If meritorious, the LAW staff may seek appeal hearings with Administrative Law Judges (ALJs) of project clients' denials of Social Security disability benefits by providing legal representation, further aggressively developing the medical records, other evidence, client and witness preparation, and advocating for and making an argument for the disability determination. LAW staff examines DDB's reasons for the initial and reconsideration denials, determines whether the case has merit to appeal to an ALJ, and discusses the appeal options with the client. If the client desires to appeal, LAW staff collect and prepare additional pre- and post- release records that focus on documenting the functional effects (as is done for the initial and reconsideration stages) of the disability (rather than merely making a diagnosis) and the continuation of the effects for the ALJ hearing using functional assessment tools from DOC medical staff, institutional unit staff, external examining psychologists and/or vocational experts (consultative exams and reports), community corrections agents, or external (non-DOC) medical staff (since the wait for an ALJ hearing is likely to be long). LAW staff prepare the client to testify at the hearing by meeting with the client, reviewing the evidence that will be presented, presenting the questions that the ALJ and the Benefit Specialist will ask, and reviewing the client's response to that questioning. LAW staff prepare to present the evidence at the hearing if it has not been submitted in writing already. LAW staff attend the hearing and represent the client at the hearing, presenting the evidence, the claimant, and other witnesses, and question the SSA's evidence and/or witnesses.

Should the ALJ deny the benefits application, if meritorious, the LAW staff may further seek appeal hearings with the Appeals Council of project clients' denials of Social Security disability benefits by providing legal representation. The LAW staff will examine the ALJ's reasons for the denial and determine whether the case has merit to proceed with an appeal to the Appeals Council. The LAW staff will discuss the appeal options with the client by explaining the ALJ's reasons for denial, the legal intricacies of the disability benefits programs, and legal basis for appealing vs. not appealing. If the client desires to proceed with an appeal, the LAW staff will collect and prepare evidence that the ALJ erred. This collection and preparation of evidence may include gathering more information from DOC medical staff, institutional unit staff, external examining psychologists, community corrections agents, and external (non-DOC) medical staff. The LAW staff will write a brief to the Appeals Council (as this is a paper review, not an in-person hearing), explaining the errors of the ALJ and requesting either an award of benefits or a new ALJ hearing.

Finally, the LAW staff may file appeals in federal court of project clients' denials of Social Security disability benefits by providing legal representation, further aggressively developing the medical records, other evidence, client and witness preparation, and advocating for and making an argument for the disability determination. The LAW staff will examine Appeals Council's reasons for the denial and determine whether the case has merit and determine whether the issues are legal or medical and could be appealed to federal court, and discuss the appeal options with the client by explaining the Appeals Council's reasons for denial and explaining the intricacies of the disability benefits programs and legal basis for appealing vs. not appealing. If the client decides to appeal the Council's denial and if LAW is arguing that there is evidence that is new and material to the case, the LAW staff will collect and prepare additional pre- and post- release records. The introduction of new evidence at this point is a very difficult argument to pursue and is expected it to be rare in the DOES Project. If LAW is arguing that the benefits denial was inaccurate based on legal issues, the LAW staff will prepare written briefs as needed, prepare for oral arguments, and present the argument via legal brief and by responding to SSA's briefs.

IV. The Legal Action of Wisconsin Pilot Project Serving Disabled Offenders⁹

The Disability Offender Economic Security (DOES) Project operated by Legal Action of Wisconsin builds upon legal advocacy approaches, interagency relationships, and procedures established during a successful offender reentry program operated by LAW from 2004-2008 with the Department of Corrections.

In 2004 Legal Action designed a pilot Prisoners' Disability Advocacy (PDA) project around the notion that many disabled offenders do not receive the public benefits to which they are entitled when they are released from prison, either because they simply do not apply, they do not apply correctly, or their benefits are wrongly denied. The benefits gap creates huge additional risk that these newly released offenders will remain or become homeless again and will re-offend. The DOC, in its efforts to support offenders after they leave prison, then intervenes and provides some benefits, essentially supplanting available public benefits. Of course, this benefits gap comes at a great, yet unnecessary cost to the DoC even as DoC's reentry help was much more limited than existing public benefits could provide – if offenders could get them.

LAW felt that the benefits gap could not be addressed without the close involvement of the Social Security Administration and Disability Determinations Bureau and designed its project to incorporate collaboration of SSA and DDB. Both agencies were key partners in the project and share credit for its successes, both in individual cases and in highly active and cooperative participants in all phases and components of the PDA project.

The pilot project targeted mentally and physically disabled offenders incarcerated in three different security-level institutions – the Oshkosh, Columbia, and Oakhill Correctional Institutions – because those prisons each had at least one special unit that housed disabled inmates. The PDA pilot project posted high success rates in individual cases both in getting applications approved at the initial and reconsideration stage and in appealing denials.

The pilot project through Legal Action and its partners achieved the following systemic outcomes in regard to SSA advocacy:

- Assisted the SSA in creating processes to flag the applications of homeless persons (including pilot project incarcerated clients) and move them to DDB quickly.
- Assisted the DDB in creating a specialized homelessness unit that focused on determining disability for these homeless persons (including incarcerated clients of the project) and doing so as quickly as possible.
- Prepared a functional assessment tool that the Wisconsin DDB, and those in other states, now use for incarcerated persons who are applying for disability benefits, in order to better elicit information about the effects of the disability.
- Trained DoC social workers and community corrections agents at the project-site prisons, and eventually system-wide, on the SSI/SSDI application and appeals processes and how to use functional assessment and other tools to preparing medical records that document the effects of a disability.

⁹ This descriptions is excerpted verbatim (with minor editing changes) from the Legal Action of Wisconsin RFP TP-2605 for Benefit Specialists, dated August 24, 2010.

- Recommended several changes to DoC pre-release procedures. For example, the DoC pre-release procedure for Medical Assistance had prison social workers submitting MA applications for disability-coded prisoners if the prisoner had not received an approval of their Social Security benefits within a certain window of time. This separate MA-only application created duplicate work and extra burden for DoC and the processing system because the DDB already was conducting a disability determination process once an SSI/SSDI application had been filed.
- At the request of the social workers at Oakhill Correctional Facility, provided training for a group of about 100 reentering offenders on disability and other public benefits.

The current DOES project, like the pilot project, is heavily focused on providing legal advocacy. LAW attorneys make a legal argument with SSA and DDB on the client's behalf, using the medical records as evidence and pairing the medical evidence with the SSA law and regulations and with SSA's listings and grids of disabilities.

V. Partnerships for the DOES Project

Legal Action's Disabled Offenders Economic Support (DOES) Project builds upon a successful Prisoners' Disability Advocacy (PDA) Project previously piloted by Legal Action, and utilizes a number of procedures and partnerships pioneered by Legal Action, the state Department of Corrections, the Social Security Administration, and the Disability Determination Bureau during the pilot program. (See Section xx below.)

The **Department of Corrections** disabilities reentry coordinator works with the DoC staff in the thirteen participating correctional institutions to develop referral lists of potential clients for the program – targeting soon-to-be-released inmates with severe mental and physical health disabilities that prevent them from working after their release. At each participating facility DoC social workers meet with offenders to inform them about SSI/SSDI benefits potentially available and to determine whether they are interested in DOES Project assistance with their application. The prison staff assist the LAW benefit specialists in providing documentation needed for the SSI/SSDI applications and help secure medical and prison activity records for the DOES clients.

The **Social Security Administration** staff in Wisconsin and the **Disability Determination Bureau** coordinate their work with the Wisconsin Department of Corrections and Legal Action of Wisconsin following to a memorandum of understanding that permits inmates to submit applications for SSI/SSDI before their release dates. Regular communication among these entities addresses ongoing concerns of the DOES Project and DoC SSI/SSDI application work.¹⁰

Dr. Stephen Kaplan, a rehabilitation psychologist and vocational consultant, conducts additional examinations and testing of referred clients and prepares assessments to improve the information provided in the SSI/SSDI benefits applications. **Disability Rights Wisconsin** assists with ongoing training of the LAW benefit specialists.

The **University of Wisconsin-Milwaukee Employment and Training Institute** collaborated with Legal Action of Wisconsin on this first-year outcomes evaluation study. While early in the project, first-year outcome data substantiate early success rates in obtaining financial and medical benefits for releasees and the effective targeting of DOES services for inmates with serious mental health and disability concerns. Future research will document the post-release activities of those served, including calculation of recidivism and homeless rates 12 months, 24 months, and 36 months after release.

Disability Rights Wisconsin (DRW) assisted with training of the DOES Project benefit specialists, helped develop training and procedures models, and provided periodic "Program Updates" outlining changes in programs available to persons with disabilities. (See Section X.)

¹⁰ Decisions about whether Wisconsin adults qualify for Social Security Administration disability benefits are made by the Wisconsin Division of Health Care Access and Accountability Disability Determination Bureau (DDB). The SSA rules require the presence of a physical and/or mental condition that is severe enough to prevent any substantial work activity and is expected to last 12 months or result in death. Disability determination findings are made by disability examiners and medical professionals. Social Security Disability Insurance (SSDI) is available for qualifying adults who have contributed to the Social Security Trust Fund through taxes on their earnings. Supplemental Security Income (SSI) provides monetary and medical benefits to adults who are blind or disabled and who meet the non-disability income and resources requirements.

VI. Consulting Psychological Assessments for Selected DOES Clients¹¹

Dr. Steven P. Kaplan, Ph.D., CRC, rehabilitation psychologist, worked as a contracted psychologist for the first year phase of the DOES project and also for the pilot study conducted by Legal Action of Wisconsin in 2004-2008. Dr. Kaplan is an independent practitioner with more than 30 years of experience in clinical consultation, assessment, and teaching. His vocational and educational backgrounds are weighted toward rehabilitation psychology, and are particularly focused on the issue of how to best facilitate vocational reintegration for people who have emotional, cognitive or behavioral disabilities. This background, plus his proximity to Oshkosh (his office is about 20 miles northwest in Appleton) facilitated his involvement in this study. Parenthetically, Dr. Kaplan has worked with the Disability Determination Bureau (DDB) as a psychological evaluator since the mid 1980's and has assessed more than 2,000 Social Security applicants to date.

Dr. Kaplan met with the DOES staff and management attorneys during the winter of 2011-2012 and provided them with an introduction to the Diagnostic and Statistical Manual of The American Psychiatric Association, (DSM is the authoritative text for developing diagnostic differentials for psychiatric patients), the clinical features of various psychological diagnoses, as well as the typical effects of these problems on the people who have them. Together Kaplan and the DOES staff developed a process by which the attorneys/benefit specialists could efficiently refer their clients for psychological evaluations that emphasize the issues of inmates' post-release employability, and the types of services they will require to ease them back into the community.

The DOES administration worked closely with DoC to make Kaplan's movement in and out of the various institutions as unencumbered as possible, and as a result, he has experienced no problems gaining entrance to the participating institutions and has been treated extremely well by all staff in the DoC system. For their part, the clients have been engaged, cooperative, and respectful of the evaluation process. To date, Dr. Kaplan has evaluated clients in 14 Wisconsin DOC facilities.

Kaplan's involvement with the DOES clients begins when he reviews the available case records that are forwarded by the DOES benefit specialists/attorneys. An appointment time with the client is arranged through the host institution, typically with the assistance of the DOES site coordinator. The records provide essential details from which Dr. Kaplan can frame specific questions to address with the client, that inform his opinion about the client's ability to work in the community on a self-sustaining basis. After evaluating the client, Kaplan completes a report (typically 4-6 pages) summarizing the client's history, his/her evaluation results and diagnoses, and his opinion of the probability that the client is employable in the sense that term is used by the Social Security Administration. This psychologist's report is forwarded to the referring attorney, who in turn may use it as a part of the client's application for benefits.

Kaplan's evaluation itself consists of an interview, which is held in a private space within the institution, along with psychological testing as needed. The testing itself provides important data on the client's intellect, academic levels, ability to pay attention, concentrate, learn and remember, as well as his/her personality structure, anxiety levels, and mood. Each of the tested areas plays an important role in one's ability to obtain, learn, and hold a job, as well as in the capacity to meet minimal social and emotional demands which are inherent in any work environment. Vastly different sets of abilities are required to get along with peers and supervisors, show up to work on time every day, stay on task, and control one's behavior, than is needed to learn how to perform a set of categorized job tasks. Far more people lose or otherwise leave their jobs because of deficiencies in the former, rather than the latter set of abilities.

¹¹ This description is excerpted verbatim (with minor editing changes) from a report prepared by Dr. Stephen P. Kaplan, Ph.D., CRC, Rehabilitation Psychologist, April 1, 2012.

The inmates Dr. Kaplan has evaluated (136 through December 31, 2011; 157 to April 1, 2012) presented a myriad psychological and behavioral problems, many of which reinforce the notion that prisons hold huge populations of people with severe, persistent mental illnesses. Clearly, this is not a fully randomized view of all prisoners within DoC's aegis; since Kaplan does not generally receive referrals for people with no history of psychological problems, nor does he see all the people with whom the DOES attorneys work. However, the clients evaluated typically have multiple, severe, permanent psychological problems that typically obviate their realistic capacity to work on a sustained basis in a non-supported community based job.

Summarizing the client data collected by Dr. Kaplan from April to December 2011 provides some insight into the depth and range of psychological diagnoses in this prison population. About 49% of the clients were Caucasian, 77% were males. About 50% had not earned a high school degree or its equivalent; the group's average age was 35.5 years. The cohort averaged 3.38 Axis I diagnoses *per person*; 67% had mood disorders, 63% had AODA issues which contributed to their incarceration, 55% had an anxiety disorder, and a full 46% had schizophrenia, or other related psychotic disorder. Kaplan also found that half of this group (50%) had some type of cognitive disorder, and, that 25% had sustained some type of brain injury which continues to affect their day to day functioning. A full 25% of the total group met criteria for mental retardation, and 86% were diagnosed with a personality disorder which significantly interferes with their capacity to live independently in the community. In aggregate, the typical person evaluated has a combination of multiple diagnoses, which, combined with limited intellect, lack of life skills, limited social support and, as s/he ages, increasing physical/medical issues, render more than 90% of them fully disabled from independently working for at least two years (and most often not at all) post-release. Only a handful, 3% or so, were found able to realistically work for substantial wages when they first leave prison and return to the community. (The 2012 data are thus far trending in similar directions.) The attached demographic profile summarizes data for the 2011 clients.

Dr. Kaplan and Legal Action of Wisconsin also collaborated on teaching opportunities for St. Norbert College in De Pere, Wisconsin. Attorney Shari Stevens, a benefits specialist based in the Oshkosh LAW office and Kaplan recently co-led a short course tutorial entitled "Who's in prison, and why are they there?" to a group of honors program students at St. Norbert College. The students who enrolled in the course discussed their perceptions of the typical prisoner, as well as what they assumed were the circumstances that led to their incarceration. Ms. Stevens also brought in a prison correction officer, and arranged for the students to tour the Green Bay Correctional Facility. Hon. Mark Hammer, a county circuit court judge, also addressed the group. The students provided positive feedback on the class, and the tutorial will be offered again in the Fall 2012 semester.

DEMOGRAPHICS¹²

DOES CLIENT PSYCHOLOGY REFERRALS APRIL-DECEMBER 2011

| <u>NUMBER</u> | | |
|---------------|------------|----------------------------|
| TOTAL N = 136 | MALE = 105 | FEMALE = 31 (16 have PTSD) |

| <u>RACE</u> | | | | |
|---------------|-----------|----------|--------------|-------|
| AFRICAN AMER. | CAUCASIAN | HISPANIC | NATIVE AMER. | OTHER |
| 54 | 67 | 9 | 6 | 0 |

| <u>AGE</u> | | | |
|------------|------------|------------|------------|
| 19-29 | 30-39 | 40-49 | 50-59 |
| 42 (30.9%) | 35 (25.7%) | 45 (33.1%) | 14 (10.3%) |

AGE RANGE r = 19 – 57 AVERAGE AGE = 35.50

| <u>EDUCATION LEVEL ACHIEVED</u> | | |
|---------------------------------|---------------------------|-----------------------------|
| HIGH SCHOOL PLUS ADDITIONAL | HIGH SCHOOL OR EQUIVALENT | LESS THAN HIGH SCHOOL EDUC. |
| 9 (6.6%) | 58 (42.6%) | 69 (50.7%) |

| <u>COMPLETED PSYCHOMETRIC TESTING</u> | | | | |
|---------------------------------------|----------------|-------------|------------------|-------------|
| TOTAL | INTELLECT (IQ) | ACHIEVEMENT | ATTN./MEMORY/TBI | PERSONALITY |
| 105* (77%) | 64 (47%) | 31(23%) | 46(34%) | 43(32%) |

*Several clients completed multiple tests

| <u>AXIS I DIAGNOSES</u> | | | | |
|--|-------------------|-------------------|---------------------|--------------------|
| Anxiety Disorders | Mood Disorders | Psychosis | Cognitive Disorders | Behavioral & Other |
| PTSD 43 (32%) | Major 37 (27%) | Schizo. 21 (15%) | LD 7 (5%) | AODA 86 (63%) |
| GAD 17 (13%) | Bi-Polar 37 (27%) | NOS 25 (18%) | Cog NOS 27 (20%) | ADHD 31 (23%) |
| NOS 15 (12%) | NOS 17 (13%) | Schizaff. 16(13%) | ID'ed TBI 34 (25%) | All Other 47 (35%) |
| TOTAL 75 (55%) | TOTAL 91 (67%) | TOTAL 62 (46%) | TOTAL 68 (50%) | TOTAL 164 (120%) |
| TOTAL NUMBER OF DIAGNOSES UNDER AXIS I: 460 or 3.38 per client | | | | |

| <u>PERSONALITY DISORDERS</u> | | | | | |
|---|------------|----------|-------------|----------|----------|
| Anti-Social | Borderline | Avoidant | Schizotypal | Paranoid | NOS |
| 47 (35%) | 20 (15%) | 3 (2%) | 5 (4%) | 5 (4%) | 37 (27%) |
| TOTAL NUMBER OF CLIENTS WITH PERSONALITY DISORDERS: 117 (86%) Client may have multiple P.D.'s | | | | | |

| <u>SIGNIFICANT COGNITIVE DELAY</u> | | |
|------------------------------------|--------------------|------------------------------------|
| Borderline Intellectual Function | Mental Retardation | Total: Significant Cognitive Delay |
| 23 (20%) | 38 (25%) | 61 (45%) |

| <u>PHYSICAL PROBLEMS AFFECTING ABILITY TO WORK</u> |
|--|
| 76 (56%) Primarily orthopedic and metabolic disabilities |

| <u>WORK RECOMMENDATIONS</u> | | |
|--|-------------------------------|---------------------------------|
| p/t Job After 18-24 months & treatment | Incapable of Competitive Work | Capable of f/t Competitive Work |
| 36 (26%) | 97 (71%) | 3 (3%) |

¹² This summary was provided by Dr. Stephen P. Kaplan, Ph.D., CRC, Rehabilitation Psychologist.

VII. Disability Rights Wisconsin Component of the DOES Project¹³

Legal Action of Wisconsin's partnership with Disability Rights Wisconsin is an important component of the DOES project. As the federally-designated protection and advocacy agency for people with a variety of disabilities, DRW's expertise in this practice area as well as its existing relationships with the Social Security Administration, Disability Determination Bureau, Department of Corrections, and other service agencies makes them a valuable resource to improve the service Legal Action provides to its DOES clients. Molly Bandt, a DRW Benefits Attorney, acts as a liaison between the programs. Working together helps bridge any gaps in service for releasing clients.

During the first year DRW conducted four formal trainings to DOES project staff in the areas of:

1. Expediting benefit claims.
2. Overpayment advocacy and procedure.
3. Housing assistance.
4. The interplay between unemployment claims and claims for disability benefits.

It should be noted that during the early development of the project, DRW staff assisted the Project Directors in developing training and procedure models and also spent time educating staff on their program and specific areas where collaboration was useful between LAW and DRW.

DRW also shares "Disability Benefits Program Updates" with DOES Project staff. These "Program Updates" are compiled approximately ten times a year and cover a wide range of substantive changes and updates to programs available to people with disabilities. Often the updates also include practical tips or clarification of procedures for advocates. These updates are made available electronically as a resource for DOES staff and offer an excellent source of current information on programs.

Disability Rights Wisconsin staff have also made referrals to the DOES Project and been available on an as needed basis to troubleshoot and strategize with DOES Benefit Specialists on benefits-related issues that are relevant to the DOES clients.

¹³ This description was prepared by Jaimesue Knowlton of the Legal Action of Wisconsin DOES Project staff, April, 2012.

VIII. The DOES Project's Division of Vocational Rehabilitation Component¹⁴

Although the highest priority goal of the Disabled Offenders Economic Security Project is to obtain disability, health insurance, and other benefits for clients pre-release, the Request for Proposal also strongly emphasizes maintaining economic security post-release. One of the most fundamental ways to accomplish this is to secure employment. Many clients have expressed a desire to work—either while on benefits, awaiting a disability determination, or after the denial of benefits. Operated by the State of Wisconsin's Department of Workforce Development, the Division of Vocational Rehabilitation provides employment services and counseling to people with disabilities. DVR can also work with individuals receiving SSI/SSDI to recalculate benefits amounts based on time worked. Utilizing DVR services is not only specifically listed in the Request for Proposal, but sets clients up for a successful reentry and further economic stability.

In order to fulfill the post-release economic security objectives listed in the Proposal's Program Requirements, LAW is working to create a referral and records sharing system with DVR. First, DVR will accept applications within 30 days of a client's release. Accordingly, DOES advocates can facilitate the submission of an application so that clients will receive an initial DVR eligibility appointment sooner. Secondly, DVR uses a waiting list called the Order of Selection (OOS) to determine eligibility when there are not enough resources to serve each applicant. The OOS has three categories:

- 1) Priority Category 1 – Most Significant Disabilities—receive immediate service
- 2) Priority Category 2 – Significant Disabilities – 6-month waiting list
- 3) Priority Category 3 – Non-Significant Disabilities – indefinite waiting list

A significant disability (Priority Category 2) is typically a severe mental or physical impairment that seriously limits one or more of the functional capacities that people generally require to achieve successful employment outcome, and whose vocational rehabilitation requires multiple services over an extended period of time (six months or more with a 90-day follow up). Functional capacities include:

- 1) Mobility
- 2) Communication
- 3) Self-care
- 4) Self-direction
- 5) Interpersonal skills
- 6) Work tolerance
- 7) Work skills

Individuals receiving SSI immediately enter Category 2. Therefore, many DOES clients will qualify for DVR services. However, the waiting list for services in Priority Category 2 is six months long, and it may be more than nine months before a client actually begins working. Conversely, an individual in Priority Category 1 is served as soon as possible. Category 1 clients exhibit at least three limitations in the

¹⁴ This description was prepared by Sarah Milnar of the Legal Action of Wisconsin DOES Project staff, March, 2012.

functional capacities listed above. Because the majority of DOES clients are diagnosed with severe and persistent mental illness that significantly affects their functional capacity, many should qualify for Category 1.

Normally, DVR requests medical records documenting a client's disabilities upon receipt of his or her application. The DOES Project has already gathered this documentation in order to apply for Social Security disability benefits. Therefore, LAW sending a client's medical records with his or her DVR application significantly cuts down on processing time and ensures that qualified candidates enter Category 1. In turn, this drastically reduces a client's waiting time for services, an objective outlined in the Proposal's Program Requirements. This also increases collaboration and communication between DOES and DVR "so that the systems are working together to ensure economic security for disabled offenders" (5.0 Project Requirements, p. 49).

In order to work out procedures and logistics, the DOES Project has developed relationships with DVR administration, regional offices, the Client Assistance Program and the Wisconsin Rehabilitation Council. DOES benefit specialists have been asked to identify clients—either still incarcerated or in the community—who are interested in DVR. From there, a second DVR case will be opened in the client's name for additional advocacy. An Authorization for Release of Confidential Information has been created to allow LAW to release records to DVR. Finally, the outline of a DVR advocacy memo similar to the memos benefit specialists send to the Disability Determination Bureau is being refined. As we move into 2012, the DOES Project will be able to further develop these components to provide clients with solid employment resources and position them for a successful reentry.

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For more information on the DOES Project, see the Legal Action of Wisconsin website at www.legalaction.org. For information on Employment and Training Institute research and technical assistance reports, see www.eti.uwm.edu.