

# **Community Release Planning Guidelines for Social Work**

**Federal Bureau of Prisons  
Clinical Practice Guidelines**

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## 1. PURPOSE

The Federal Bureau of Prisons *Community Release Planning Guidelines* provides information to assist BOP Social Workers and reentry professionals identify necessary community resources for inmates being released from BOP institutions.

- Social Workers will provide release planning services and/or consultation to other BOP staff members for Care Level Three and Four designated inmates who have serious/chronic medical and mental health problems and are returning to the community, residential reentry centers, or home confinement.
- Social Workers will work with inmates to locate and secure access to available resources in the community to meet their mental health and medical needs. Release planning referrals are ordinarily made by health services or, unit team staff, but can be made by any BOP staff member. Inmates can also self-refer by using a BP-S148.055, Inmate request to Staff form. An inmate's discharge needs will be generally addressed 30–90 days prior to his or her release date.
- The Social Worker will have knowledge of community resources and understand how to access the various agencies. They will also advocate for appropriate services on behalf of the inmate.

## 2. RESOURCES

### Community Housing Assistance

If the inmate requires a nursing home, assisted living, senior housing, or group home placement at the time of his or her release, the BOP Social Worker will make every effort to secure such placement. If the inmate does not need any type of skilled housing, the Social Worker can provide consultation to unit team and reentry professionals.

- **HUD:** The United States Department of Housing and Urban Development (HUD) provides low-cost housing assistance for the elderly, the indigent, the medically or mentally disabled, and the homeless. These programs generally are managed by local government agencies, which also provide a variety of services including rental assistance, food assistance, counseling, and jobs skills programs.
  - ➔ *Help with locating local housing services and shelters can be found by calling 1-800-569-4287 or accessing the HUD website at <http://portal.hud.gov/hudportal/HUD>. The site has direct links to public agencies and non-profit organizations in each state.*
- **United Way:** Another option for locating housing is to contact a local United Way agency. United Way agencies are non-profit organizations offering an array of social services to individuals and families in need. Many United Way agencies provide housing assistance, or they can provide referrals to supportive housing, nursing homes, and other residential programs in the proposed release area.
  - ➔ *In most communities, United Way can be reached by dialing 2-1-1.*
- **Salvation Army:** The Salvation Army administers a network of shelters and rehabilitation programs across the nation. When available, they may be able to provide lodging, clothing, food, and a cash grant for the first 90 days after an inmate is released from RRC placement.

- **Additional Program:** Area churches, temples, mosques, and other non-profit programs may provide individuals with housing or shelter assistance.

### **State and County Public Assistance**

Inmates who become indigent at release may apply for state and county public assistance. Most municipalities have offices where the indigent may apply for state/county welfare benefits and the federal Supplemental Nutrition Assistance Program (SNAP). Local public assistance offices administer the SNAP debit card (for purchasing edible items), as well as limited housing assistance for rent and utilities. Many states are currently limiting welfare payments, and the level of assistance can vary substantially. Both SNAP and other welfare benefits are income means-tested (low-income eligible). To access state and county public assistance programs, contact the local county assistance office. Many states have different names for public assistance including *welfare service*, *health and human services*, *human resources*, and *general public assistance*.

- ➔ *For information and/or to locate a food stamp program, call the USDA SNAP hotline number at: 1-800-221-5689.*

### **Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)**

The Social Security Administration (SSA) is responsible for two major programs that provide benefits based on disability: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).

- **Both programs have the same medical requirements, and the person's disability is determined by the same process before disability payments are allowed.**
  - ▶ **SSDI** benefits amount are determined by prior work history, participation in the program, and disability.
  - ▶ **SSI** benefits are based on the financial need of the disabled individual, who may have limited or no creditable work history. Inmates who qualify for SSI typically qualify for Medicaid, a federal/state program that subsidizes health care costs for those with limited incomes. Medicaid is administered by each state, with each state setting its own requirements for eligibility.
- **For inmates who received benefits prior to incarceration:**
  - ▶ For inmates who received **SSDI** benefits prior to incarceration, SSA will keep these benefits in suspension until the inmate is released. The inmate will not have to re-apply for SSDI benefits.
  - ▶ For inmates who previously received **SSI** benefits, SSA will keep these benefits in suspension for one year. If release takes place within that time frame, the inmate does not have to re-apply for benefits. However, if the inmate is incarcerated longer than one year, the SSI benefits will be terminated, and the inmate will have to complete the application process again.
  - ▶ Inmates generally cannot receive Social Security benefits for the months they are confined in jail, prison, or correctional facilities. There is no back-pay for time spent in prison. In addition, inmates are not entitled to receive Social Security benefits while in

residential reentry center housing; however, they are entitled to receive benefits if placed on home confinement.

- ▶ For more information about SSA's *Reinstatement Policies for Prisoners*, see [Appendix 1](#).

- **Procedures:**

- ▶ All Social Security applications for SSI and SSDI should be submitted to the local Social Security District Office no earlier than 90-days prior to release. Some individual BOP institutions have a prearranged agreement with the Social Security Administration that permits the inmates to file while in custody. Social Workers may assist Medical and Mental Health Care Level 3 and 4 designated inmates with the application process for SSI and SSDI.
- ▶ A BOP "Release of Information" form should be completed to permit the Social Worker to have verbal contact with a Social Security representative, as well as allowing copies of various medical records to be submitted with the application. Social Security also has its own release of information form that must be signed, but left blank, so that the agency can contact other sources of information (hospital, doctors, etc.) where the inmate may have received treatment prior to being incarcerated. Inmates who are designated as Care Level 1 or 2 can obtain an SSDI/SSI application packet from a local Social Security Office and/or request a packet from the BOP Social Work department—and then complete the application process independently.
- ▶ When the inmate is released, he/she needs to take the release paperwork and a photo identification to the local Social Security Office to either continue the SSDI and/or SSI application process or, if their benefits are in suspended status, have their benefits reinstated.

→ *To locate the local Social Security Office in the community to which the inmate returns, call 1-800-772-1213 or use the SSA local office locator at <https://secure.ssa.gov/ICON/main.jsp>*

## **Affordable Care Act (ACA)**

- **Exemption from Shared Responsibility Payment:** Starting in 2014, people living in the United States are required to have health coverage or pay a penalty fee on their federal income tax return called the "shared responsibility payment." However, some people are exempt from making this payment, and one of the exemptions is being incarcerated.
  - ▶ Upon release, inmates should request an exemption for their months of incarceration that year by completing form OMB No. 0938-1190 – Application for Exemption from the Shared Responsibility Payment for Individuals who are Incarcerated (Detained or Jailed).
  - ▶ The form, which provides more information, is available at: <http://marketplace.cms.gov/applications-and-forms/incarceration-exemption.pdf>
  - ▶ The application should be mailed to: Health Insurance Marketplace – Exemption Processing, 465 Industrial Boulevard, London, KY 40741.
- **The Health Insurance Marketplace:** The Marketplace ([www.healthcare.gov](http://www.healthcare.gov)) is an online health insurance "exchange" to help uninsured people explore different health plans and complete the enrollment application process. In order to apply for health coverage through the Marketplace, applicants must reside in the service area, be a U.S. citizen or national, be a

non-citizen who is lawfully present in the U.S. for the entire period for which enrollment is sought, and not be incarcerated.

- ▶ Incarcerated individuals cannot use the Marketplace to enroll in a private insurance plan. (Incarceration is considered one of the “Qualifying Life Events.”) Therefore, upon release, inmates will have a 60-day special enrollment period to enroll in a health care plan. Once the application is completed, the inmate may qualify for a premium tax credit and/or lower-cost monthly premiums. Coverage should begin the next month or month after, depending on the enrollment date.
  - ▶ Since inmates are not able to enroll in health care coverage under the ACA, BOP Social Workers and other Re-Entry Professionals may provide inmates with educational material that will assist them should they decide to complete the enrollment process once released.
- *Information regarding the ACA and the Health Insurance Marketplace can be found on [www.healthcare.gov](http://www.healthcare.gov).*
- *If the inmate does not have access to a computer or requires additional assistance, they should call 1-800-318-2596 (TTY: 1-855-889-4325). Navigators, Certified Application Counselors, Federally Qualified Health Centers, and Agents/Brokers are available to provide assistance 24 hours a day, 7 days a week, except major holidays.*

### 3. RESOURCES FOR INDIVIDUALS WITH HIV/AIDS

BOP Social Workers will ensure that all inmates who are diagnosed with HIV/AIDS are connected to medical care and other resources in the community to which he/she is returning. The following national resources are currently available:

- **Ryan White HIV/AIDS Program:** This program—the largest federal program focused exclusively on care for people living with HIV/AIDS—works with cities, states, and local community-based organizations to provide HIV/AIDS related services. The program was developed to help those who do not have sufficient health care coverage or financial resources to cope with HIV/AIDS—providing them with an assortment of services such as medical care, case management, mental health counseling, and housing services. In order to be eligible, the individual needs to provide proof of being HIV-positive or have a special medical issue related to their HIV diagnosis. What individuals pay depends on whether they have their own health insurance, as well as their income or other resources.

*Note: The Affordable Care Act will enable many of those currently receiving services through the Ryan White Program to increase their access to affordable health care.*

- *For more information, visit the website at [www.hab.hrsa.gov](http://www.hab.hrsa.gov).*

*The Ryan White program is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). Federal funds are awarded to local agencies, which in turn deliver care to eligible individuals.*

- **HIV/AIDS Treatment Center Information Service:** AIDSinfo provides telephone referral services for health care providers and people with HIV/AIDS. The service can provide referrals to other AIDS resources in the community to which the inmate is returning.

- *Call 1-800-HIV-0440 (1-800-448-0440); TTY: 1-888-480-3739.  
Monday–Friday, 12–5 pm (Eastern Time); E-mail: [ContactUs@aidinfo.nih.gov](mailto:ContactUs@aidinfo.nih.gov)*
- **Center for Disease Control and Prevention:** CDC-INFO is a toll-free service available to the general public and health care professionals 24 hours a day, 7 days a week, throughout the U.S. and its territories. The hotline provides referral services, including to public health clinic and support groups, hospice services, local hotlines, and financial and legal services.
  - *Call 800-CDC-INFO (1-800-232-4636); TTY: 1-888-232-6348.  
Monday–Friday, 8 am–8 pm (Eastern Time)*
- **AIDS Clinical Trials Information Service:** ACTIS provides current information on medication and clinical trials for HIV/AIDS. Reference specialists are available to respond to questions concerning location of clinical trials, registration, and eligibility requirements.
  - *Call 1-800-874-2572.*
- **State AIDS Drug Assistance Programs:** ADAP is a pharmacy assistance program for people with HIV/AIDS. Eligibility requirements and drugs/services covered vary from state to state. Questions regarding the reimbursement programs should be directed to the health department for the state to which the inmate is being released. See [Appendix 2](#) for a list of phone numbers.
- **State and Regional HIV/AIDS Hotlines:** See [Appendix 3](#) for a list of state and regional hotline numbers.
- **Public Clinics:** To locate a Public Clinic, visit [www.hab.hrsa.gov](http://www.hab.hrsa.gov). In the middle of the page, under *HIV/AIDS Services*, click on *Find HIV/AIDS Medical Care*, and then enter the inmate’s release address. A list of HIV/AIDS clinics and providers in that area will be provided.

#### 4. DIALYSIS AND TRANSPLANT RELEASE PLANNING AND COORDINATION

Inmates on hemodialysis or peritoneal dialysis who are being released back to the community often require extensive release planning assistance because of their need for dialysis treatment three times per week. Their treatment must continue within days of release, or the inmate’s condition will become life-threatening.

- The BOP Social Worker will assist the inmate with the Social Security SSI/SSDI application process (see section on [SSI/SSDI](#) above), or the process for reinstating the inmate’s Social Security benefits if they were placed in suspension during incarceration.
- In addition, the Social Worker will provide the inmate with education regarding the application process for state Medicaid and Medicare under the ESRD (End Stage Renal Disease) Program.
- If the inmate was on dialysis prior to being incarcerated, the social worker will contact that dialysis clinic and make a new referral for his/her return.

- If the inmate did not utilize a dialysis center prior to incarceration—or if the inmate will be moving to a different community upon release—the Social Worker will locate and contact a dialysis center in the area where the inmate will be residing. The website for The Nephron Information Center ([www.nephron.com](http://www.nephron.com)) is an excellent resource for locating dialysis centers in the U.S. Alternatively, an internet search could be done for “Dialysis Clinics.”
- When calling the dialysis clinic, the Social Worker will be referred to the clinic’s intake system to initiate the referral. The clinic’s intake coordinator will fax a list of the medical documentation needed to process the referral. The requested medical records can be found in the inmate’s BOP electronic medical record (BEMR).
- *As a last resort*, if a community dialysis center cannot be located for the inmate prior to his/her release, the inmate will be advised to go to the closest emergency room/hospital in the area he/she will be living. By law, all hospitals are required to provide emergency medical care (which would include dialysis treatment) to those in need. Since this is not the preferred method of receiving dialysis on a long-term basis, the hospital social worker or other staff will continue to make efforts to secure an outpatient community dialysis center as soon as possible. *However, this is only a measure of last resort. If at all possible, the BOP Social Worker should make all efforts to secure a referral to a dialysis clinic prior to the inmate’s release.*

## **5. RELEASE OF INMATES WITH MENTAL ILLNESS/SUBSTANCE USE DISORDER**

Releasing inmates who have mental illness diagnoses or substance use disorder issues will require special assistance to help the inmate access community agencies. This assistance may include, but is not limited to, placing an inmate into a mental health group home, applying for disability income through the SSA (see section on [SSI/SSDI](#) above), coordinating outpatient mental health services through a local mental health center, or enrolling the inmate into a chemical dependency program.

If the inmate has a supervised release plan, the BOP Social Worker may contact the United States Probation Office (USPO) of the inmate’s releasing district to coordinate the inmate’s aftercare plans with the USPO. The Social Worker may also notify the inmate’s USPO of any mental health and/or substance use disorder needs and provide documentation concerning the inmate’s treatment history as requested. The procurement of mental health and sobriety maintenance services that meet the psychosocial needs of releasing inmates can ensure continuity of care, and thereby increase the inmate’s chances for successful integration into the community.

→ See [Appendix 4](#) for a list of mental health and chemical dependency resources.

***Discharge planning for an inmate with a mental illness or substance use disorder should be initiated at least 90 days prior to their release.*** Community residential placements (e.g., group homes) for these inmates should take priority, as they are the most difficult to secure.



## 6. MISCELLANEOUS

For further assistance with aftercare planning, see [Appendix 5](#) for a list of websites of national organizations and public agencies.

### DEFINITIONS

**ACCESS PROJECT** is an information clearinghouse about medications available for HIV and AIDS patients from Medicaid, AIDS Drug Assistance Programs (ADAPs), and national pharmaceutical company's patient assistance programs. (See <http://www.accessproject.org/new/pages/index.php>.)

**AFFORDABLE CARE ACT (ACA)**, also known as the Patient Protection and Affordable Care Act (PPACA), and was signed into law on March 23, 2010. The goal of the Act is aimed at improving the health care system of the United States by widening health coverage to more Americans, as well as protecting existing health insurance policy holders.

**MEDICARE** is our country's health insurance program for people age 65 or older. Certain people younger than age 65 may also qualify for Medicare, including those who have disabilities and those who have permanent kidney failure or amyotrophic lateral sclerosis. Medicare helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

**MENTAL HEALTH CENTERS** are community-based facilities that provide outpatient mental health services to mentally ill individuals residing in a designated catchment area. The centers typically provide psychiatric care (medication management and supervision), case management services, information and referral services, crisis intervention, and psychological interventions such as individual and group therapy to meet the needs of their clients.

**MENTAL HEALTH GROUP HOMES** are licensed residential care facilities that provide services to individuals with a mental illness. The homes are staffed with personnel who have experience in working with the mentally ill population.

**INMATES with Mental Illness** are inmates who have been diagnosed with a major mental illness such as schizophrenia, delusional disorder, or bipolar disorder. An inmate with mental illness may have a history of psychotic behavior or may be actively psychotic, and will most likely be on psychotropic medication and receiving mental health treatment.

**SOCIAL SECURITY DISABILITY** is defined by the Social Security Administration as being unable to do any kind of work. The disability designation assumes a 100% impairment that is expected to last one year or more. It can also mean that a terminal condition exists. The fact that a person is recently released from being incarcerated or is unemployed does not in and of itself qualify as a disability.

## REFERENCES

Department of Veterans Affairs. *Federal Benefits for Veterans and Dependents*. Washington D.C.: Office of Public and Intergovernmental Affairs, 2013 on-line addition.

Minnesota AIDS Project (2011). *HIV Resource Guide*.

P.S. 5325.07, Release Preparation Program, Institution

P.S. 6010.04, Health Services Administration

P.S. 7300.09, Community Corrections Manual

Social Security Administration (2010). *Disability*. SSA Publication No. 05-10029.

Social Security Administration (2009). *Medicare*. SSA Publication No. 05-10043.

Social Security Administration (2013). *Supplemental Security Income*. SSA Publication No. 05-11069.

Social Security Administration (2010). *What Prisoners Need to Know*. SSA Publication No. 05-10133.

[www.Healthcare.gov](http://www.Healthcare.gov)

## **Appendix 1. GN 02607.840 Retirement, Survivors, and Disability Insurance (Title II) Reinstatement Policies for Prisoners**

Source: <https://secure.ssa.gov/poms.nsf/lnx/0202607840>

### **A. Rules for reinstating benefits to prisoners**

Reinstate benefits if:

- a correctional institution "officially releases" a beneficiary because he or she completes serving his or her sentence, or the institution places the beneficiary on parole or pardon (a beneficiary is "released to the streets"); **or**
- a beneficiary is serving a prison sentence, but is living outside the correctional institution **at no cost** (other than the expense of monitoring) to the correctional institution or custodial agency. The correctional institution or agency electronically maintains supervision and control over the beneficiary. The beneficiary is simply serving his or her prison sentence outside a correctional institution (e.g., home confinement).

**NOTE:** If the correctional institution or agency places the beneficiary on home confinement (e.g., house arrest, home or electronic monitoring, or tethering), reinstate the beneficiary's benefits. Home confinement is an electronic monitoring program that a correctional institution may use as an alternative to criminal imprisonment. While on home confinement, a beneficiary must pay for all of his or her food, clothing, shelter, and medical care expenses.

For additional information on home confinements, see *GN 02607.200 Special Legal Considerations For Prisoner Suspensions, Section C. Policy - Home Confinement, Pre-release, or Community Based Prisoner Release Programs* at: <https://secure.ssa.gov/poms.nsf/lnx/0202607200#c>

#### **1. Effective date for reinstating benefits**

Reinstate benefits beginning with the month after the correctional institution officially releases the beneficiary back to society (e.g., "released to the streets") or home confinement.

#### **2. Official release on the last day of the month**

Sometimes, an inmate's "official" release occurs on the last day of the month. Once a correctional institution officially releases an inmate, the correctional institution must return the inmate "back to society." Normally, this process requires the correctional institution to arrange for the inmate's transportation to the nearest town or city. When there are unexpected delays in the correctional institution's release process and limited nightly bus service, an institution may hold a released inmate overnight at the institution with the intent to transport the released inmate to the nearest city or town the next day. Use the release date on the inmate's official release papers as the beneficiary's actual release date even when the correctional institution had custody of the inmate for an extra day.

**EXAMPLE:**

ABC prison officially released Barney, a title II beneficiary, on 03/31/11 at 10:00 P.M. (ABC Prison's official release document shows 03/31/11 as the release date.) ABC Prison does not provide inmate transportation to town after 9:00 P.M. The next inmate bus scheduled into town was 7:00 A.M. on 04/01/11. Barney had to stay the night in ABC Prison until he could catch the next morning's bus. We will use 03/31/11 as Barney's ABC Prison official release date. We will start Barney's benefits again beginning 04/01/11 as long as he meets the other continuing title II entitlement and eligibility factors.

**NOTE:** For processing cases where a court overturns a beneficiary's conviction, see *GN 02607.200 Special Legal Considerations For Prisoner Suspensions, Section A.3. Conviction Overturned* at <https://secure.ssa.gov/poms.nsf/lnx/0202607200#a3>.

## Appendix 2. State AIDS Drug Assistance Programs (ADAP)

The following is a list of phone numbers for state Departments of Health and their pharmacy-assisted services for people with HIV/AIDS. Eligibility requirements and drugs/services covered vary from state to state. Questions regarding the reimbursement programs should be directed to your state Department of Health.

Alabama .....(334) 206-5364	Nebraska .....(402) 559-4673
Alaska .....(907) 269-8000	Nevada .....(775) 684-5996
Arizona .....(602) 364-3594	New Hampshire .....(603) 271-4480
Arkansas .....(501) 661-2862	New Jersey .....(609) 984-6125
California .....(916) 449-5900	New Mexico .....(505) 827-2363
Colorado .....(303) 499-2879	New York .....(518) 459-1641
Connecticut .....(800) 233-2503	North Carolina .....(919) 715-3111
Delaware .....(302) 744-4542	North Dakota .....(701) 328-2378
D.C. ....(202) 727-2500	Ohio .....(800) 777-4775
Florida .....(850) 245-4444	Oklahoma .....(405) 271-4636
Georgia .....(404) 657-3127	Oregon .....(503) 731-4029
Hawaii .....(808) 732-0315	Pennsylvania .....(717) 772-6228
Idaho .....(208) 334-6657	Puerto Rico .....(787) 758-4575
Illinois .....(800) 825-3518	Rhode Island .....(401) 222-2320
Indiana .....(317) 233-7450	South Carolina .....(803) 896-6250
Iowa .....(515) 242-5838	South Dakota .....(605) 773-3737
Kansas .....(785) 296-8701	Tennessee .....(615) 741-8903
Kentucky .....(800) 420-7431	Texas .....(800) 255-1090
Louisiana .....(504) 568-7474	Utah .....(801) 538-6197
Maine .....(207) 287-3747	Vermont .....(802) 863-7253
Maryland .....(410) 767-6535	Virginia .....(804) 864-8019
Massachusetts .....(800) 228-2714	Virgin Islands .....(340) 774-7700
Michigan .....(888) 826-6565	Washington .....(360) 236-3426
Minnesota .....(800) 657-3761	West Virginia .....(304) 232-6822
Mississippi .....(601) 576-7723	Wisconsin .....(608) 267-6875
Missouri .....(573) 751-6439	Wyoming .....(307) 777-5800
Montana .....406) 444-4744	

### Appendix 3. State/Regional HIV/AIDS Hotlines

Alabama.....	(800) 228-0469*	Nebraska.....	(800) 782-2437
Alaska .....	(907) 269-8000 (800) 478-2437*	Nevada .....	(800) 342-2437* (775) 684-5900
Arkansas.....	(501) 376-6299 (800) 232-4636*	New Hampshire.....	(800) 752-2437*
Arizona .....	(602) 364-3610 (800) 232-4636*	New Jersey .....	(800) 624-2377*
California .....	(800) 367-2437	New Mexico.....	(800) 545-2437* (505) 476-3612
Colorado.....	(303) 692-2777 (877) 478-3448*	New York.....	(800) 541-2437
Connecticut.....	(860) 692-2783	North Dakota.....	(701) 328-2378
Delaware .....	(800) 422-0429*	North Carolina.....	(919) 733-3039
D.C.....	(202) 332-2437	Ohio.....	(800) 332-2437* (614) 466-0265
Florida .....	(800) 352-2437*	Oklahoma .....	(800) 535-2437*
Georgia .....	(800) 551-2728 Atlanta..... (404) 876-9944 (404) 870-7700*	Oregon.....	(800) 777-2437* (503) 223-2437
Hawaii.....	(808) 922-1313 (800) 321-1555*	Pennsylvania .....	(800) 662-6080*
Idaho .....	(800) 342-2437	Puerto Rico.....	(800) 981-5721* (809) 765-1010
Illinois .....	(800) 243-2437*	Rhode Island .....	(800) 726-3010
Indiana .....	(866) 588-4948*	South Carolina.....	(800) 322-2437* (803) 898-0749
Iowa .....	(800) 445-2437*	South Dakota.....	(800) 592-1861*
Louisiana.....	(800) 992-4379*	Tennessee .....	(800) 525-2437* (615) 741-7500
Maine .....	(800) 851-2437* (800) 775-1267	Texas .....	(800) 299-2437*
Maryland.....	(800) 638-6252* (800) 358-9001	Utah.....	(801) 487-2100
Massachusetts .....	(800) 235-2331* (617) 536-7733	Vermont .....	(800) 882-2437*
Michigan .....	(800) 872-2437*	Virginia .....	(800) 533-4148*
Minnesota.....	(612) 373-2437	Washington .....	(877) 376-9316* (360) 236-3426
Missouri .....	(866) 628-9891	West Virginia .....	(800) 642-8244* (304)558-2950
Mississippi .....	(800) 826-2961*	Wisconsin.....	(800) 334-2437* (414) 273-2437
Montana .....	(800) 233-6668* (406) 444-3565	Wyoming.....	(800) 327-3577
		<b>*In-State Calls Only</b>	

## Appendix 4. Mental Health and Substance Use Disorder Resources

Staff, at the national/regional agencies listed below, should be able to direct the caller to mentalhealth and chemical dependency resources in specified communities.

<p><b>National Mental Health Association</b> 2001 Beauregard St., 12th Floor Alexandria, VA 22311 (703) 684-7722 voice (800) 969-6642 info line</p>	<p><b>American Council on Alcoholism</b> P.O. Box 25126 Arlington, VA 22202 (703) 248-9005</p>
<p><b>National Health Information Center</b> (Department of Health and Human Services) Referral Specialist P.O. Box 1133 Washington, D.C. 20013-1133 (800) 336-4797</p>	<p><b>United Way of America</b> 701 N. Fairfax Street Alexandria, VA 22314-2045 1-703-836-7100</p>
<p><b>National Alliance for the Mentally Ill</b> 2107 Wilson Blvd., Ste. 300 Arlington, VA 22201 (703) 524-7600</p>	<p><b>The Salvation Army</b> Western Territory 180 East Ocean Blvd Long Beach, CA 90802 (562) 436-7000</p>
<p><b>Substance Abuse and Mental Health Services Administration</b> Room 12-105 Parklawn Building 5600 Fishers Lane Rockville, MD 20857</p>	<p><b>The Salvation Army</b> Southern Territory 1424 Northeast Expressway Atlanta, GA 30329 (404) 728-1300</p>
<p><b>National Clearinghouse for Alcohol and Drug Information (NCADI)</b> 1-800-729-6686</p>	<p><b>The Salvation Army</b> Central Territory 10 West Algonquin Road Des Plaines, IL 60016 (847) 294-2000</p>
<p><b>National Mental Health Knowledge Exchange Network (KEN)</b> 1-800-789-2647</p>	<p><b>The Salvation Army</b> Eastern Territory 440 West Nyack Road West Nyack, NY 10994 (914) 620-7200</p>

## Appendix 5. Websites of National Organizations and Agencies

The following list contains only a few of the hundreds of useful sites that provide information, procedures, forms, local office locations and useful links to similar public and private organizations.

Websites for Federal Agencies		
HHS	<a href="http://www.hhs.gov/">http://www.hhs.gov/</a>	U.S. Department of Health & Human Services
HUD	<a href="http://portal.hud.gov/hudportal/HUD">http://portal.hud.gov/hudportal/HUD</a>	U.S. Department of Housing and Urban Development
SSA	<a href="http://www.ssa.gov/">http://www.ssa.gov/</a>	Social Security Administration
USDA	<a href="http://www.fns.usda.gov/">http://www.fns.usda.gov/</a>	U.S. Department of Agriculture, Food and Nutrition Service
VA	<a href="http://www.va.gov/">http://www.va.gov/</a>	U.S. Department of Veterans Affairs
Websites for Private Organizations		
AIDS United	<a href="http://www.aidsunited.org/">http://www.aidsunited.org/</a>	AIDS United (formerly AIDS Action)
LeadingAge	<a href="http://www.leadingage.org/">http://www.leadingage.org/</a>	LeadingAge (formerly AAHSA – American Association for Homes and Services for the Aging)
NAMI	<a href="http://www.nami.org/">http://www.nami.org/</a>	National Alliance on Mental Illness
NHCC	<a href="http://www.nationalhepatitis-c.org/">http://www.nationalhepatitis-c.org/</a>	National Hepatitis C Coalition, Inc.
SA	<a href="http://www.salvationarmyusa.org/">http://www.salvationarmyusa.org/</a>	The Salvation Army
UW	<a href="http://www.unitedway.org/">http://www.unitedway.org/</a>	United Way

Below is list of possible resources for particular types of services.

For information on ....	See websites for ...
<b>Aging</b>	LeadingAge, HHS, UW, SSA
<b>Basic Needs</b>	UW, SA, USDA
<b>Child Welfare/Family Services</b>	HHS, SA, HUD, UW
<b>Disability Benefits/Compensation</b>	SSA, VA
<b>Housing Services</b>	HUD, SA, VA, LeadingAge, UW
<b>Infectious Disease Services</b>	NHCC, HHS, AIDS United, UW
<b>Mental Health Services</b>	NAMI, UW, HHS, HUD
<b>Substance Abuse Recovery Services</b>	UW, SA, HHS
<b>Veterans Benefits</b>	VA, HUD