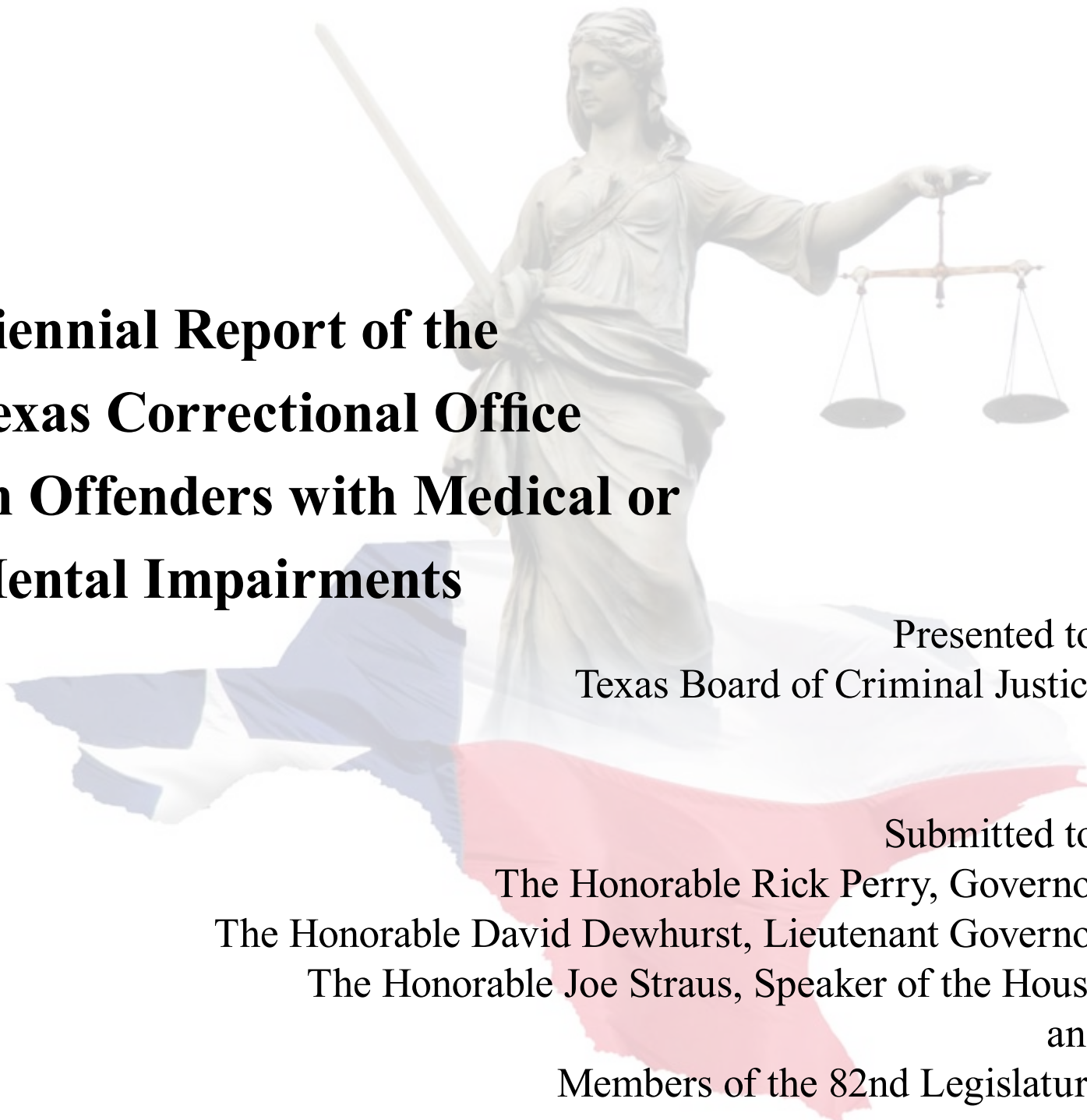




Biennial Report of the Texas Correctional Office on Offenders with Medical or Mental Impairments

Presented to:
Texas Board of Criminal Justice

Submitted to:
The Honorable Rick Perry, Governor
The Honorable David Dewhurst, Lieutenant Governor
The Honorable Joe Straus, Speaker of the House
and
Members of the 82nd Legislature



Biennial Report of the Texas Correctional Office on Offenders with Medical or Mental Impairments

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- Texas Department of Criminal Justice
 - Correctional Institutions Division
 - Community Justice Assistance Division
 - Parole Division
- Texas Juvenile Probation Commission
- Department of State Health Services
- Texas Commission on Law Enforcement Officer Standards and Education
- Texas Council of Community Mental Health & Mental Retardation Centers, Inc.
- Department of Aging & Disability Services
- National Alliance for the Mentally Ill - Texas
- Texas Youth Commission
- Texas Education Agency
- Mental Health America of Texas
- Texas Commission on Jail Standards
- Texas Council for Developmental Disabilities
- Texas Board of Pardons and Paroles
- Department of Assistive and Rehabilitative Services
- Correctional Managed Health Care Committee
- Texas Health & Human Services Commission
- The ARC of Texas



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INTRODUCTION

Health and Safety Code §614.009 requires the Texas Department of Criminal Justice – Texas Correctional Office on Offenders with Medical or Mental Impairments (TDCJ-TCOOMMI) to submit a biennial report each odd-numbered year to the Texas Board of Criminal Justice as well as the Governor, Lieutenant Governor and the Speaker of the House of Representatives. The biennial report shall include:

- 1) an evaluation of any demonstration project undertaken by the office;*
- 2) an evaluation of the progress made by the office toward developing a plan for meeting the treatment, rehabilitative, and educational needs of offenders with special needs;*
- 3) recommendations of the office made in accordance with Section 614.007 (5);*
- 4) an evaluation of the development and implementation of the continuity of care and service programs established under Sections 614.013, 614.015, 614.015, and 614.016, changes in rules, policies, or procedures relating to the programs, future plans for the programs, and any recommendations for legislation; and*
- 5) any other recommendations that the office considers appropriate.*

The following sections provide an overview of the office's compliance and implementation of the above referenced statutory provisions.



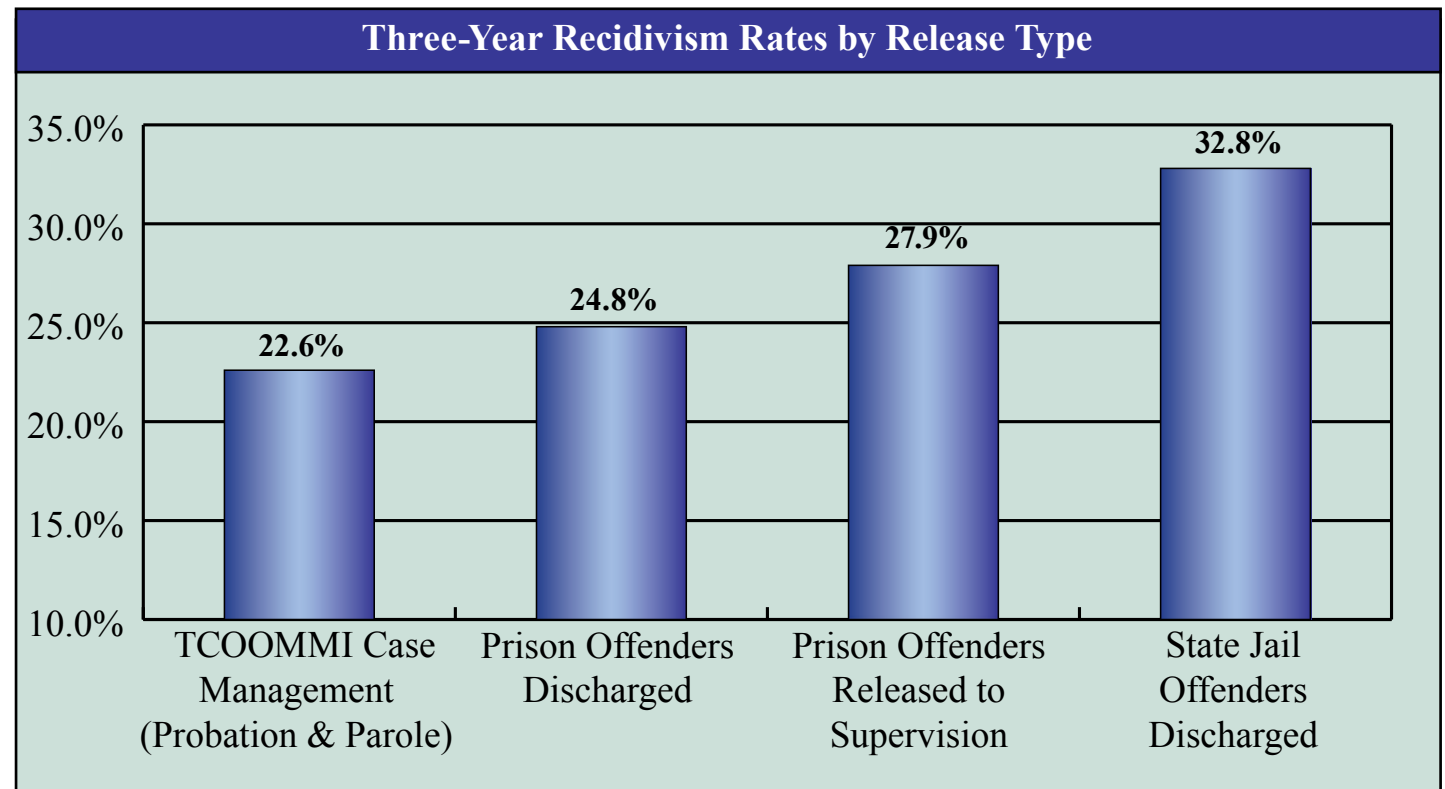
Evaluation of Case Management Programs

EVALUATION OF CASE MANAGEMENT PROGRAMS

The impact of the TDCJ-TCOOMMI case management initiative is evaluated on an annual basis using the following Legislative Budget Board (LBB) performance measures:

“This is computed as the percentage that has been revoked to TDCJ-Correctional Institutions Division (CID) within three years of entering the program. The rate is derived from the total population entering the case management programs for the fiscal year being reported.”

Based upon the most recent three-year evaluation, the recidivism rate was **22.6%**. This rate compares favorably to other offender recidivism data as noted in the following chart:



For offenders enrolled in the TDCJ-TCOOMMI case management initiative for twelve or more consecutive months, the recidivism rate is **11.8%**.



TDCJ- TCOOMMI Programs Update

TDCJ-TCOOMMI PROGRAMS UPDATE

Over the biennium the office has continued to monitor progress made in meeting the treatment, rehabilitative, and educational needs of special needs offenders in the adult and juvenile criminal justice system. The following programs are addressed in this report:

- Adult Programs
 - Case Management
5198 served in FY '10
 - Continuity of Care - Medical and Mental Health (COC)
7156 referred; 4611 released in FY '10
 - Medically Recommended Intensive Supervision (MRIS)
1443 referred; 457 recommended; 102 approved in FY '10
- Juvenile Programs
 - Special Needs Diversionary Programs (SNDP)
1634 served in FY '10
 - Community Corrections Diversion Program (Grant C)
125 served in FY '10
 - Continuity of Care, Texas Youth Commission (TYC)
891 served in FY '10

Adult Case Management

This biennium, through coordinated efforts with the TDCJ-Community Justice Assistance Division (CJAD) and Parole Division (PD), the case management programs implemented a risk needs model of supervision and care for offenders in TDCJ-TCOOMMI funded programs. The model, designed after Dr. Jennifer Skeem's research, is targeted to serve offenders with high criminogenic risk factors combined with high clinical needs in this initiative. By targeting those at high risk, limited resources can be diverted toward offenders who present a greater risk to public safety.



TDCJ- TCOOMMI Programs Update



Adult Continuity of Care (COC)

During FY '10, the following activities were initiated/completed to enhance the overall continuity of care system for offenders with special medical needs:

- Coordinated joint meetings with the Department of State Health Services (DSHS), TDCJ, and the University of Texas Medical Branch (UTMB) allowing providers to discuss aftercare for offenders with HIV/AIDS releasing from TDCJ-CID;
- Implemented medical continuity of care processes and guidelines specific to offenders with medical needs post release;
- Monitored scheduled releases from TDCJ-CID of offenders with HIV/AIDS to ensure applications for public assistance funding were complete prior to release;
- Ensured community AIDS service organizations were aware of an offender's return to the community; and
- Completed a new process to notify local parole of an offender's medical and/or mental health referral, by attaching to the offender's release certificate and scanning the documents into the Offender Information Management System.

Medically Recommended Intensive Supervision (MRIS)

In FY '10, the Medically Recommended Intensive Supervision program had a **13.6%** increase in the number of offenders presented to the Board of Pardons and Paroles, and a **17.3%** increase in the number of offenders released on supervision as compared to the prior year. The notable increase is a result of:

- Implementation of a 30, 60, and 90 day review protocol for offenders who are initially denied MRIS.
- Enhanced coordination with medical providers and the Board of Pardons and Paroles to create a more user friendly medical assessment for MRIS referrals.

TDCJ- TCOOMMI Programs Update

Juvenile Programs

It is estimated that **33%** of youth in the juvenile probation justice system and **60%** of TYC admissions have a diagnosed mental health disorder. In FY '10, TDCJ-TCOOMMI served a statewide total of **2525** juvenile probationers and TYC parole clients, which represents a small segment of those juvenile offenders with mental health diagnoses. With limited resources, TDCJ-TCOOMMI and their partner juvenile agencies worked to improve overall systems impact on juvenile offenders without additional funds. Those initiatives included the following:

- Initiated written agreements with juvenile agencies and TDCJ-TCOOMMI to clearly define roles and responsibilities of each entity to minimize duplication of effort;
- Implemented a more structured monitoring plan to assess local providers' compliance to SNDP contract and grant requirements; and
- Initiated numerous efforts to enhance information sharing between key state and local agencies to minimize duplication of efforts, such as redundant psychological assessments, treatment planning, and social history documentation.

Minimizing redundancies and duplication relating to information gathering of juveniles' mental health, educational, social services, as well as other service delivery history, is critical during current economic times.



Interagency Coordination

INTERAGENCY COORDINATION

Continuity of Care and services programs required in Health and Safety Code Sections 614.013, 614.014, 614.015, and 614.016 have continued to be strengthened through the Memorandum of Understanding (MOU) between local and state partnerships. Currently, TDCJ-TCOOMMI is monitoring the implementation of the following MOU's for offenders with special needs:

- **Agreement with TDCJ, DSHS, Department of Aging and Disability Services (DADS) and Department of Assistive and Rehabilitative Services (DARS)** to improve the individual and collective response of each agency in the continuity of care process for offenders with medical, physical, developmental, long term care, and terminal conditions or who are elderly.
- **Agreement with TDCJ, Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE), Texas Commission on Jail Standards (TCJS) and the Texas Department of Public Safety (DPS)** to enhance the early identification of defendants or offenders with mental illness or mental retardation through the merging of the state's mental health database with the Department of Public Safety's Texas Law Enforcement Telecommunications System (TLETS).

Each MOU has continued to address the service delivery gaps and changes in statutory or regulatory requirements of the participating state agencies. The TDCJ-TCOOMMI Advisory Committee receives quarterly updates on implementation activities related to MOU's to assess progress and barriers faced by agencies in the continuity of care process.



Summary and Recommendations

SUMMARY AND RECOMMENDATIONS

During this biennium, continued progress was made toward strengthening the state's continuity of care system for offenders with mental illnesses and other special needs. Despite the progress, recent data trends have suggested significant work is needed on front end diversionary activities. As noted on the following charts, the number of former Mental Health/Mental Retardation clients incarcerated in TDCJ increased by **2414** offenders in FY '10, while the number sentenced to probation remained virtually unchanged in the same reporting period:

Number of MHMR Clients Incarcerated in TDCJ, December 2009 ³				
	CID	Parole	Probation	Total
Total TDCJ Population	154,361	80,754	430,825	665,940
Number of Care Matches ¹	44,616	22,702	54,630	121,948
Percent of Total Population	28.90%	28.11%	12.68%	18.31%
Percent of Target Group ²	12,715	6,228	18,922	37,865
Percent of Total Population	8.23%	7.71%	4.39%	5.68%

Number of MHMR Clients Incarcerated in TDCJ, December 2010 ³				
	CID	Parole	Probation	Total
Total TDCJ Population	156,063	81,236	423,521	660,820
Number of Care Matches ¹	49,285	22,503	52,560	124,348
Percent of Total Population	31.58%	27.70%	12.41%	18.81%
Percent of Target Group ²	15,129	6,397	18,706	40,232
Percent of Total Population	9.69%	7.87%	4.41%	6.08%

¹ Represents all clients served since 1985, including those whose diagnosis is no longer eligible for MHMR.

² Schizophrenia, Bipolar, Major Depression.

³ Does not reflect all persons with serious mental illness, as some may not have been served by community mental health system.



Summary and Recommendations

In response to this and other issues identified within this report, the following recommendations are submitted:

- **Monitor the implementation of statutory provisions regarding the notification of courts of a defendant's mental illness;**
- **Conduct a study to determine sentencing practices of defendants with mental illnesses and availability of progressive sanctions by local Community Supervision and Corrections Departments for offenders with serious mental impairments;**
- **Reduce duplication among juvenile and adult criminal justice and health and human service agencies by ensuring the timely sharing of information;**
- **Continue to identify strategies for maximizing federal entitlements to facilitate a less costly incarceration response for offenders in need of on-going medical care;**
- **Monitor the implementation of the MOU resulting from HB 3689; and**
- **Implement promising practice in the SNDP through continued coordination with the Texas Juvenile Probation Commission.**

During the next biennium, the priority focus of the TDCJ-TCOOMMI office and advisory committee will be to address these and other continuity of care issues noted in this report. Due to projected budget constraints for the next biennium, it will be even more imperative to increase coordination and reduce duplication of effort. Despite this significant obstacle, it is anticipated that the agency and its partner agencies will rise to the challenge of maintaining the state's leadership role in continuity of care initiatives.

