

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

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 83rd Legislature



TCOOMMI ADVISORY COMMITTEE MEMBERSHIP

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STATE AGENCIES / ORGANIZATIONS

- Texas Department of Criminal Justice
 - Correctional Institutional Division
 - Community Justice Assistance Division
 - Parole Division
- The ARC of Texas
- Department of State Health Services
- Texas Commission on Law Enforcement Officer Standards and Education
- Texas Council of Community Centers, Inc.
- Department of Aging & Disability Services
- National Alliance for the Mentally Ill Texas - Texas
- Texas Juvenile Justice Department
- 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

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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.



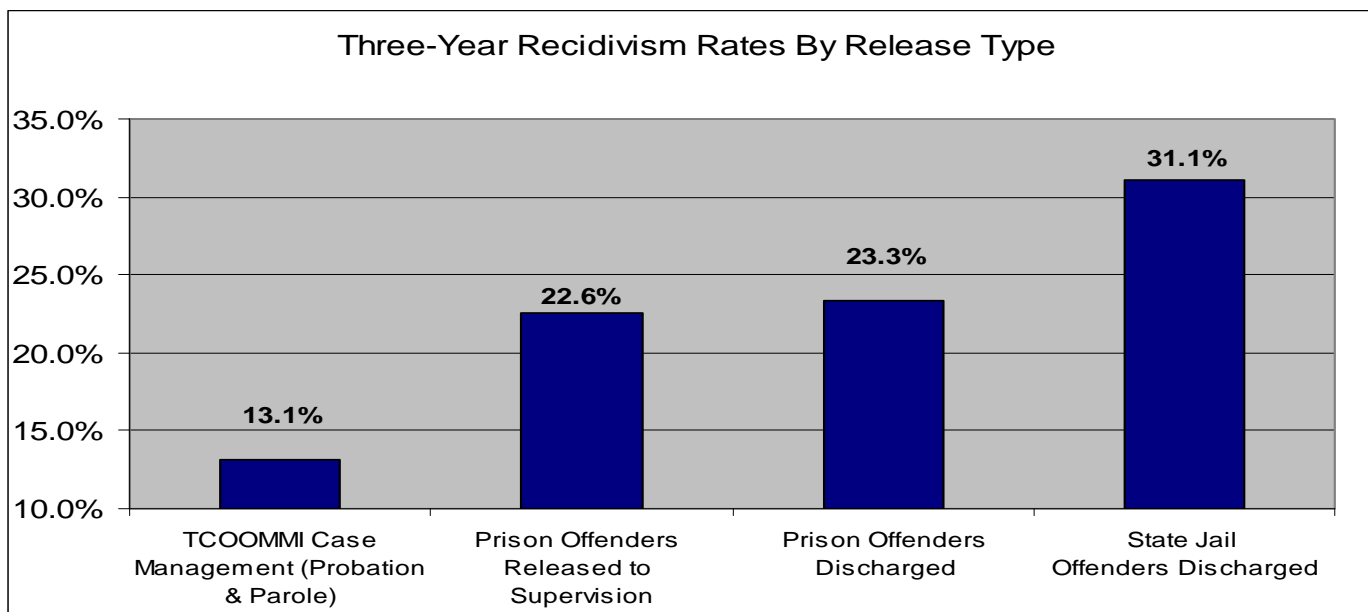
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EVALUATION OF CASE MANAGEMENT PROGRAMS

The impact of the TDCJ-TCOOMMI case management initiative is evaluated on an annual basis using the following Legislative Budget Board 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.”

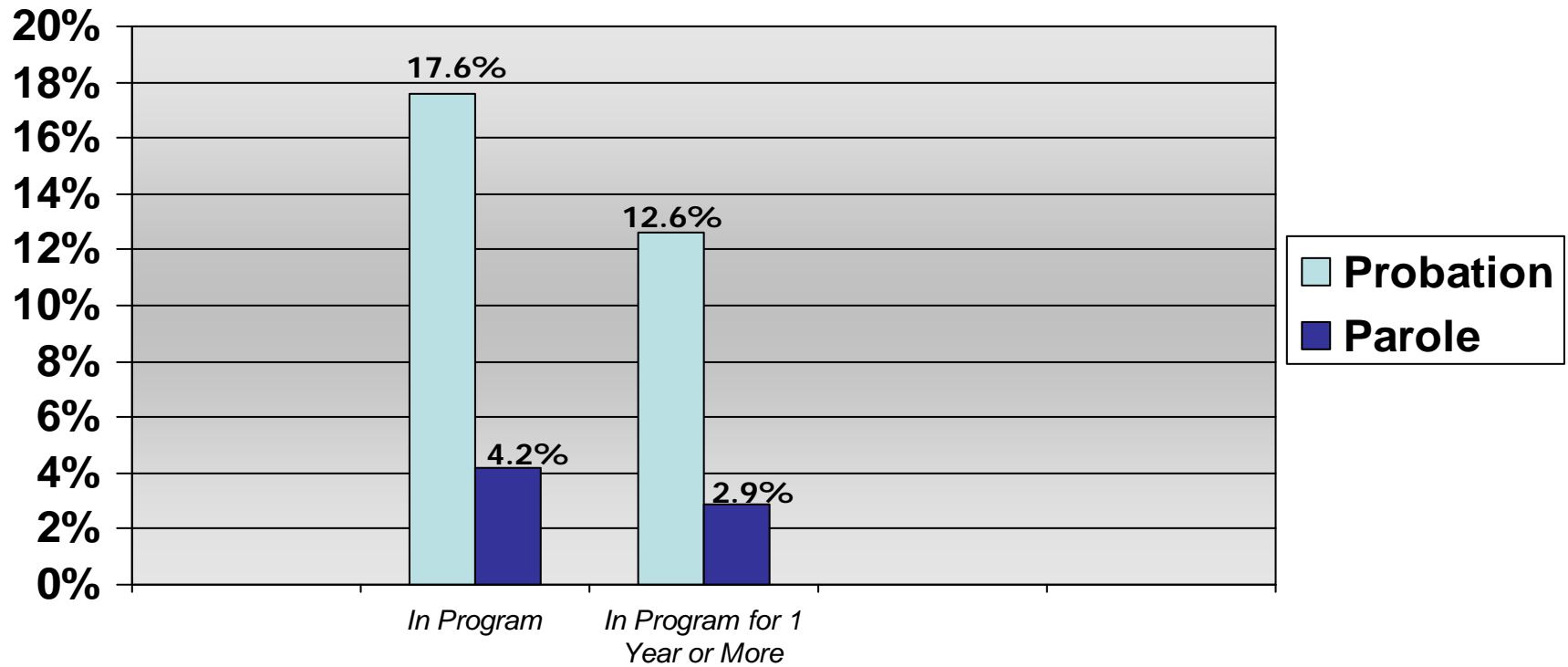
Based upon the most recent three-year evaluation, the recidivism rate was **13.1%**. This rate compares favorably to other offender recidivism data as noted in the following chart:



For offenders enrolled in the TDCJ-TCOOMMI case management initiative for twelve or more consecutive months, the recidivism rate is **9.7%**.



Three Year Comparison of Probation and Parole Recidivism Rates



When variables are controlled for probation and parole, the recidivism study reveals a significant difference between re-incarceration rates for these two populations. Although the rates individually are comparatively lower than non-TCOOMMI populations, the difference demonstrates a need to evaluate the differing strategies to determine if interventions utilized with the parole population can be replicated on the local level with probation.

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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 adult and juvenile criminal justice system. The following programs are addressed in this report:

- Adult Programs
 - Case Management
4,508 served in Fiscal Year 2012 (FY12)
 - Continuity of Care (COC) - Medical and Mental Health
5,798 referred; 4671 released in FY12
 - Medically Recommended Intensive Supervision (MRIS)
1,857 referred; 491 recommended; 72 approved in FY12

- Juvenile Programs
 - Special Needs Diversionary Programs (SNDP)
1,445 served in FY12
 - Continuity of Care, Texas Juvenile Justice Department (TJJD)
407 served in FY12

ADULT CASE MANAGEMENT:

This biennium, through coordinated efforts with the TDCJ-Community Justice Assistance Division (CJAD) and Parole Division (PD), the case management programs continued to implement a risk needs model of supervision and care for offenders in TDCJ-TCOOMMI funded programs. The model, designed after the Risk Needs Responsivity model, is targeted to serve offenders with high criminogenic risk factors combined with high clinical needs in community mental health programs. 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:

During FY12, the following activities were initiated/completed to enhance the overall Continuity of Care system for offenders with special medical needs:

- Added three (3) Human Service Specialist positions within TCOOMMI to provide pre-release coordination and entitlement application completion for offenders with special medical needs.
- In cooperation with Texas Christian University (TCU) implemented grant funded program to provide Motivational Interviewing pre and post release to offenders living with HIV/AIDS.

In addition, TCOOMMI continued to strengthen Continuity of Care through:

- A revised agreement with TDCJ, DSHS, Department of Public Safety and Community Supervision and Corrections Departments - to improve the individual and collective response of each agency in the continuity of care process for offenders with mental impairments.
- A revised agreement with TDCJ, DSHS, Department of Aging and Disability Services and Department of Assistive and Rehabilitative Services - 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.
- Strengthening relationships with community AIDS service organizations through MOUs and a continued grant with the Department of State Health Services to provide pre-release coordination and application assistance;

MRIS:

In FY12, the MRIS program had a **5.2%** fewer offenders presented to the Board of Pardons and Paroles, and a **7.7%** fewer offenders released on supervision as compared to the prior year. This change is a result of a decrease in the number of offenders referred who met eligibility criteria for MRIS. For additional information please refer to the MRIS Annual Report.

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TDCJ-TCOOMMI PROGRAMS UPDATE

JUVENILE PROGRAMS:

It is estimated that **33%** of youth in the juvenile probation justice system and **60%** of TJJD admissions have a diagnosed mental health disorder. In FY12, TDCJ-TCOOMMI served a statewide total of 1,983 juvenile probationers and TJJD 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;
- participated with the Task Force for Children with Special Healthcare Needs and the Council on Children and Families to address systemic infrastructure, work to reduce duplication of services, and increase interagency collaboration for justice involved youth; and
- collaborated with TJJD to review and revise interagency continuity of care procedures to enhance pre release youth engagement as well as interagency communication regarding justice involved youth.

Minimizing redundancies and duplication relating to the provision of services for justice involved youth with special mental health care needs is critical. Avoiding the creation of service delivery silos is key to ensuring a continuous stream of mental healthcare not only beyond the youth's juvenile justice tenure, but as the child ages out of child and adolescent services and enters the adult mental health care system.



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SUMMARY AND RECOMMENDATIONS

During this biennium, continued progress was made toward strengthening the state's COC system for offenders with mental illnesses and other special needs. The number of former Local Mental Health Authority clients incarcerated in TDCJ increased by **2,414** offenders in 2010. In calendar year 2012 the increase is **278** offenders while the number sentenced to probation is slightly less, **113**, during the same reporting period. Although the increase of incarcerated offenders with special needs is much less in calendar year 2012, the data trends indicate significant work is needed on front end diversionary activities:

2011

	C.I.D. *Dec. 31	Parole *Nov. 30	Probation *Oct. 31	Total
Total TDCJ Population	156,197	81,641	409,960	647,798
# of Care Matches**	51,844	21,142	53,359	126,345
% of Total Population	33.19%	25.89%	13.01%	19.50%
# of Target Group***	16,539	6,275	19,554	42,368
% of Total Population	10.58%	7.68%	4.76%	6.54%

2012

	C.I.D. *Dec. 31	Parole *Nov. 30	Probation *Oct. 31	Total
Total TDCJ Population	151,191	87,367	406,038	644,596
# of Care Matches**	52,122	22,307	53,472	127,901
% of Total Population	34.47%	25.53%	13.16%	19.84%
# of Target Group***	17,294	6,841	19,836	43,971
% of Total Population	11.43%	7.83%	4.88%	6.82%

CARE: Client Assessment and Registry Database for the Department of State Health Services

*Population statistics are most recent available at the time of publishing

**Represents all Clients served since 1985, including those whose diagnosis is no longer eligible for MHMR

***Schizophrenia, Bipolar, Major Depression



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INTERAGENCY COORDINATION

COC and services programs required in Health and Safety Code section 614.013, 614.014, 614.015, 614.016 and 614.018 have continued to be strengthened through the Memoranda of Understanding (MOU) between local and state partnerships. TDCJ-TCOOMMI:

- **Renewed the agreement with TJJD, DSHS, Department of Aging and Disability Services and Department of Family and Protective Services and the Texas Education Agency** - to improve the individual and collective response of each agency in the continuity of care process for juveniles with mental health care needs in the juvenile justice system.
- **Revised the agreement with TDCJ, DSHS, Department of Public Safety and Community Supervision and Corrections Departments** - to improve the individual and collective response of each agency in the continuity of care process for offenders with mental impairments.
- **Revised agreement with TDCJ, DSHS, Department of Aging and Disability Services and Department of Assistive and Rehabilitative Services** - to improve the individual and collective response of each agency in the COC process for offenders with medical, physical, developmental, long term care and terminal conditions or who are elderly.
- **Continued to monitor agreements with TDCJ, Texas Commission on Law Enforcement Officer Standards and Education, Texas Commission on Jail Standards and the Texas Department of Public Safety** - to enhance the early identification of defendants or offenders with mental illness or intellectual disabilities through the merging of the state's mental health database with the Department of Public Safety's Texas Law Enforcement Telecommunications System.

Revised MOUs were initiated to ensure the agreements clearly matched statutory provisions as well as addressed the evolving service delivery arena. 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.



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SUMMARY AND RECOMMENDATIONS

In summary, the following recommendations are submitted:

- **Continue to study 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;**
- **review the current Parole Revocation Process to determine if similar strategies or interventions used by the Parole Board and Division can be replicated at the local level within Probation services;**
- **continue to review mental health admissions to TDCJ to assess prior supervision and mental health services, and reasons for revocation;**
- **continue to reduce duplication among juvenile and adult criminal justice and health and human service agencies by ensuring the timely sharing of information; and**
- **continue to identify strategies for maximizing federal entitlements to facilitate a less costly incarceration response for offenders in need of on-going medical care.**

During the next biennium, the priority focus of the TDCJ-TCOOMMI office and advisory committee will be addressing these and other continuity of care issues noted in this report. Due to anticipated implementation of Health Care Reform, it is imperative to increase coordination, reduce duplication of effort and retain a high level of literacy regarding policies and new practices which will be impactful to TCOOMMI programs. TCOOMMI continues to monitor the impact of implementing evidence based and research informed practices and will remain a leader in continuity of care.

