

Biennial Report of the Texas Correctional Office on Offenders with Medical or Mental Impairments Fiscal Year 2013-2014



Texas Department of Criminal Justice

February 2015

Texas Department of Criminal Justice – Texas Correctional Office on Offenders with Medical or Mental Impairments (TDJC-TCOOMMI) Advisory Committee Membership

Gubernatorial Appointees

Judge Robb Catalano, Chair *Term 02/01/2019*

Dr. Kathryn Kotrla	<i>Term 02/01/2015</i>	Denise Oncken	<i>Term 02/01/2015</i>
Dr. Kathy C. Flanagan	<i>Term 02/01/2019</i>	Ross Taylor, M.D.	<i>Term 02/01/2015</i>
Christopher C. Kirk	<i>Term 02/01/2017</i>	Trenton R. Marshall	<i>Term 02/01/2019</i>
Martin Deleon, Jr	<i>Term 02/01/2019</i>	Mary D. Ford	<i>Term 02/01/2017</i>
Robert Morgan, Ph. D	<i>Term 02/01/2017</i>		

State Agencies / Organizations

- Texas Department of Criminal Justice
 - Correctional Institutions Division
 - Community Justice Assistance Division
 - Parole Division
- The ARC of Texas
- Department State of Health Services
- Texas Commission on Law Enforcement
- Texas Council of Community Centers
- Department of Aging and Disability Services
- National Alliance for the Mentally Ill Texas
- Texas Juvenile Justice Department
- Mental Health Association in 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 and Human Services Commission
- Parent Association for the Retarded of Texas, Inc.

Table of Contents

4	Introduction
5	Evaluation of Case Management Programs
6-11	TDCJ-TCOOMMI Programs Update
12	Interagency Coordination
13	Summary
14	Recommendations

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), or the office, 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 TDCJ-TCOOMMI's compliance and implementation of the above referenced statutory provisions.

Evaluation of Case Management Programs

The impact of the TDCJ-TCOOMMI case management initiative is evaluated on an annual basis using the Legislative Budget Board performance measures for the three year recidivism rate.

Based upon the most recent evaluation, the recidivism rate was 23.0%. For offenders enrolled in the TDCJ-TCOOMMI case management initiative for twelve or more consecutive months, the recidivism rate is 11.2%. This rate compares favorably to the rate for prison released offenders which is 22.6%.

This biennium, TDCJ-TCOOMMI fully implemented the Risk Needs Responsivity model, which 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. The programs now serve the offenders with the greatest risk for recidivism and the highest clinical needs.

TDCJ-TCOOMMI Programs Update

Over the biennium, the TDCJ-TCOOMMI 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
 - Continuity of Care - Medical and Mental Health
 - Case Management
 - Medically Recommended Intensive Supervision (MRIS)
- Juvenile Programs
 - Continuity of Care, Texas Juvenile Justice Department (TJJD)
 - Special Needs Diversionary Programs (SNDP)

Adult Programs

Due to the additional six (6) million dollars appropriated during the 83rd Legislative Session, TDCJ-TCOOMMI expanded essential services which ensured linkage to appropriate community resources for special needs offenders'. TCOOMMI funded programs are designed to provide a responsive system for local referrals from parole, probation, jail, family and other related agencies.

Continuity of Care – Medical and Mental Health

During FY 2013-14, the following activities were initiated/completed to enhance the overall continuity of care system for offenders with special medical needs:

- TDCJ-TCOOMMI added Licensed Practitioners of the Healing Arts (LPHA) positions at each of the contracted halfway houses throughout the state through our local mental health authority contracts. This addition allows the program to provide continuity of care, intensive case management and assessment/intake services.
- TDCJ-TCOOMMI partnered with Texas Commission on Jail Standards to collaboratively design a Suicide Assessment Tool and training protocol. This tool addresses the most urgent of all concerns in the county jail system: the detection and prevention of suicide. Though Texas County jailers receive basic training on mental illness, the implementation and utilization of this Suicide Assessment Tool will create a cross-system collaboration of county jail personnel and their mental health professionals, thus strengthening the partnership with their local mental health authority.

- TDCJ-TCOOMMI, the Department of State Health Services and Texas Commission on Jail Standards initiated a monthly collaborative call to staff cases in the Texas Jail System in need of continuity of care between systems. This monthly call includes the Assistant Director of State Hospitals, the TDCJ-TCOOMMI Manager and TDCJ-TCOOMMI Advisory Member from the Commission to discuss pending transfers to the state hospital system or transfers that may be returning to county jails. This call has helped prepare jails for the return of these offenders and has improved overall care and problem solving for the agencies.

In FY 2013 TCOOMMI served **17,202** offenders and **18,077** offenders in FY 2014 in mental health and medical continuity of care.

Case Management

This biennium, through coordinated efforts with the TDCJ-Community Justice Assistance Division (CJAD) and Parole Division (PD), the case management programs fully implemented 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. The programs now serve the offenders with the greatest risk for recidivism and the highest clinical needs with the goal to prevent re-arrest and incarceration;

Components of this program include:

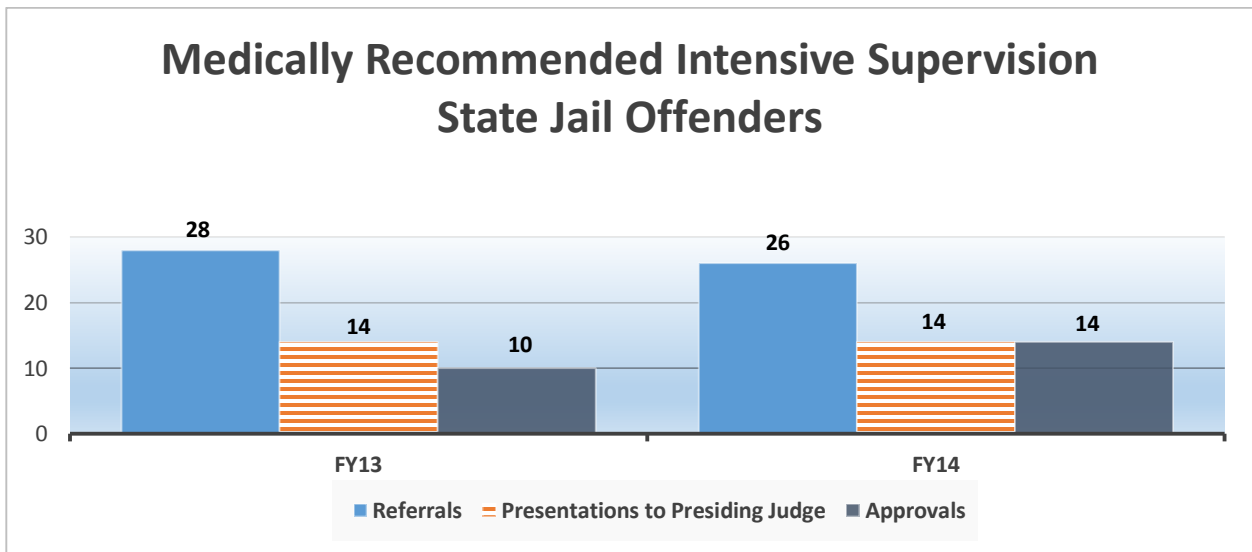
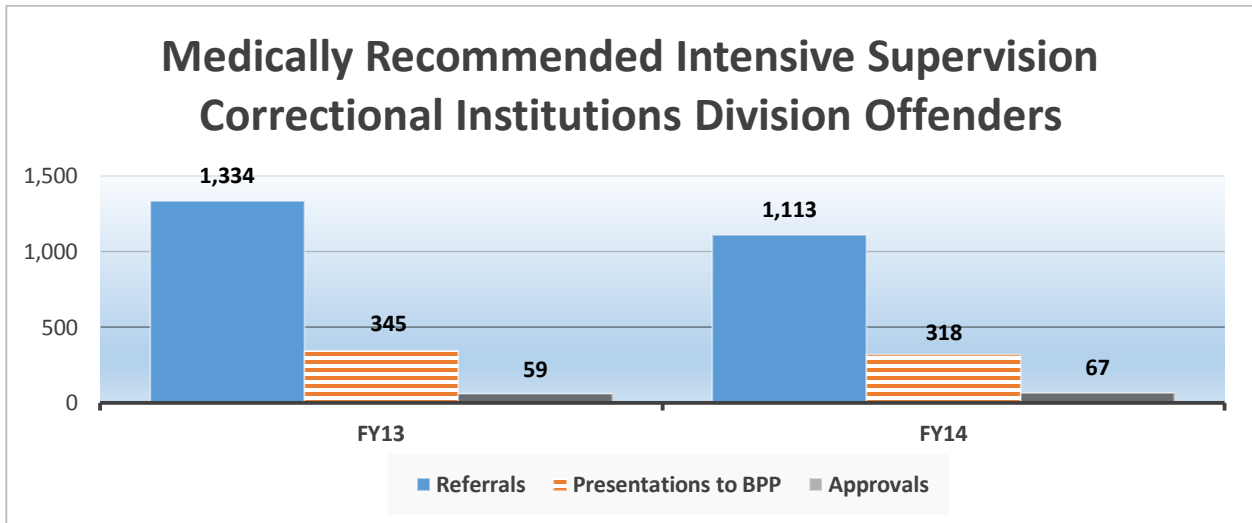
- Treatment Teams/Team Based Services;
- Psychosocial Rehabilitation Services/Rehabilitation as key element;
- Support Services through Intensive Case Management (ICM);
- Community based contacts and resources;
- Intensive outreach and engagement;
- Criminal Justice cross trained mental health case managers and;

In FY 2013 TCOOMMI served **4,995** offenders and **5,670** offenders in FY 2014 in adult case management services.

Medically Recommended Intensive Supervision (MRIS)

The MRIS program allows for the early parole review and release of certain categories of offenders who are mentally ill, intellectually and developmentally disabled, terminally ill, require long term care or physically handicapped. Eligible institutional offenders are presented to the Board of Pardons and Paroles (BPP) voting panel for MRIS consideration while state jail offenders are presented to the sentencing judge for consideration. Once an offender is approved for MRIS release, program staff expeditiously coordinate the offender's release, post-release medical needs, benefit application(s), and other support resources as needed. TDCJ-TCOOMMI implemented the "TDCJ-TCOOMMI Continuity of Care Web Application" for case processing and tracking of MRIS referrals and outcomes. This programmatic tool facilitates enhanced MRIS post-release case management by TDCJ-TCOOMMI's Human Services Specialists by allowing easy access to pertinent, pre-release planning efforts and information specific to the offender. In addition, TDCJ -TCOOMMI and the Texas Board of Pardons and Paroles (BPP) began co-locating the MRIS program staff and the MRIS BPP voting panel in 2014. This transition will allow for a streamlined process and program efficiency between MRIS staff and the MRIS BPP voting panel. This co-location allows for video conference capabilities with unit medical provider staff, expedited presentation of cases and post vote processing.

Medically Recommended Intensive Supervision (MRIS) Statistical Data



Juvenile Programs

TDCJ-TCOOMMI continued to work with the Texas Juvenile Justice Department (TJJD) on system wide improvements.

Continuity of Care

TDCJ-TCOOMMI and TJJD worked to improve overall continuity of care for juvenile offenders. Those initiatives included the following:

- TDCJ-TCOOMMI and TJJD initiated a monthly collaborative call to staff cases in the TJJD state facilities in need of continuity of care between systems. This monthly call includes the Senior Transition and Reentry Placement Specialist and the Manager of Specialized Services of TJJD and the TCOOMMI Continuity of Care Supervisor to discuss continuity of care for pending transfers from TJJD facilities to the community. This call has helped prepare for the return of these youths' overall care and transition to the community.
- TDCJ-TCOOMMI began renewal of 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.
- TDCJ-TCOOMMI continued as an active member on the Task Force for Children with Special Healthcare Needs and the Council on Children and Families. Participating in these legislative groups allows TDCJ-TCOOMMI to address systemic infrastructure, work to reduce duplication of services, and increase interagency collaboration for justice involved youth.

In FY 2013 TCOOMMI served **373** offenders and **678** offenders in FY 2014 in Juvenile continuity of care services.

Case Management

TDCJ-TCOOMMI and the Texas Juvenile Justice Department (TJJD) provide a collaborative program to address both mental health needs and juvenile justice involvement in an effort to rehabilitate juvenile offenders and deter further involvement with the criminal justice system. The youths' and families' needs as they pertain to criminal behavior risk factors are addressed through intensive and collaborative wrap-around service models that outline ongoing support systems and resources for the family aftercare. Services include:

- Collaborative Case Planning;
- Skills Training and Education;
- Psychiatric Services/Medication Monitoring;
- Individual and/or Group Therapy;
- Early Intervention;
- Vocational Services;
- Benefits Eligibility Services; and
- Parental Support and Education

In FY 2013 TCOOMMI served **1,496** offenders and in FY 2014 **1,464** offenders in juvenile case management services.

Interagency Coordination

Continuity of care and service 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:

- **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 the 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.
- **Continued to monitor agreements with TDCJ, Texas Commission on Law Enforcement, 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.
- **Continued to monitor the provisions of Article 16.22, Code of Criminal Procedures through cooperative reporting agreements with the Texas Commission on Jail Standards.** This monitoring and collaboration allows for effective program planning and early identification of offenders with mental illness.
- **Continued to strengthen 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.** A recent audit from the Department reflected the program's success. Offenders are connected with benefit applications for a federal drug assistance program and also given health care information regarding medication adherence. This strategy coupled with post release linkage to an AIDS service organization for continuity of care have led to robust reentry plans for this special needs population.

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.

Summary

Over the biennium through collaborative partnerships, the TDCJ-TCOOMMI Advisory Committee, participation in various Task Force meetings and legislative workgroups TDCJ has continued to address the needs of the overall incarcerated population within TDCJ with severe or persistent mental illness. TDCJ-TCOOMMI programs have fully implemented evidence based models of care and continually strive to find ways to reduce the numbers of new admissions into the TDCJ. TDCJ-COOMMI continues to be an effective and cohesive continuity of care system that provides for public safety while ensuring the offenders enrolled in programs are receiving quality collaborative care by both the criminal justice and mental health partners. This model of care provides for wrap around strength based programming that reduces recidivism amongst one of the most high risk population we serve.

There has been a considerable amount of funding by the Texas Legislature to address jail diversion. Those investments should continue. Those programs should address not only the mental health needs of the individual, but also address the criminogenic risk that the individual poses to a community.

Recommendations

- 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 need for a specialized officer training academy and certification course for Community Supervision and Corrections Officers;
- study and implement enhanced jail diversion projects in communities through technical assistance when possible;
- utilize the TCOOMMI Advisory members to teach community members promising practices; and
- continue to monitor sharing of information among juvenile and adult criminal justice and health and human service agencies.

During the next biennium, the priority focus of the TDCJ-TCOOMMI will be addressing these recommended actions, other continuity of care issues noted in this report while continuing efforts to reduce duplication, and serve as a liaison between the criminal justice and mental health community. TDCJ-TCOOMMI continues to monitor the impact of implementing evidence based and research informed practices and will remain a leader in continuity of care.