

TEXAS CORRECTIONAL OFFICE  
ON OFFENDERS WITH MEDICAL OR  
MENTAL IMPAIRMENTS  
BIENNIAL REPORT  
FISCAL YEAR 2017-2018



Texas Department of Criminal Justice

February 2019

# Texas Department of Criminal Justice – Texas Correctional Office on Offenders with Medical or Mental Impairments (TDCJ-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>
Robert J. Chody	<i>Term 02/01/2023</i>	Trenton R. Marshall	<i>Term 02/01/2019</i>
Martin Deleon, Jr	<i>Term 02/01/2019</i>	Allan D. Cain	<i>Term 02/01/2023</i>
Robert Morgan, Ph. D	<i>Term 02/01/2017</i>		

## State Agencies / Organizations

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| <ul style="list-style-type: none"> <li>▪ Texas Department of Criminal Justice             <ul style="list-style-type: none"> <li>• Correctional Institutions Division</li> <li>• Community Justice Assistance Division</li> <li>• Parole Division</li> </ul> </li> <li>▪ The ARC of Texas</li> <li>▪ Department of State of Health Services</li> <li>▪ Texas Commission on Law Enforcement</li> <li>▪ Texas Council of Community Centers</li> <li>▪ Department of Aging and Disability Services</li> </ul> | <ul style="list-style-type: none"> <li>▪ National Alliance for the Mentally Ill Texas</li> <li>▪ Texas Juvenile Justice Department</li> <li>▪ Mental Health Association in Texas</li> <li>▪ Texas Commission on Jail Standards</li> <li>▪ Texas Council for Developmental Disabilities</li> <li>▪ Texas Board of Pardons and Paroles</li> <li>▪ Department of Assistive and Rehabilitative Services             <ul style="list-style-type: none"> <li>• <i>(abolished as of 9/1/16)</i></li> </ul> </li> <li>▪ Correctional Managed Health Care Committee</li> <li>▪ Texas Health and Human Services Commission</li> <li>▪ Parent Association for the Retarded of Texas, Inc.</li> </ul> |
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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), 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:

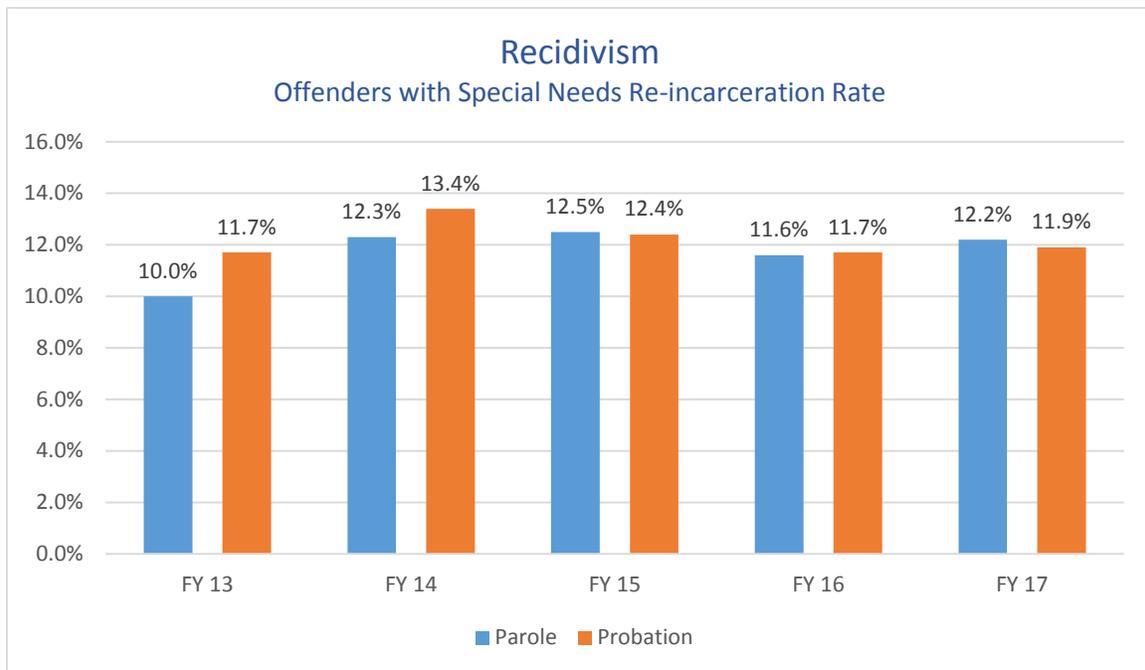
- (1) an evaluation of any demonstration project undertaken by the office;*
- (2) an evaluation of the progress made by the office toward developing a plan for meeting the treatment, rehabilitative, and educational needs of offenders with special needs;*
- (3) recommendations of the office made in accordance 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, 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.

For offenders enrolled in the TDCJ-TCOOMMI case management initiative for twelve or more consecutive months, the recidivism rate is 11.9%. This rate compares favorably to the rate for prison released offenders which is 21.0%.



This biennium, TDCJ-TCOOMMI continued the incorporation of the Risk Needs Responsivity model, which is targeted to serve offenders with moderate to high criminogenic risk factors combined with moderate to high clinical needs in community mental health programs. By targeting those at moderate to high risk, limited program resources can be diverted toward those offenders who present a greater risk to public safety and serve the offenders with the greatest risk for recidivism and the highest clinical needs. As a result, it is evident that a decrease in the recidivism rate for offenders with mental health needs, both parole and probation can be attributed to the risk/needs responsivity model.

## TDCJ-TCOOMMI Programs Update

Over the biennium, TDCJ-TCOOMMI continued to monitor progress made in meeting the treatment, rehabilitative, and educational needs of special needs offenders in adult and juvenile criminal justice system. TDCJ-TCOOMMI recognized the need to increase accessibility of TDCJ staff to the local mental health authorities' (LMHAs) local TCOOMMI programs. As a result, two compliance monitors were assigned to Houston and Arlington, Texas. This allowed for increased face-to-face contact, technical assistance, training and compliance monitoring in the field. The decentralization of TDCJ-TCOOMMI staff has been met with positive feedback and enhanced local collaborative initiatives for the various TCOOMMI programs within the LMHAs.

In FY 2017, TDCJ-TCOOMMI participated in a technical assistance grant from Substance Abuse and Mental Health Services Administration (SAMSHA) for the Social Security Insurance/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) benefit assistance model. SOAR is designed to increase access to benefit entitlements while increasing approval rates for individuals having residential insecurity, serious mental illness, medical impairments, and/or co-occurring substance use disorder. Although TDCJ-TCOOMMI was not a grant awardee, the SAMSHA recognized the benefit for the agency's participation in the training event. Due to TDCJ-TCOOMMI's participation, technical assistance and targeted efforts with the TCOOMMI local programs have increased utilization of SOAR, resulting in positive benefit outcomes for the clients served.

During FY 2018, TDCJ-TCOOMMI advanced both planning and initiatives to provide comprehensive mental health services onsite at residential reentry centers, also known as halfway houses. Such efforts included scheduling face-to-face services such as:

- Initial intake appointments
- Psychiatric appointments
- Establishing telemedicine access
- Benefit assistance

In order to provide a complete overview, further detailed information is provided in this report regarding the following program areas:

- Adult Programs
  - Continuity of Care - Medical and Mental Health
  - Case Management
  - Medically Recommended Intensive Supervision (MRIS)
  - Grant Initiatives
- Juvenile Programs
  - Continuity of Care, Texas Juvenile Justice Department (TJJD)
  - Special Needs Diversionary Programs (SNDP)

## Adult Programs

TCOOMMI funded programs are designed to provide a responsive system for local referrals from parole, probation, jail, family and other related agencies. The 84<sup>th</sup> Legislative Session's passage of House Bill 1908 allowed TCOOMMI programs to expand continuity of care services to more individuals with severe and persistent mental illness. As a result, TCOOMMI has continually increased the number of individuals referred, screened and, as identified as appropriate, scheduled for mental health services.

### Adult Continuity of Care – Medical and Mental Health

During FY 2017-2018, the following activities enhanced the overall continuity of care system for offenders with special medical needs:

- TDCJ-TCOOMMI, the Health and Human Services Commission and Texas Commission on Jail Standards continues to hold a monthly collaborative call to staff identified cases in the Texas jail system in need of coordination between systems for continuity of care. This monthly call includes the Assistant Director of State Hospitals, the TDCJ-TCOOMMI Deputy Director and TDCJ-TCOOMMI Advisory Member from the Commission on Jail Standards 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.
- TDCJ-TCOOMMI added a program specialist to screen eligible offenders releasing from custody in need of medical continuity of care services. This specialist is responsible for screening offenders with identified chronic and long-term medical diagnoses from various referral sources to include unit medical, information technology systems, offender self-referrals, family, and agency divisions. The program specialist is a conduit between referral sources, special needs case managers, human service specialists and free world hospitals to coordinate continuity of care planning.



For mental health and medical continuity of care TCOOMMI served **36,244** offenders in FY 2017 and **42,324** offenders in FY 2018. The increase in FY 2018 is directly attributed to the enhancements noted above.

## Adult Case Management

This biennium, through coordinated efforts with the TDCJ-Community Justice Assistance Division and Parole Division, the case management programs continue to utilize a risk needs model of care based on criminogenic risk and clinical need for offenders in TDCJ-TCOOMMI funded programs. The model, designed after the Risk Needs Responsivity model, is targeted to serve offenders with moderate to high criminogenic risk factors combined with high clinical needs in community mental health programs. By targeting those at higher risk, limited program resources can be diverted toward offenders who present a greater risk to public safety and target 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) and Transitional Case Management (TCM);
- Community based contacts and resources;
- Intensive outreach and engagement;
- Criminal justice cross trained mental health case managers; and
- Court resource and mental health jail based diversion programs at targeted sites.

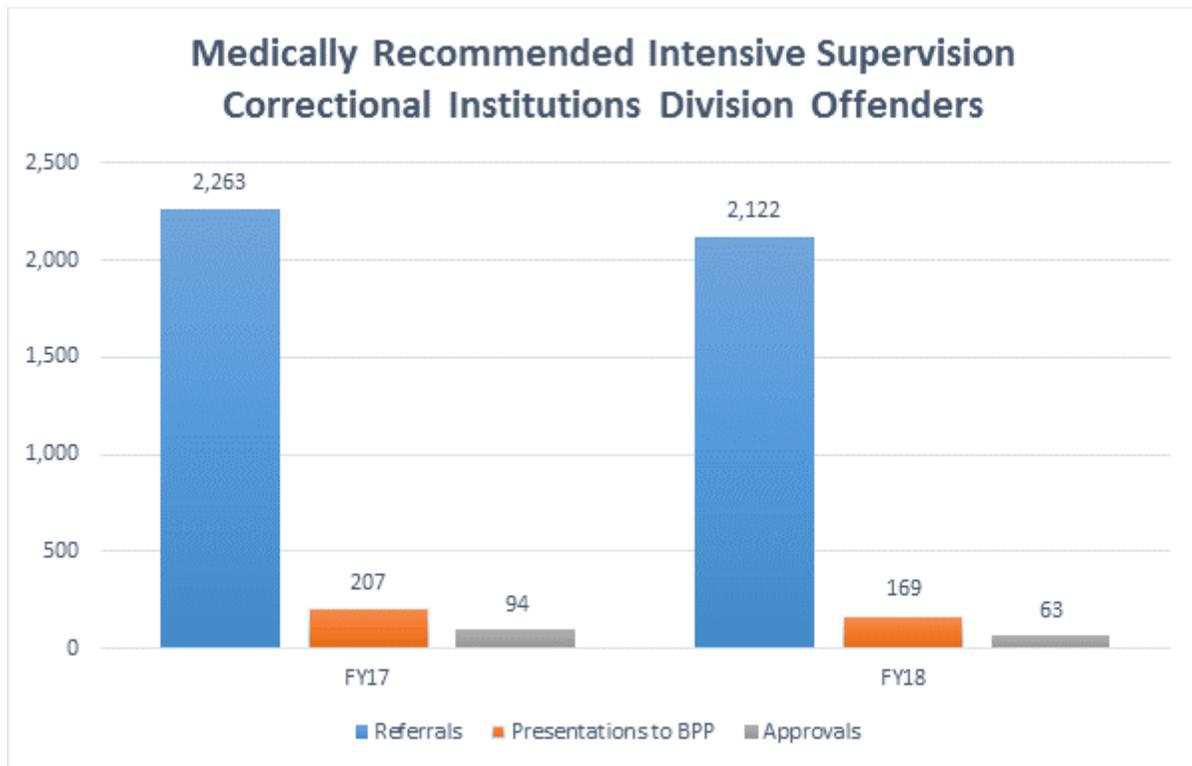
For adult case management services TCOOMMI served **6,013** offenders in FY 2017 and **5,896** offenders in FY 2018.

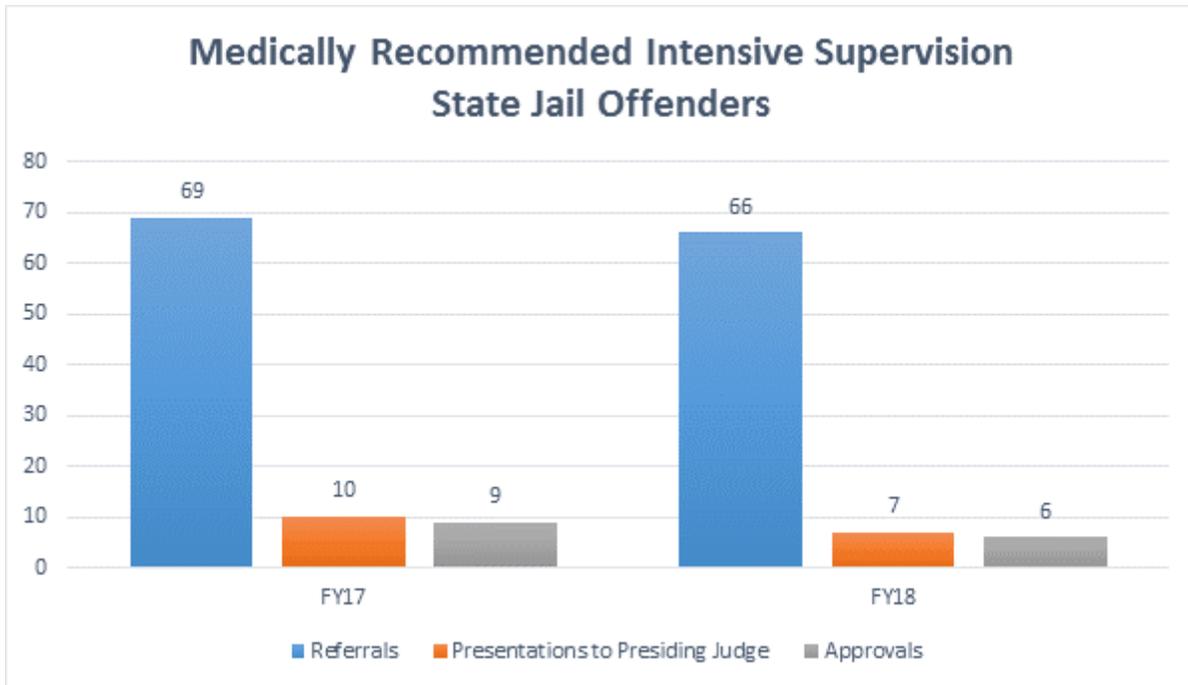
For court resource and mental health jail based diversion programs TCOOMMI served **1,494** offenders in FY 2017 and **2,054** offenders in FY 2018.

## 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, physically handicapped or require long term care. Eligible institutional offenders are presented to the Texas 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 continues to use the "TDCJ-TCOOMMI Continuity of Care Web Application" for case processing of MRIS

referrals and outcomes. In addition, processes were enhanced for MRIS post-release case management allowing easier access by TDCJ-TCOOMMI's Human Services Specialists to pertinent, pre-release planning efforts and information specific to the offender. Since 2014, TDCJ-TCOOMMI and the BPP have co-located the MRIS program staff and the MRIS BPP voting panel which allows 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. Additionally, the assistance of Special Needs Case Managers on 10 targeted units has aided in reducing time required to process the presentation of eligible offenders to the BPP for consideration.





## Juvenile Programs

TDCJ-TCOOMMI continues to work with the TJJD on system wide improvements to case management services to further continuity of care.

### Juvenile Continuity of Care

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

- TDCJ-TCOOMMI continues to provide technical assistance to TJJD for complex medical and/or mental health cases in the TJJD state facilities in need of continuity of care between systems. This collaboration has helped prepare for the return of these youths' overall care and transition to the community.
- TDCJ-TCOOMMI continued as an active member on the Texas System of Care and the statewide Community Resource Coordination Group Committee, Children and Youth Behavioral Health Subcommittee, and Alliance for Adolescent Recovery-Treatment. Participating in these legislative and behavioral health stakeholder groups allow TDCJ-TCOOMMI to address systemic infrastructure, work to reduce duplication of services, and increase interagency collaboration for justice involved youth.

For juvenile continuity of care services, TCOOMMI served **433** offenders in FY 2017 and **343** offenders in FY 2018.

## Juvenile Case Management

TDCJ-TCOOMMI and the TJJD provide a collaborative program to address both a youth's mental health needs and juvenile justice involvement in an effort to rehabilitate juvenile offenders and deter further involvement with the criminal justice system. Both the youths' and the 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:

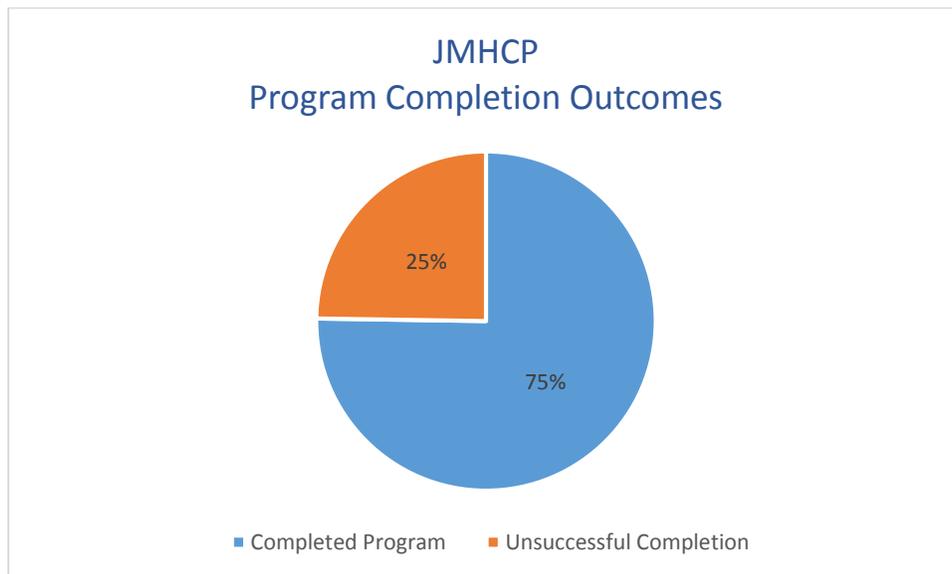
- Collaborative Case Planning;
- Skills Training and Education;
- Psychiatric Services/Medication Monitoring;
- Individual and/or Group Therapy;
- Early Intervention;
- Vocational Services;
- Benefits Eligibility Services; and
- Parental Support and Education

For juvenile case management services TCOOMMI served **907** offenders in FY 2017 and **851** offenders in FY 2018.

As a result of local input from juvenile probation departments and TCOOMMI program directors from large, medium and small jurisdictions during the biennium, both TDCJ-TCOOMMI and TJJD leadership have worked to develop and implement enhancements to the program. TDCJ-TCOOMMI and TJJD revitalized services and program structure to reflect the risk needs responsivity model for juveniles and their families which went into effect September 1, 2018. Ongoing assessment of outcomes and impacts are being evaluated between agencies.

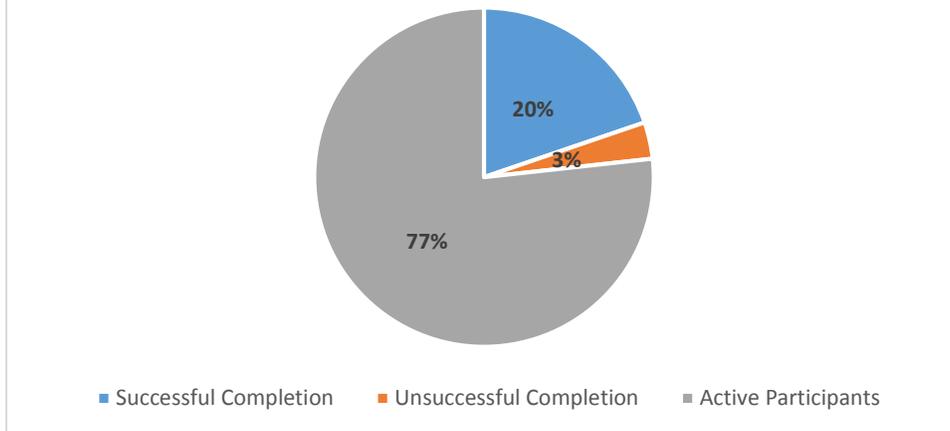
## Grant Initiatives

- TDCJ-TCOOMMI received the Justice and Mental Health Collaboration Program (JMHCP) grant through the federal Bureau of Justice Assistance (BJA) to serve clients at the Austin Transitional Center and the Southeast Texas Transitional Center beginning in November 2016 until project end in September 2018. The project goal was to reduce the length of stay for clients placed in a residential reentry center by coordinating and expanding upon current services targeting the segment of the higher criminogenic risk parole population with persistent and severe mental illness. The grant funded two (2) Human Service Specialist V positions located in Austin and Houston, Texas and due to the successful outcome of the project, both Human Service Specialist V positions were maintained by the TDCJ-TCOOMMI program for continued case management services for residential reentry center clients in Austin and Houston, Texas.



- TDCJ-TCOOMMI also received the Second Chance Act - Adult Offender Reentry Demonstration Grant through the federal BJA in 2016 and after a planning phase began serving clients at the Dallas Transitional Center and the Fort Worth Transitional Center in January 2018. The project was similar in design to the JMHCP grant with the goal to reduce the length of stay for clients placed in residential reentry centers by coordinating and expanding upon current services targeting the higher criminogenic risk parole population with persistent and severe mental illness. The grant funded two (2) Human Service Specialist V positions located in Dallas and Fort Worth, Texas. The grant funding and final program outcomes will conclude in September of 2020.

### Second Chance Act - as of September 2019 Program Completion Outcomes



- TDCJ-TCOOMMI was awarded another Second Chance Act - Adult Offender Reentry Demonstration Grant, known as the Coming Home Program grant through the federal BJA. This demonstration project designed is to provide early identification of offenders sentenced or ordered to participate in the Substance Abuse Felony Punishment Facilities (SAFPF) in the TDCJ - Correctional Institutions Division. Evidence based case management and coordination of services will be provided to targeted higher risk offenders with a severe and persistent mental illness to address needs from time of identification while in the county jail setting, during treatment programming while in the SAFPF program through the offender's release and participation in the substance abuse transitional treatment center in the community to ensure mental health needs are met while in the substance abuse continuum of care. Planning phase of this grant project was completed in FY 2018 with implementation set to begin in FY 2019.

## 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 accomplished, coordinated on or assisted in the following during the biennium:

- **Continued to monitor agreements with TDCJ, the Texas Commission on Law Enforcement, the 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.
- **TCOOMMI assisted in the creation and approval of a form to inform the Magistrate of an individual's possible mental illness or intellectual disability.** As a result of the 85<sup>th</sup> Legislative Session, the provisions of Article 16.22, Code of Criminal Procedures were amended which allowed for the early notification to the Magistrate of offenders with mental illness and intellectual disabilities within jail settings. During implementation multiple meetings between various agencies and local stakeholders were held to ensure the form met statutory requirements and interagency impacts were accounted for.
- **Coordinated with the Texas Department of State Health Services (DSHS), county and municipal jails, and community centers on continuity of care for defendants who are returned to the county of conviction after the defendant's competency has been restored.** Senate Bill 1, Article V, Rider 39 of the 85th Legislative Session required TCOOMMI to work with DSHS to develop and execute a memorandum of understanding to allocate up to \$500,000 annually from TCOOMMI to DSHS to ensure that defendants would be provided with a 90-day post-release supply of medication upon being returned to the committing court for trial after restoration of competency in a state mental health facility under Chapter 46B, Code of Criminal Procedure,
- **Participated in the Jailer Curriculum Committee to revise curriculum to be distributed across the state at the request of the Texas Commission on Law Enforcement (TCOLE).** TCOOMMI addressed the interests of and the processes affecting special needs offenders in local jails across the state. As a result of this committee, the curriculum was made available by TCOLE in October 2018.

- **Participated in a work group at the request of the Judicial Commission on Mental Health to create a judicial bench book addressing defendants with mental illness and intellectual disabilities in courtroom settings.** This committee was established to design a bench book with statutory citations and recommended guidelines which provides immediate resources to judges in addressing the challenges of this specific population.
- **At the request of TDCJ-TCOOMMI, the Health and Human Services Commission developed and distributed a broadcast message to every local mental health authority to address barriers to information sharing between criminal justice entities and the local authorities.** This message promotes and reinforces the cornerstone of Health and Safety Code Chapter 614.017 and has served to be a useful resource to address local misconceptions about sharing information with criminal justice practitioners.
- **Participated in the Statewide Behavioral Health Coordinating Council.** This council of twenty-three (23) state agencies is required by the 85<sup>th</sup> Legislative Session's General Appropriations Act, Article IX, Section 10.04 to collaborate in the development and submission of a five year strategic plan and to coordinate a proposal on statewide, cross agency expenditures of behavioral health funding. A priority of this council is to ensure there is no duplication and replication of behavioral health services between agencies. The council meets quarterly to accomplish goals and tasks as set forth.
- **Continued to strengthen relationships with community AIDS service organizations through MOUs and a continued grant with the DSHS to provide pre-release coordination and application assistance.** A recent audit by 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 has led to robust reentry plans for this special needs population. In FY 2018, DSHS authorized funding for the allocation of a post release Human Service Specialist to the Houston area to increase post-release face-to-face engagement in the community setting. The Human Service Specialist follows up with clients at the residential reentry center, meets with AIDS service organizations and various community based resources for successful reintegration.

The TDCJ-TCOOMMI Advisory Committee receives quarterly updates on implementation activities related to MOU's and cross agency coordination to assess progress and barriers faced by agencies in the continuity of care process.

## Summary

Over the biennium, TDCJ has continued to address the needs of the overall incarcerated population within TDCJ with severe or persistent mental illness through collaborative partnerships, participation in various Task Force meetings and diversion workgroups, as well as the TDCJ-TCOOMMI Advisory Committee. 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 while being an effective and cohesive continuity of care system providing for public safety, ensuring the offenders enrolled in programs receive 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 the high risk population we serve.

TDCJ-TCOOMMI projects that continued positive impacts will be evident at the unit and community levels as a direct result of the dedication of the ten (10) special needs reentry case managers. The presence of these positions ensure appropriate and individualized reentry planning is coordinated between the offender, the medical providers, TDCJ-TCOOMMI staff, the medical community and contracted vendors through the local mental health authorities.

There has been a considerable amount of funding by the Texas Legislature to address jail diversion. The continued investment by the Legislature addresses not only the mental health needs of the individual, but also the criminogenic risk that the individual poses to a community.

## Recommendations

- Utilize the TCOOMMI Advisory members to inform community members of promising practices;
- Continue to monitor sharing of information among juvenile and adult criminal justice and health and human service agencies;
- Evaluate changes to case management strategies utilizing the Adult Needs and Strengths clinical assessment instrument (ANSA) to determine the recommended level of care when combined with the criminogenic risk score;
- Monitor and suggest recommendations to agency partners concerning mental health civil commitments for offenders releasing from TDCJ facilities;
- Promote and encourage co-location opportunities between local TCOOMMI programs and supervision partners. This promising practice is a useful strategy to increase compliance with supervision and mental health treatment along with management of medications which enhances the interdisciplinary team approach;
- Identify additional opportunities for the increased use of telemedicine in rural, medium and large urban jurisdictions to increase timely access to care in the midst of access to psychiatric provider challenges; and
- Continue to implement federal grant initiatives in the residential reentry centers and SAFP facilities to increase early identification and effective continuity of care planning for community based mental health services.

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