

A centralized approach to managing special needs offenders

One approach to the better management of special needs offenders is the use of a central agency to initiate change throughout the various levels and components of a correctional system. The Texas legislature responded to the unique challenges presented by special needs offenders (in particular, those with mental health disabilities) by creating a central council whose work affects all components of the state's correctional system. This article looks at how that council was formed and how it is attempting to carry out its leadership role in programming for special needs offenders. How was the council created? More and more of today's offenders have at least one of the following conditions:

- developmental disability
- emotional disturbance
- mental health disability
- terminal illness
- physical disability
- advanced age

Obviously, it can be difficult to program for inmates with these special needs.

For this reason, the Texas legislature initiated a study on offenders with mental health and developmental disabilities. The study eventually identified a large number of these offenders within the criminal justice system and recommended increased cooperation and collaboration among mental health, law enforcement and correctional agencies.

In 1987, the legislature responded to this recommendation by setting aside funds and drafting legislation to create the Texas Council on Offenders with Mental Impairments. The council has since evolved into a centralized body that responds, primarily through innovative programming, to an increasing variety of offenders' special needs.

The council is made up of nine appointed members with expertise in managing special needs offenders, plus representatives from various state agencies - for example, the Commission on Alcohol and Drug Abuse, the Department of Mental Health and Mental Retardation, and the Department on Aging⁽²⁾ - and from advocacy groups involved with offenders with mental health disabilities.

The council is unique in that every state agency and advocacy group that has responsibility for, or interest in, offenders with mental health disabilities is a legislatively mandated member. Therefore, cooperation and collaboration are guaranteed, at least to some extent.

The Texas legislature also defined the council's function in dealing with these special needs offenders. The Texas Council on Offenders with Mental Impairments identifies offenders with mental health and developmental disabilities and the services these offenders need. The council further develops community based alternatives to incarceration to deliver these services, and it develops an overall state plan for meeting the treatment, rehabilitative and educational needs of offenders with mental health

disabilities. Project CHANCE The central council established its first pilot project in 1988. Project CHANCE, operated by the Association for Retarded Citizens, is a diversion program providing community-based and cost-effective alternatives to incarceration for offenders with some level of mental retardation or developmental disability (who have not committed aggravated offences).

Offenders remain in the program until they meet certain goals or are discharged from the criminal justice system. Case-management services are provided for 100 offenders at a time, and approximately 175 offenders go through the program in a typical year.

In a nutshell, Project CHANCE offers the offender the opportunity to obtain needed life skills while remaining in the community.

Intensive case management helps participants identify needs and establish goals. Further, the development of an individual justice plan emphasizes community support services that can help maximize appropriate social behaviour and enhance independent living skills.

Project CHANCE, therefore, provides a vital and consistent link between the criminal justice and social service systems.

In the 1993 fiscal year, 180 offenders participated in Project CHANCE, and most of these participants either successfully completed the program, are still involved in it, or were discharged from the criminal justice system.

Project CHANCE's success is evaluated primarily on recidivism, but participation in Project CHANCE enhanced the lives of virtually all participants, primarily because correctional programs and services are adapted (through the program) to suit the offenders' needs. Project ACTION Project ACTION, also an intensive case management program, was the council's second pilot project. Like Project CHANCE, Project ACTION is designed to divert (nonaggravated) offenders with general mental health disabilities away from the criminal justice system and reduce their rate of recidivism. However, Project ACTION places a greater emphasis on programming.

Project ACTION can serve no more than 120 offenders at any given time, but it also provides on-going technical assistance to other offenders or agencies. Thus far, almost 400 offenders have been involved in Project ACTION. The maximum length of stay in the program for each offender is two years. However, if the offender is stable for a significant period, case managers are encouraged to discharge them before the end of the two years. Project ACTION evaluates its success partially on the basis of recidivism rates and reports quarterly to the council. Recidivism rates are measured by arrests, new convictions and (or) incarcerations, as well as by noncompliance with probation and parole conditions.

Program success is also measured by the offenders' subsequent ability to obtain a job, secure income, reestablish social skills, maintain a stable home, and comply with medication requirements.

A 1993 study undertaken by the Texas Criminal Justice Policy Council reviewed the pre- and post-program arrest rates of both Project CHANCE and Project ACTION participants. The study revealed a 630/0 reduction in arrest rates - both projects, therefore, appear to be working. Expansion... Because the

two pilot projects not only kept offenders with special needs in the community but also attracted federal funding for eligible offenders, the Texas legislature broadened the council's responsibilities. To maximize entitlement to federal funding, legislative changes were made allowing for the early release of special needs offenders in three new categories: the elderly, the terminally ill, and persons with physical disabilities.

The council then set up intensive case-management and placement services for inmates eligible for this "special needs parole." The target population for the special needs parole program is inmates who have not been convicted of an aggravated offence, who are elderly, significantly or terminally ill, or physically disabled, and whose medical condition qualifies them for a nursing home, hospice or other similar care.

Once released from incarceration, the special needs parolee remains in the program for life or until he or she is reincarcerated for a new offence. To date, 50 inmates have been approved for special needs parole.

The intent of this program is to reduce the state's correctional health care costs - federal medical funding reimburses nursing homes or other givers of health care services. Further, 80% of the special needs parolees have been placed in their family homes. Since there are no residential fees, state costs are limited to case management and the state's share of Medical reimbursed medications or treatments. Discussion A centralized approach to managing special needs offenders allows correctional systems to make effective programs that are already in place accessible and relevant to this previously excluded group.

Independence and access to funding further allow the central body to move outside accepted treatment categories and to develop programs and policies that are more relevant and helpful to special needs offenders.

As well, cooperation among agencies has been significant in Project CHANCE, Project ACTION and the special needs parole program For example, the Pardons and Paroles Division of the Department of Justice, the Department Mental Health and Mental Retardation, the Social Security Administration, and private nursing homes (among others) all collaborated in the special needs parole program.⁽³⁾

Further, although the pilot project have been a focal point, there has been a subtle, but just as significant increased general cooperation among agencies and advocacy groups.

For example, the Texas Council on Offenders with Mental Impairment recently helped prepare the training curriculum for law enforcement officers. This training increases participants' awareness of mental health disability and shows them how to respond appropriately. Some sheriffs' departments have even hired specialized mental health deputies.

The Texas legislature also recently passed legislation requiring the criminal justice and mental health systems to strategically plan and jointly develop funding requests for special needs offenders. At the same time, the Pardons and Paroles and the Community Justice Assistance divisions of the Department of Criminal Justice have each created specialized caseloads of offenders with special needs.

These are just some of the very positive advancements and working relationships that have developed through the work of the central council.

However, the following statement, made 176 years ago, still rings true today:

But the insane criminal has nowhere any home, no age or nation has provided a place for them. They are everywhere unwelcome and objectionable. The prisons thrust them out, the hospitals are unwilling to receive them, the law will not let them stay at home and the public will not permit them to go abroad. And yet, humanity and justice, the sense of common danger, and a tender regard for a deeply degraded individual all agree that something should be done - that some plan must be devised, different from and better than any that has yet been tried, by which they may be properly cared for, by which their malady may be healed, and their criminal propensity overcome.⁽⁴⁾

We are still searching for answers. The above statement, although meant to describe offenders with mental health disabilities, could apply today to any offender with special needs.

⁽¹⁾This article is just a brief overview. For additional information, contact Judy Briscoe, Director of Prevention, Texas Youth Commission, P.O. Box 4260, 4900 North Lamar Blvd., Texas Council on Offenders with Mental Impairments, 8610 Shoal Creek Blvd., Austin, Texas 78759.

⁽²⁾The following is the complete list of organizations represented on the council: Commission on Alcohol and Drug Abuse; Council of Community Mental Health and Mental Retardation Centers; Department of Criminal Justice (Institutional Division, Pardons and Paroles Division, and Community Justice Assistance Division); Education Agency; Commission on Jail Standards; Criminal Justice Policy Council; Rehabilitation Commission; Association for Retarded Citizens; Department of Human Services; Parents Association for the Retarded; Mental Health Association; Youth Commission; Juvenile Probation Commission; Alliance for the Mentally Ill; Commission on Law Enforcement Officer Standards and Education; Planning Council on Developmental Disabilities; and Department on Aging.

⁽³⁾The Veterans Administration, AIDS Foundation, United States Probation, Harris County Jail System and Harris County Court System also collaborated in the program.

⁽⁴⁾E. Jarvis, *American Journal of Insanity*, 13, 3 (1817).