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FACT SHEET 2015

HB 1908

EXPAND CRITICAL MENTAL HEALTH SERVICES FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM

Expanding eligibility for pre- and post-release continuity of care services for people with mental impairments will decrease recidivism, save money, and improve public safety

Under current law, the Texas Department of Criminal Justice (TDCJ) is required to work with the Department of State Health Services and local mental health authorities to operate continuity of care programs for individuals with mental impairments. TDCJ has a designated sub-unit, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), that coordinates the continuity of care and transitional case management for eligible participants who are released on probation or parole.

For individuals enrolled in the TDCJ-TCOOMMI case management initiative for 12 or more consecutive months, the three-year reincarceration rate is 11.2%; this is remarkable, given that the overall reincarceration rate for individuals released from prison is 22.6%.¹

While the law does not identify specific diagnoses that trigger eligibility for services facilitated by TCOOMMI, access is typically limited to those with schizophrenia, bipolar disorder, or clinically severe depression diagnoses. These current eligibility restrictions prevent many individuals from benefiting from TCOOMMI services, even though the statute provides none of the limitations currently in use. **Without adequate supports and treatment services, previously incarcerated individuals with mental illness are more likely to experience deteriorating health conditions and frequent emergency room use.² They are also at a greater risk of experiencing homelessness, unemployment, and a lack of financial and emotional support from family members, all of which are risk factors for recidivism.**

CONTINUITY OF CARE & VETERANS WITH PTSD

Incarcerated veterans disproportionately suffer from post-traumatic stress disorder (PTSD), a condition triggered by exposure to a psychologically terrifying event. PTSD can contribute to depression, substance abuse, and suicidal thoughts and actions. It is estimated that while only 3.6 percent of the general population exhibits PTSD symptoms,³ 30 percent of veterans have PTSD.⁴ **PTSD can be a driving force behind criminal behavior, and it is often exacerbated by incarceration.⁵**

Additionally, veterans are at especially high risk for suicide; **the Department of Veterans Affairs estimates that 18 veterans commit suicide every day,⁶ and the risk is greatest upon release from confinement.⁷**

Expanding continuity of care services to include individuals without a target diagnosis of major depression, bipolar disorder, or schizophrenia will allow TCOOMMI to provide pre- and post-release services to individuals with PTSD as they transition back to the community.

Continued on reverse.

KEY FINDINGS

- Given the significant lack of empirical research that would help to establish which mental disorders are linked to criminal behavior, **it would be more effective to treat all system-involved individuals with mental illnesses**, rather than limit it to those with a diagnosis of major depression, bipolar disorder, or schizophrenia.⁸
- Studies have shown that individuals who receive mental health treatment are **50% less likely to recidivate with violent offenses**.⁹

COST-SAVING AND PUBLIC SAFETY-DRIVEN SOLUTION: SUPPORT HB 1908 BY REPRESENTATIVE NAISHTAT

- **HB 1908 requires all incarcerated individuals with mental impairments in the Texas Department of Criminal Justice to be identified and qualified for the continuity of care system.** The eligibility for this program will be related to the risk of recidivism and the presence of a mental impairment, and would no longer be limited only to those with three target mental health diagnoses. This, in turn, will improve safety within corrections facilities for staff and inmates, lower recidivism rates, decrease the risk of violent crimes, reduce emergency room visits, and lower all associated taxpayer costs. It will also allow individuals receiving treatment to maintain employment and housing, which strengthens the economy and promotes safety in Texas communities.
- **HB 1908 expands access to treatment programs for individuals with a wide range of mental health disorders.** Using the DSM-5 criteria, HB 1908 includes psychotic disorder, anxiety disorder, delusional disorder, and any other severe or persistent mental illnesses among those that qualify an individual for the continuity of care system.

Citations

¹ Texas Department of Criminal Justice, Biennial Report of the Texas Correctional Office on Offenders with Medical and Mental Impairments, Fiscal Years 2013 and 2014, February, 2015, 4, http://www.tdcj.state.tx.us/documents/rid/TCOOMMI_Biennial_Report_2015.pdf.

² Joseph W Frank , Christina M Andrews, Traci C Green, Aaron M Samuels, T Tony Trinh, Peter D Friedman, "Emergency department utilization among recently released prisoners: a retrospective cohort study," BioMed Central Emergency Medicine (2013), <http://www.biomedcentral.com/content/pdf/1471-227X-13-16.pdf>.

³ RC Kessler, WT Chiu, O Demler, EE Walters, "Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)," *Archives of General Psychiatry*, June 2005, 62(6):617-27.

⁴ Terri Tanielian and Lisa Jaycox, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, Santa Monica, CA: Rand Corporation, 2008, <http://www.rand.org/pubs/monographs/MG720.html>.

⁵ Brett Stetka, MD, "Caring for Convicts: Mental Healthcare in Current and Past Prisoners – An Expert Interview with Elizabeth Ford, MD," *Medscape Today*, January 21, 2011, http://www.medscape.com/viewarticle/735988_4.

⁶ *Veteran Demographic Report on Incarcerated Veterans from 2006-2013*, Response to Open Records Request by Jorge Renaud.

⁷ Federal Interagency Reentry Council, *Justice-Involved Veterans*, June 2013, http://csgjusticecenter.org/wp-content/uploads/2013/06/SnapShot_Veterans.pdf.

⁸ Department of Veterans Affairs, *VA Suicide Prevention Program: Facts about Veteran Suicide*, Office of Patient Care Services Office of Mental Health Services: Fact Sheet, April 2010, 1.

⁹ Drug Policy Alliance, *Healing a Broken System: Veterans and the War on Drugs*, 4, November 2012, http://www.drugpolicy.org/sites/default/files/DPA_Healing%20a%20Broken%20System_Veterans%20and%20the%20War%20on%20Drugs_November%202012_Final_0.pdf.