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Developing a Program for Criminal Justice Involved Adults with Intellectual/Developmental Disorders and Co-existing Behavioral Health Disorders: The RTR's forensic residential treatment program.

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AUTHOR'S NOTE

This paper examines a residential treatment program that was developed in Massachusetts to treat individuals with intellectual/developmental disabilities and co-existing behavioral health disorders who have been involved in the criminal justice system. The article reviews the population that this program serves, why the program was created, and the integral components that needed to be considered to establish this program.

Individuals with intellectual and/or developmental disorders (I/DD) often go unrecognized. The exact number of individuals that have an intellectual or developmental disability is difficult to estimate since different definitions for these disorders exist.^{1,2} The ARC's National Center on Criminal Justice and Disability (NCCJD) defines individuals with I/DD as individuals with impaired intellectual and adaptive functioning. These individuals typically have an IQ below 75.^{1,3} It is estimated that 1 to 3 percent of Americans have an

intellectual and/or development disability.^{1,3,4,5} Despite the small proportion of Americans with I/DD, they have a larger representation in the criminal justice system. Research has suggested that between 4 to 10 percent of the United States prison population has an intellectual/developmental disability.^{1,3-5} It should be noted that this statistic does not factor in juveniles or jail inmates. If the juvenile justice system and jails were accounted for, the overall proportion of individuals with I/DD would be even higher.^{1,3-4}

An estimated 30 percent of individuals with I/DD have co-existing behavioral health disorders^{i,6}. While having dual disorders can increase an individual's propensity for engaging in aggressive behaviors, most of these individuals are not aggressive. Only a small subset of individuals within this population have a combination of disorders and symptomologies that increase their propensity for behaving aggressively in certain situations. This sub-group accounts for roughly 10 percent of the entire population of individuals with I/DD.⁷ It should be kept in mind that, considering that the number of individuals with I/DD is very small (1 to 3 percent of Americans), this specific sub-set of individuals with I/DD is exceedingly rare. Unfortunately, episodes of aggression can result in an increased likelihood of coming in contact with the criminal justice system.⁷ Imagine an interaction between an individual with co-existing disorders and the police. When an individual with co-existing I/DD and behavioral health disorders is experiencing a crisis, they may act out in certain ways because they are confused. This can lead to bystanders calling the police. When the police arrive on-scene, the situation could escalate (depending on a variety of situational factors). For instance, the individual may act in ways that appear aggressive or non-compliant to the police. These actions may not be intentional. The individual's behavioral health disorders may interact with one another in a manner that prevents the individual from fully understanding his/her actions and the implications of his/her behaviors. Once involved with the criminal justice system, the symptoms associated with their behavioral health disorder(s) can be compound with their intellectual and functioning deficits which, in turn, can further complicate matters. One of the biggest issues faced by individuals with co-existing I/DD and behavioral health

ⁱ The individual may have a combination of any of the following disorders/disabilities: Intellectual disabilities, developmental disabilities, mental health disorders, and/or substance use disorders.

disorders who have been involved with the criminal justice system is accessing care once they are released. Community-based I/DD programs are, typically, not designed to accommodate clients with criminal histories and/or co-existing behavioral health disorders.⁷ Very few programs across the United States have been developed for the sole purpose of treating this high risk sub-population of I/DD clients.^{5,7,8} However, there is a recognition of the disproportion number of individuals with I/DD in CJ setting. In response, counties and states are implementing programs designed specifically for this sub-population of I/DD clients.⁹ In general, studies have shown that in order to reduce recidivismⁱⁱ individuals need access to housing and employment.^{5,7-8,10} Access to these services are critical for individuals with co-existing I/DD and behavioral health disorders who have been involved with the criminal justice system. In terms of employment, the jobs available to an individual are reduced when he/she has a criminal record. The situation is made even more complex when an individual has a cognitive and/or adaptive impairment that makes it harder for the individual to learn and/or conduct job-related tasks.^{5,7-8,10,11,12} Individuals with a criminal record who have co-existing I/DD and behavioral health disorders can also have a difficult time finding housing. Housing restrictions can prevent individuals with criminal records and/or co-existing disorders from accessing housing services.^{5,7,12} Another major factor that may bar individuals who have co-existing I/DD and behavioral health disorders from accessing services (employment, housing, and treatment services) is being accused of, or charged with, a sexual offense.^{5,7-8,10} In many states, laws surrounding the treatment of sex offenders are very stringent. This creates additional barriers to accessing services. All of

ⁱⁱ In this paper, the term "recidivism" refers to the re-involvement of individuals in the criminal justice system. A few examples of how this could occur is an individual committing a new crime or violating his/her conditions of probation/parole.

these barriers need to be considered when developing programs for individuals involved with the criminal justice system who have co-existing I/DD and behavioral health disorders.^{2, 5,7-8,10,13}

Forensic Residential Treatment Program

History

In the late 1980s many of Massachusetts' state psychiatric hospitals started closing.¹⁴ At this point in time, there were a handful of individuals with co-existing I/DD and behavioral health who were cycling through Massachusetts state psychiatric hospitals. This group was unique because they also were involved with, or had histories of involvement with, the criminal justice system. The closure of mental health state hospital beds meant that the Department of Mental Health had to find placements for patients in these facilities. The handful of individuals with criminal justice involvement who had co-existing I/DD and mental health disorders were placed under the jurisdiction of the Department of Developmental Services. The Department of Developmental Services found programs to place these individuals in. However, it was soon realized that these programs were not adequately suited to accommodate this unique subset of justice-involved individuals with I/DD. A different level of services and supervision were required to handle this group of I/DD clients. Consequently, in the early 1990s the Department of Developmental Services funded the development of a residential treatment program in Massachusetts that would be specifically designed to treat offenders with I/DD and co-existing behavioral health disorders. Currently, the forensic residential treatment program is being run by the Road to Responsibility's (RTR).

Development

Characteristics of the Population being Served

RTR's forensic residential treatment program was brought about through the collaboration of a variety of individuals with different backgrounds. These individuals worked together to determine what structures were needed to support offenders with I/DD and co-existing behavioral health disorders that were lacking in other I/DD programs. The collaboration between these members was important since RTR's forensic residential treatment program had to be developed to serve a very diverse population. Individuals with I/DD and co-existing behavioral health disorders who have come in contact with the criminal justice system can have very diverse backgrounds. Some of the current residents at RTR's forensic residential treatment program have been hospitalized previously while others have not. Additionally, several of the current residents have family support (e.g. families who are actively involved in their lives) while other residents are lacking this type of support. Two other components that needed to be considered were the potential diagnoses of patients that would be eligible for the program and the level/type of criminal justice involvement of these individuals. While all of the present-day residents at RTR's forensic residential treatment program have some form of I/DD disorder, the types of behavioral health disorders that these individuals have can vary. To make the matter more complex, many of the residents of RTR's forensic residential treatment program have been diagnosed with two or more co-existing mental health disorders. The most common combinations of mental health disorders found among these residents are major mental health disorders (e.g. schizophrenia, bipolar, depression, and anxiety) with one or more personality disorders (typically paranoid personality disorder, antisocial personality disorder, borderline personality disorder, schizoid personality disorder, and narcissistic personality

disorder). The offenses that potential residents may be accused of can vary widely.

Developmental Components

1.) Safety.

Keeping these factors in mind, the workgroup came to a consensus that one of the most important factors that needed to be accounted for in the development of the program was safety. One of the core values of RTR's forensic residential treatment program is the safety of the public, resident, staff members, and resident's family. To ensure everyone's safety, a variety of measures were put in place. To begin with, the program was established in a remote area of Massachusetts. RTR bought an old motel building in the area and transformed it into a residential treatment apartment complex equipped to accommodate residents with co-existing I/DD and behavioral health disorders who have been involved in the criminal justice system. Some features that were installed during the re-modeling process include (but are not limited to): alarms, frosted windows, and intercoms. A major advantage of the apartment complex was that, because it had been created as a motel, each resident had his own room and bathroom. Having separate bedrooms and bathrooms allows the residents to have their own personal space and acts as a safeguard for them.

2.) Staff to Patient Ratio

Another vital component identified by the workgroup, from both a treatment and safety perspective, was having an adequate ratio of staff members to residents on-site 24/7. When RTR's forensic residential treatment program was first developed it had 7 residents/residents. These residents were placed in 2 apartment complexes that

were connected to one another. The workgroup agreed that the maximum number of residents per apartment complex should not exceed 5. To maintain an appropriate ratio of staff members to residents, RTR's forensic residential treatment program hired enough individuals so that there were 6 staff members on-site to supervise the 7 residents at any given time during the day/evening and 3 staff members on-site to supervise the 7 residents throughout the night. In the not so recent past, RTR bought another motel building that has two connected apartment complexes on the same property. RTR's forensic residential treatment program now is able to serve 15 residents in 4 apartment complexes. Currently, all of The program's residents are male. RTR's forensic residential treatment program constantly adjusts the staffing ratio to meet the needs of its residents. Since the current number of residents is 15, the staffing ratio was increased to 11 staff members on-site during the day/evening and 7 staff members on-site overnight. The program makes sure that all staff are well trained and adequately equipped to supervise the program's resident population. In addition, staff members are constantly receiving training to educate them on new or important procedures that should be implemented. Staff members are also continuously keeping each other informed about any new or re-occurring resident developments.

3.) Treatment Team

The workgroup also determined that having an on-site treatment team (composed of an on-site psychologist, on-site consultant, and a psychiatrist who visits once a month but is available daily via phone) was crucial. The on-site support team is always on call. This is crucial for when a resident is in crisis. If a

resident is in crisis, it may be impossible to transport the resident without endangering him (e.g. the resident cannot be moved without causing further injury) and/or the public (e.g. the resident is a public safety risk). Based on this knowledge, the workgroup determined that an on-site treatment team is essential to ensure the safety of the resident and the public.

4.) Resident Employment

The workgroup identified a number of important components that the RTR's forensic residential treatment program would require to run effectively. Once the program was operational another essential element was identified: employment. Upon identification, steps were taken to incorporate this element into the program. Currently, the RTR's forensic residential treatment program is one of the few programs in the nation that offers employment opportunities to offenders with I/DD and co-existing disorders.^{5, 7-8, 10} According to Dr. Sue Powers and Dr. Van Almerck, this component is crucial because it helps motivate the residents. The opportunity to work helps the program's residents build inner confidence and self-esteem since they are accomplishing these tasks by themselves. They enjoy the aspects of working so much that staff members have found that it is a great incentive to reinforce positive behavior.

Effectiveness

The inclusion of all of these components led to the development of an effective program. Over the 27 years that RTR's forensic residential treatment program has been operational, the program has had zero instances where a resident committed a crime or was re-involved in the criminal justice system. The program's administrators and treatment team have

established a strong working relationship with multiple agencies, including the local Police Department. These relationships help protect the safety of the public, as well as The program's residents.

Step-Down

The program's success is recognized across the state. The program continuously receives referrals and currently has a waitlist for admission. In order to open up more slots within the program, RTR's forensic residential treatment program has developed three step-down programs. The step down programs were developed to provide a higher level of community involvement. Residents are placed in one of these settings if they meet all of the following criteria:

- 1.) Are not a public safety risk
- 2.) Met all treatment goals (including taking medication)

Even though these residents are placed in a less-restrictive setting, there are still trained staff personnel monitoring them. The staffing ratios in the step down programs are three staff members for every five residents during the day and two staff members for every five residents during the night.

While these step-down programs are available, this does not mean that every RTR's forensic residential treatment program resident will eventually be placed in one of these programs. Certain residents, like those who pose a safety risk or those who require more intensive levels of care, may never meet the eligibility criteria for a step-down program. These residents may remain at RTR's forensic residential treatment program since this is the only program available to meet their needs.

Summary

Individuals with I/DD, including those with co-existing disorders, can be very hard to identify. Without the proper screening and diagnosis mechanisms in place it is highly likely that these individuals will continuously cycle through the criminal justice system and, in some instances, be repeatedly hospitalized.^{5, 8-10} RTR's forensic residential treatment program is just one type of program that has been developed to treat individuals with criminal justice involvement who have co-existing I/DD and behavioral health disorders. While programs like this are rare, others have been developed.^{5, 7-8, 10} State administrators looking to develop similar programs should examine how many individuals within their state have I/DD, especially those with co-existing disorders, and how many are involved in the criminal justice system to determine if they should develop a similar program.⁷⁻⁸ The level of staffing, training, and security that is involved in a program like RTR's forensic residential treatment program is intense. This drives up the cost for the development and maintenance of a program like RTR's forensic residential treatment program. According to Dr. Powers, the annual cost per bed at RTR's forensic residential treatment program is \$147,957. If it is determined that there is a need for a program like RTR's forensic residential treatment program, then state administrators should examine whether or not there are any existing programs in their communities that could be adapted to serve these clients.⁷⁻⁸ If none of the existing programs can be adapted for these clients then state administrators should consider the number and type of clients the program would be serving and how much the state is currently spending on these clients (e.g. if there are individuals who are repeatedly cycling through the mental health and criminal justice system that could benefit from this program) to determine if the need for a program like RTR's forensic residential treatment program outweighs the cost.

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