

We Fix the Complexities of Life

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Managing mentally ill offenders in Washington, D.C.

Note: This is the first part of a timely piece written by guest writer Leonard Sipes about his Court Services and Offender Supervision Agency's treatment of mentally ill offenders.

Walk down the streets of any major American city and you will likely encounter more than a few mentally ill individuals. Sometimes friendly, sometimes demanding and often scary, mentally ill people pose both a serious public health problem and a moral dilemma for our society. Both victimizer and victim, the mentally ill present especially unique challenges for those of us within the criminal justice system.

A recent National Institute of Mental Health study found that “One quarter of all Americans met the criteria for

having a mental illness within the past year, and fully a quarter of those had a serious disorder that significantly disrupted their ability to function day to day.” Many criminologists suggest that rates of mental illness are even higher among the criminal offender population.

The vast majority of criminological concern for the mentally ill seems directed towards incarceration. Anyone working in our jails or prisons knows of the unique challenges mentally ill offenders offer to institutions attempting to balance security and treatment needs with the realities of budget. It's difficult to operate within a purely medical model when a mentally ill offender becomes violent or disruptive and threatens the safety and security of the institution. Most correctional professionals have witnessed nurses and psychologists attempting to “talk down” an inmate after a verbal and near-physical encounter with staff or fellow inmates. Seething with emotion and ready to burst, the mentally ill inmate may sometimes stay in that agitated condition for hours at a time while the realities of prison continue to surround them.

Society justifiably calls for humane treatment. Correctional staff just try to keep the peace. But sooner or later, the mentally ill inmate is released back to the community, usually with the same mental health issues they went in with. What happens then?

In the Community

In the District of Columbia, they come to a unique federal, executive branch organization, the [Court Services and Offender Supervision Agency \(CSOSA\)](#). CSOSA supervises 15,500 offenders on parole, supervised release or probation every day. It assigns almost 50 percent of its caseload to its highest levels of supervision or to specialized caseloads, where each Community Supervision Officer (CSO – known elsewhere as a parole or probation officer) is responsible for only 25 or 30 offenders. Backed up by extensive drug testing, cooperative endeavors with police and prosecutors, a state-of-the-art information technology system, satellite tracking and 50 to 1 general supervision caseload ratios, CSOSA is well positioned to implement its community-based model of offender supervision. This research-based model combines the traditional elements of supervision with an equal emphasis on treatment, social services, and community involvement.

CSOSA's specialized units offers counseling and special supervision techniques to offenders who are hard core substance abusers, involved in acts of violence, domestic violence, sex offenses and traffic-alcohol issues. Offenders with mental health issues may interact with any of these categories and are assigned to the Metal Health Unit. CSOSA currently supervises almost 800 offenders with confirmed mental health diagnoses Eighty-five percent are male. Some are assigned to mental health institutions and are monitored through regular correspondence with the facility.

CSOSA's mental health teams have among the lowest caseload ratios in the country. At 30 offenders to each community supervision officer, CSOs and their supervisors have contact with the offender an average of three to four times per week. All CSOs come to the job with a minimum of a bachelor's degree and many hold master's degrees as well. Most have a background in law or the criminological or social sciences. Most CSOs on the mental health teams volunteered for the assignment.

Thirty CSOs and supervisors staff the mental health teams. Mental health offenders are assigned to this specialized unit via a D.C. Superior Court or U.S. Parole Commission order; offenders assigned to another unit may also be referred by the CSO for evaluation. CSOSA contracts with psychologists who conduct an assessment of every referred offender. If the psychologist establishes a diagnosis of mental illness, retardation or a personality disorder, “gatekeepers” (licensed professional counselors with master's degrees) then see the offender. It's their job to represent the offender as he or she navigates through the District of Columbia's mental health system to obtain counseling, therapy and medication services.

CSOSA's gatekeepers have expert knowledge of the public and private resources available. In addition to the standard D.C. agencies, CSOSA explores alternative strategies, such as accessing services through Medicaid or the Department of Veterans' Affairs. The focus is on developing a precise diagnosis and an appropriate intervention plan, so that psychologists and social workers can act as advocates to get each offender the best possible treatment.

Once the offender's mental health condition is controlled, he or she can benefit from other CSOSA services, such as job training, drug treatment, anger management or a faith-based mentor.

Community Supervision Officers

But CSOSA contends that a vital ingredient in the program's success is the dedication of the CSOs who see offenders on a regular basis. “We care about the public's safety and the offender's progress,” states 30-year veteran and supervisor Verna Young. “We are determined to achieve both.”

Young suggests that CSOs who volunteer for the mental health team are some of the best in CSOSA, if not the nation.

“Think about it for a moment,” she urges. “These are highly educated individuals who deal with the toughest clients possible. These offenders bring an immense array of problems that would challenge the most dedicated professional. We are the lifeline between the mental health profession, their families and friends, their employers and everyone who interacts with them. We talk them down from negative encounters. We act as intermediaries with frustrated family members. They grow to depend on us for structure and guidance in a world that offers fear and resistance. We help them survive on their own without returning to the criminal justice or social services system. More importantly, we help them exist without doing harm to anyone else.”

DeAndro Baker, Verna's supervisor and another seasoned veteran of the criminal justice system, explains that offenders with mental health, retardation issues and personality disorders offer an amazing array of problems.

Research for all criminal offenders (examples: [Bureau of Justice Statistics - Prior Abuse Reported by Inmates and Probationers](#) and the [National Institute of Justice - Early Childhood Victimization Among Incarcerated Adult Male Felons](#)) indicates that substantial social problems result from child abuse and neglect, sexual and physical violence, early age onset of alcohol and drug use and criminal activity. Couple all of this with poor school performance and limited employment histories and involvement in the criminal justice system, and the challenges seem insurmountable. To state that the average offender is a trial is an understatement. Add mental health or retardation or personality disorders, and the challenges are immense.

“But we do not shy from the task at hand,” states Baker. “The bottom line is protecting the public. We will not hesitate to go back to the courts or the U.S. Parole Commission and state that the individual cannot be safely supervised in the community. We will reincarcerate. But we do everything in our power, including day reporting, to make sure that offenders live a productive life without harm to themselves or others. We are the front line in the effort to serve the offender's needs and protect society, and we do it every day.”

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Next week, Sipes discusses the challenge of balancing the need for safety with a desire for human treatment in the second part of his article.