

# Meeting the Needs of Specialized Populations

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# What are specialized populations?

Individuals under correctional supervision who exhibit unique physical, mental, social, and programmatic needs that distinguish them from other justice-involved individuals and for whom corrections staff have to respond to in nontraditional and innovative ways.

# Examples of specialized populations

- Women
- Juveniles and young adults
- Veterans
- Individuals with co-occurring criminogenic and behavioral health treatment needs
- Individuals with intellectual/developmental disabilities
- Individuals over age 50 (considered seniors by the U.S. Department of Justice)

# Commonalities in Treatment

- Patterns of the special population have significant implications for treatment
- Address in each specialized population
- Target key client concerns
- Prioritize treatment needs
- Staff need specialized training

# Narrowing today's focus - Part I

Individuals with co-occurring justice involvement and developmental/intellectual disabilities (DD)

May also have:

- Substance use disorder
- Mental health disorders
- Physical disabilities

Characteristics:

- Below-average intelligence or mental ability and lack of skills necessary for day-to-day living
- Multiple needs that may produce contradictions in behaviors

Prevalence:

- 2% to 3% of the general population; 4% to 10% of the prison population
- Higher percentage when including juvenile facilities and jails

# Alvis and the CJ/DD Population

Wittwer Hall – opened in 1981

Originally for offenders with mental retardation

Funded through Medicaid

Current Services:

- Intermediate Care Facility
- Supported Living
- Licensed Beds
- Behavioral Support Services

# Keys to Treatment

1. Get to know the client
2. Work toward the strengths of the client
3. Select the least restrictive options that will give the client structure to succeed but minimize stigmatization
4. Creative planning and team input critical to finding the least restrictive option
5. Complete a thorough, comprehensive assessment is essential prior to trying to treat a client

# Behavioral Support Plans (BSP)

## BSP's include:

- Targeted behaviors to change
- Preventative measures to help with the ongoing problem(s) that staff can implement
- Specific techniques for handling each problem behavior.

## BSP components for consumers with justice involvement:

- Performing thorough risk assessment on individuals that pose serious health and safety threats
- Include necessary measures to keep the community safe
- Staff have explicit direction for high risk situations
- Criteria set to fade restrictive measures as an individual shows progress



# Treatment tools

Integrated treatment addresses multiple needs, including substance abuse, mental health, physical conditions

Cognitive behavioral programming

Curricula and teaching materials designed to serve an adolescent age range can be adapted to be:

- Repetitive
- Concrete
- Simple

Clients encouraged to use their own terminology

# Building a Community

Alvis is not just a program – **it's a home and a community**

Clients have a purpose – through jobs, friendships, working together

Range of activities with their Alvis family, like playing cards, bowling, baseball, picnics, hikes, karaoke, etc.

Sense of community encourages clients with challenging behaviors to learn to self-regulate

Community helps clients to overcome fears and anxieties

# Narrowing today's focus – Part II

Older justice-involved individuals

One of the fastest growing segments of the corrections population

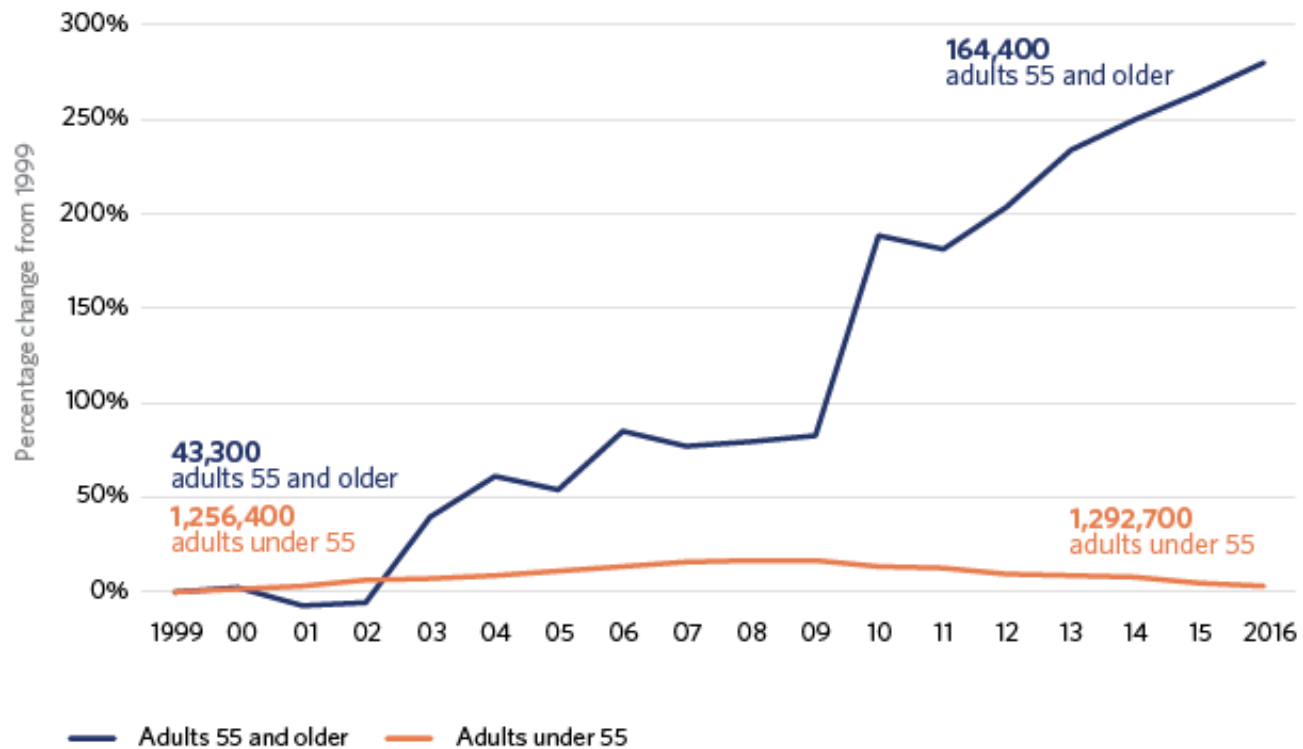
16% of all sentenced individuals in jails and prisons in the U.S.

Three categories:

- First time offenders
- Career criminals
- Individuals serving long sentences

# The Number of Older Prisoners Grew by 280%, 1999-2016

## Percentage change in sentenced adults by age group



Note: The Bureau of Justice Statistics estimates the age distribution of prisoners using data from the Federal Justice Statistics Program and statistics that states voluntarily submit to the National Corrections Reporting Program. State participation in this program has varied, which may have caused year-to-year fluctuations in the Bureau's national estimates, but this does not affect long-term trend comparisons. From 2009 to 2010, the number of states submitting data increased substantially, which might have contributed to the year-over-year increase in the national estimate between those years.

Source: Bureau of Justice Statistics

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# Older Justice-Involved Individuals

- Treatment Needs
- Healthcare, including medical device needs and specialized housing
- Social supports
- Institutionalization of long termers
  
- Barriers to Care
- Inconsistent practices
- Requirements for compassionate release
- Funding

# Current Systems

Prisons systems have two options:

- Release from prison to community systems and potentially onto Medicare
- Determine they should not be released and create facilities and care services that are necessary.

Community Corrections programs

- Specialized nursing care facilities
- Additional reentry support services
- Individualized program plans

# Solutions

Use what we've learned with other specialized populations

Build best practices

**It's an opportunity for advocacy at the state and federal level to show what community corrections providers can do and how it will benefit both the individuals we serve and the communities we are part of.**

