
**HOUSE COMMITTEE ON CORRECTIONS
TEXAS HOUSE OF REPRESENTATIVES
INTERIM REPORT 2002**

**A REPORT TO THE
HOUSE OF REPRESENTATIVES
78TH TEXAS LEGISLATURE**

**PATRICK HAGGERTY
CHAIRMAN**

**COMMITTEE CLERK
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Committee On
Corrections

October 15, 2002

Patrick Haggerty
Chairman

P.O. Box 2910
Austin, Texas 78768-2910

The Honorable James E. "Pete" Laney
Speaker, Texas House of Representatives
Members of the Texas House of Representatives
Texas State Capitol, Rm. 2W.13
Austin, Texas 78701

Dear Mr. Speaker and Fellow Members:

The Committee on Corrections of the Seventy-Seventh Legislature hereby submits its interim report including recommendations and drafted legislation for consideration by the Seventy-Eighth Legislature.

Respectfully submitted,

Patrick Haggerty, Chairman

Jessica Farrar, Vice Chairman

Ray Allen

Patricia Gray

Dan Ellis

Terri Hodge

Chuck Hopson

Carl Isett

Allan Ritter

Jessica Farrar, Vice-Chairman

Members: Ray Allen, Patricia Gray, Dan Ellis, Terri Hodge, Chuck Hopson, Carl Isett, Allan Ritter

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INTRODUCTION

At the beginning of the 77th Legislature, the Honorable James E. “Pete” Laney, Speaker of the Texas House of Representatives, appointed nine members to the House Committee on Corrections. The committee membership included the following: Patrick Haggerty, Chair; Jessica Farrar, Vice-Chair; Ray Allen; Dan Ellis; Terri Hodge; Chuck Hopson; Carl Isett; Allan Ritter; and Patricia Gray.

During the interim, the Corrections Committee was assigned five charges by the speaker:

1. Study community supervision caseloads, the effect of officer-to-offender ratios and the impact of caseload reductions on revocations and incarceration costs to the state.
2. Study the quality and availability of residential facilities and the potential cost savings enhanced alternatives to long-term incarceration.
3. Review the fees assessed on adult offenders and their impacts on community supervision and parole. Consider offenders’ abilities to pay supervision fees and any impact on revocations of parole.
4. Study the delivery of healthcare within the Texas prison system, including the number and types of healthcare practitioners needed, the recruitment and retention of those practitioners, management of chronic diseases, and the use of telemedicine and other technologies.
5. Actively monitor the agencies under the committee’s oversight jurisdiction. Specifically monitor the implementation of staffing and training programs at the Texas Department of Criminal Justice and their effects on the safety of both inmates and staff.

In order to undertake the charges efficiently and effectively, Chairman Haggerty appointed a subcommittee to study each of the charges.

The subcommittees have completed their hearings and investigations and have issued their respective reports. The Corrections Committee has approved all reports, which are incorporated as the following final report for the entire committee. The members approved all sections of the report.

Finally, the committee wishes to express appreciation to the committee clerk, Holly Hagaman, for her work in preparing the reports; to the staff of the committee members; to the agencies that assisted the committee and supplied valuable information for the preparation of the report, in particular the Texas Department of Criminal Justice, TDCJ executive staff, TDCJ Office of General Counsel, Texas Board of Pardons and Paroles, State Auditor’s Office, Criminal Justice Policy Council, Texas Council on Offenders with Mental Impairments, and the citizens who testified at the hearings for their time and efforts on behalf of the committee.

HOUSE COMMITTEE ON CORRECTIONS

INTERIM STUDY CHARGES AND SUBCOMMITTEE ASSIGNMENTS

INTERIM CHARGE NO. 1

Study the community supervision caseloads, the effect of officer-to-offender ratios and the impact of caseload reductions on revocations and incarceration costs to the state.

Terri Hodge, Chair
Dan Ellis
Chuck Hopson
Pat Haggerty

INTERIM CHARGE NO. 2

Study the quality and availability of residential facilities and the potential cost savings of enhanced residential sentencing alternatives to long-term incarceration.

Jessica Farrar, Chair
Ray Allen
Carl Isett
Pat Haggerty

INTERIM CHARGE NO. 3

Review the fees assessed on adult offenders and their impacts on community supervision and parole. Consider offenders' abilities to pay supervision fees and any impact on revocations of parole.

Dan Ellis, Chair
Patricia Gray
Allan Ritter
Pat Haggerty

INTERIM CHARGE NO. 4

Study the delivery of healthcare within the Texas prison system, including the number and types of healthcare practitioners needed, the recruitment and retention of those practitioners, management of chronic diseases, and the use of telemedicine and other technologies.

Patrick Haggerty, Chair
Jessica Farrar, Vice-Chair
Dan Ellis
Terri Hodge
Ray Allen
Patricia Gray
Chuck Hopson
Carl Isett
Allan Ritter

INTERIM CHARGE NO. 5

Actively monitor the agencies under the committee’s oversight jurisdiction. Specifically monitor the implementation of staffing and training programs at the Texas Department of Criminal Justice and their effects on the safety of both inmates and staff.

Patrick Haggerty, Chair
Jessica Farrar, Vice-Chair
Dan Ellis
Terri Hodge
Ray Allen
Patricia Gray
Chuck Hopson
Carl Isett
Allan Ritter

SUBCOMMITTEE ON COMMUNITY SUPERVISION CASELOADS

CHARGE: Study community supervision caseloads, the effect of officer-to-offender ratios and the impact of caseload reductions on revocations and incarceration costs to the state.

BACKGROUND

Community supervision is the front line in the criminal justice system's response to adult offenders.

Many offenders receive a probated (or deferred adjudication) sentence and are supervised in the community by a community supervision officer, employed by a local community supervision and corrections department. For most adult criminals, community supervision is their opportunity to live a law-abiding life.

It is the mission of community supervision officers to enforce the court-ordered conditions that allow the offender to remain in the community and to assist the offender to avoid future criminal behavior.

The guiding vision of Texas community supervision is: The heart of an effective community supervision system is a well-trained, experienced community supervision officer who has a manageable caseload and local sanctions to punish and treat offenders.

The magnitude of community supervision is seldom appreciated.

- One out of every 35 adults in Texas is on community supervision.
- During FY 2002, there were about 243,500 Texans serving a period of community supervision for a felony and 198,000 for a misdemeanor offense.
- For every ten offenders serving time in Texas prisons or state jails, there are 17 felons being supervised in the community by local community supervision and corrections departments.
- Only 4% of probationers receive early dismissals.

Community supervision is a local function, subsidized by the state and the offenders themselves.

Community supervision officers are neither state nor county employees. They are employees of the judicial district. About two-thirds of the operational costs of community supervision is covered by the state with the remaining third covered by fees

charged to the offenders.

Offenders on community supervision paid \$237 million in FY 2001, including

- \$122 million in supervision fees
- \$115 million collected for other entities, in the amounts of:
 - \$47 million for victim restitution
 - \$65 million in fines, court costs, etc.
 - \$3 million in other fees
- Altogether, through payment of restitution and court fines and fees, offenders on community supervision return \$1.05 to local/state government and victims for every \$1 provided by the state.
- Each year, offenders contribute an additional 8.5 million hours of community service

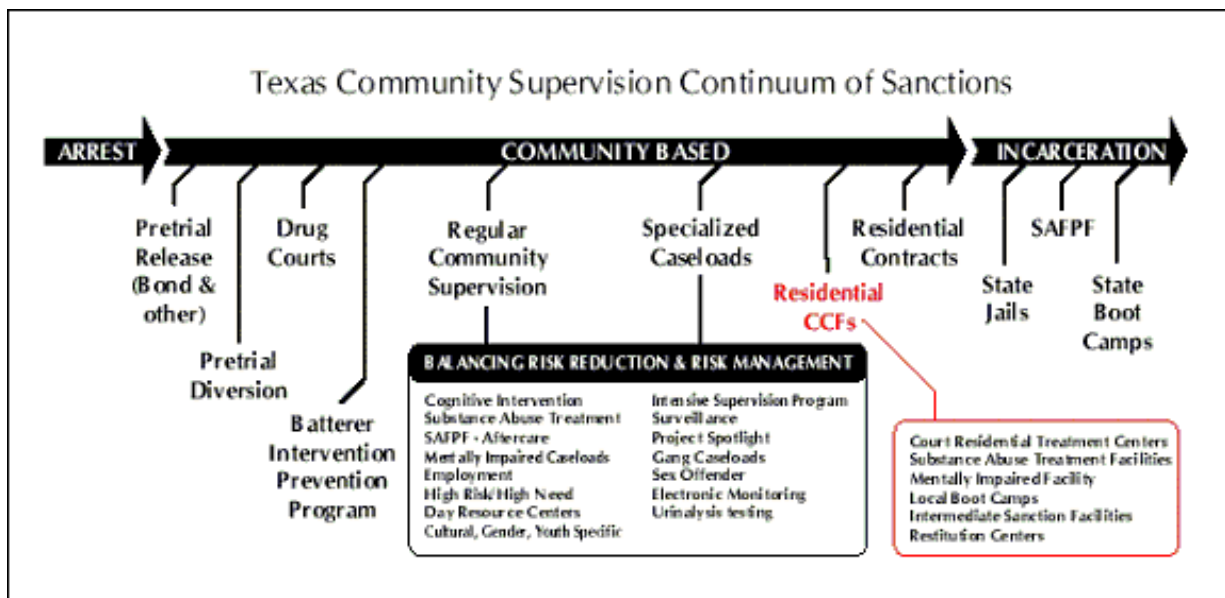
restitution time, valued at over \$40 million at the minimum wage level.

Community supervision provides a continuum of sanctions.

Community-based sanctions are used to enforce court orders and divert offenders from imprisonment. Community supervision provides a continuum of sanctions, from regular supervision to placement in a community corrections residential program.

Community supervision in Texas balances risk management (surveillance, monitoring, enforcing limits) with risk reduction (counseling, employment, treatment). CSCDs provide victim services including collection of victim restitution and arrange for offenders to perform community service restitution.

Offenders may be placed in specialized caseloads (sex offenders, youthful offenders, mentally



impaired offenders, etc.) supervised by officers specializing in a particular type of offender. Community correction facilities (CCFs) provide residential treatment and services in local communities.

Community supervision provides the state with a cost-effective response to criminals.

When public safety and justice goals permit, community supervision provides a way of monitoring offenders, enforcing court orders with sanctions, and intervening with treatment programs when appropriate.

Community supervision costs the state about \$1.01 per day per offender on direct supervision for basic supervision and another \$1.14 for specialized supervision and residential and non-residential treatment programs when averaged across all offenders under direct supervision. The total state cost of \$2.15 per offender on community supervision compares to costs of about \$40 per day for prison and about \$32 per day for state jail.

Community supervision also helps reduce the heavy social costs of incarceration.

Offenders not permitted to live in the community are imprisoned. Texas has the second highest incarceration rate in the nation (second only to Louisiana).

Incarceration has many indirect costs:

- employment opportunities for ex-felons are limited when they return to the community-- 65% of employers would not knowingly hire an ex-offender, regardless of offense
- children with incarcerated parents are five times more likely to spend time in prison as adults than are children of non-incarcerated parents
- breaking up the family unit and pushing children into formal or kinship foster care

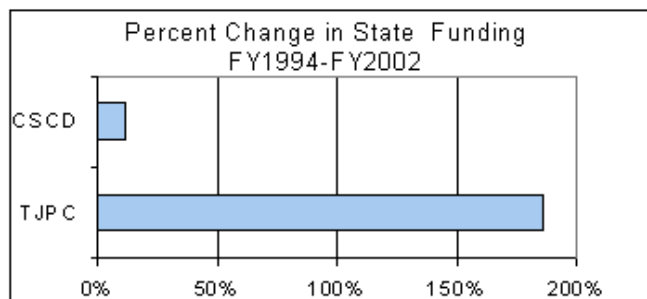
In contrast, offenders on community supervision can continue to work, pay taxes, and support families. Community supervision officers work intensively with offenders on a variety of issues, including education and employment.

Community supervision has had low-visibility and relatively low levels of state support.

Although community supervision is a vital part of the criminal justice system, it has historically had low-visibility and relatively flat levels of state support.

Not surprisingly, funding for community supervision has not kept pace with other parts of the criminal justice system. From FY 1994 to FY 2002, the average number of adult Texans on community supervision increased 9 percent while overall state funding of community supervision increased only 11 percent (without adjusting for an erosion of 18 percent in purchasing power due to inflation). In comparison, state appropriations for the Texas Juvenile Probation Commission increased across the board by 186 percent during the same period. On a per felon basis, the Diversion Programs appropriation, the budget line most directly responsible for funding adult alternatives to incarceration, decreased by 15 percent during the FY1994-FY2002 period.

Finally, the state limits funding for misdemeanors to 182 days, although an analysis of caseloads indicates that the average length of stay is over 11 months.



Revocations of community supervision are costly.

Revocations of community supervision for failure to abide by the conditions of probation (technical violations), rather than for a new crime, constitute about 41 percent of all felony revocations in Texas.

In FY 2001, 37 percent of prison intakes and 41 percent of state jail intakes were revocations of community supervision. It is estimated that the 20,709 felons revoked to prison or state jail during FY 2001 will ultimately cost the state \$547 million in direct incarceration costs during the period of their incarcerations.

TESTIMONY

In response to its charge, the Committee on Corrections held a series of two public hearings dedicated to this charge. The committee heard both invited and public testimony during the course of these hearings.

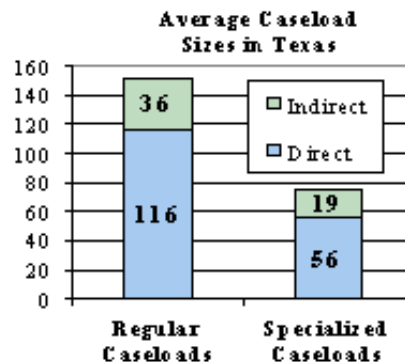
ISSUES RELATING TO COMMUNITY SUPERVISION CASELOADS

Existing community supervision caseloads are too large.

Community supervision officers (CSOs) in Texas are responsible for a variety of duties, most notably supervising offenders under the jurisdiction of local community supervision and corrections departments (CSCDs). Officers may supervise direct, indirect, and pretrial cases. Offenders under direct supervision report

regularly to a CSO. Offenders under indirect supervision are monitored by other means. Offenders receiving pretrial services are under the supervision of the local CSCD prior to trial or sentencing.

- The average regular caseload size is 152 (116 direct and 36 indirect).
- The average caseload size for a specialized community supervision officer is 75 (56 direct and 19 indirect).



Surveys of Texas legal professionals suggest that probation supervision would be used more as an alternative to prison if community supervision had: 1) smaller caseloads; 2) more specialized caseloads; and 3) more residential facilities.

Professionals Surveyed	Ideal Direct Mixed Regular Caseload Size
District Judge	70
District Attorney	65
Defense Attorney	64
CSCD Director	91
CSO	100
Actual	116

What would it cost to reduce the average regular caseload to more ideal sizes?

District judges view 70 as the ideal size for direct mixed regular caseloads. The average regular caseload is a mixture of approximately 55 percent felons and 45 percent misdemeanants. Decreasing caseloads to the ideal size recommended by district judges would cost about \$41.2M. Caseloads of 80 would cost about \$28.3M and of 90 about \$18.2M.

Decrease the Average Direct Cases in Regular Caseloads to	Number of Additional CSOs Needed	Additional Annual Costs at \$35,625 per CSO*
70	1,158	\$41,254,000
80	794	\$28,294,000
90	511	\$18,210,000

**Salary of \$28,500 (average salary of CSOs with 1-3 years of experience) plus 25 percent benefits.*

Community supervision officers are responsible for a variety of duties in addition to supervising offenders.

CSOs with regular caseloads spend about 128 hours per month supervising an average of 152 offenders and performing related administrative functions other than fee and fine collection.

Each week CSOs spend:

- 21.9 hours on duties directly involving offender supervision
- 8.4 hours on administrative duties
- 7.6 hours addressing fees and fines
- 2.7 hours on non-categorized duties

Examples of duties directly relating to offender supervision

- Office Visits
- Violation Reports
- Assessments
- UAs
- Home and Other Field Visits
- Employment Verifications
- Court Officer Duties

Examples of administrative duties

- Sex Offender Registration Requirements
- Community Service Restitution

-
- Teaching Offenders in Classroom Setting
 - Transporting Offenders to Sanctioning Facilities
 - Victim Services

Examples of duties addressing fees and fines

- Determining amounts due from various fees and fines
- Collecting money orders and issuing receipts
- Counseling offender on payments

Low salaries and benefits contribute to CSO turnover, impacting public safety

The average community supervision officer in Texas has six years of experience and earns about \$33,000 annually.

- One third of CSOs have 3 or fewer years of experience.
- The annual turnover rate for CSOs is 16.7%.
- 50% of currently employed CSOs stated that they do not expect to be in community supervision in three years.
- 66% of those CSOs expecting to leave cited “pay and benefits” as the primary reason.
- Rising costs and diminished benefits of local health insurance plans contribute to CSO turnover.

Allowing CSCDs to Purchase Health Insurance Through the State Insurance

Due to the rising cost of health insurance, CSCDs either have not hired or laid off CSOs. CSCDs in county self-insurance pools experience large fluctuations in cost. Most CSCDs are unable to provide insurance coverage for employees at retirement. Currently, only one-third of CSCDs

pay for some portion of dependent coverage. Since coverage varies by CSCD, the community supervision and corrections system would benefit from a more stable and equitable coverage. CSCDs would be required to follow the state’s health benefits model.

Smaller caseloads are necessary to implement best practices.

Research on community corrections strongly indicates that “*programs must deliver high doses of both treatment and surveillance to assure public safety and reduce recidivism.*

‘Treatment’ alone is not enough, nor is ‘surveillance’ by itself adequate. Programs that can increase offender-to-officer contacts and provide treatment have reduced recidivism.” Joan Petersilia

Large caseloads limit officers from monitoring offenders with frequent contacts, field visits, employment and other collateral contacts or from making effective judgements about the need for specialized programming.

Current caseload sizes in Texas limit effective supervision. More specifically, current officer to offender ratios impact public safety by limiting risk management and risk reduction activities.

- Risk Management: controlling offender behavior through limiting opportunities to commit crime and imposing swift and certain sanctions for violations

-
- Risk Reduction: reducing characteristics known to place an offender at risk of re-offending through effective interventions, case management activities, and supervision

How Can Reduced Caseloads Reduce Recidivism and Protect Public Safety?

There are a number of benefits of smaller caseloads. The overall benefit is better supervision. Obviously the effect of decreasing caseloads depends on what the officer does with additional

time per offender. What would officers do? In the recent survey, CSOs reported that they would:

- Hold lengthier office visits
- Conduct more field work in the community
- Make more collateral contacts, such as with employers, mental health providers, or treatment specialists
- Work more with the offenders' families
- Develop new resources for offenders, both internally and externally, such as cognitive or substance abuse counseling

Just as decreasing the number of students in a classroom allows a teacher to attend more specifically to the needs and progress of each pupil, smaller caseloads allow an officer to engage in more effective supervision practices and address those individual needs of offenders that contribute to criminal behavior. For example, with lower caseloads officers can:

- More reliably monitor compliance with court orders
- Recommend more appropriate sanctioning for technical violations
- Make more accurate assessments of risk levels and criminogenic needs
- Do more effective case planning and case management, addressing issues such as employment, education, substance abuse, or anti-social values
- Provide more appropriate referrals for services and follow through
- Provide better aftercare reinforcement of treatment
- More effectively prevent further criminal behavior by challenging anti-social or risky thinking

According to research, more effective supervision practices, such as the above, can produce decreased recidivism and increased public safety. TDCJ is working to insure that CSOs use best supervision practices through its What Works Initiative.

According to Dr. Edward Latessa, a nationally recognized expert on changing offender behavior, TDCJ-CJAD has been very effective in promoting those practices that research indicates are most effective in reducing recidivism. According to a large body of recent research, when the key elements of the What Works approach are fully implemented in a program setting, recidivism of participants can decrease up to 30%.

The National Institute of Corrections has funded widely attended presentations and training exercises in Texas by Dr. Latessa and others on effective methods of reducing recidivism.

TDCJ-CJAD has provided intensive training to over 229 agency staff, CSCD managers, CSOs, and treatment staff on the effective treatment and supervision practices.

As part of effective supervision, TDCJ-CJAD is promoting a cognitive-behavioral program for offenders called “Thinking for a Change.” TDCJ-CJAD has provided intensive training on conducting “Thinking for a Change” to 256 CSOs and 30 trainers.

In collaboration with TDCJ-CJAD, the Judicial Advisory Council is also promoting effective programs by:

- Hosting a statewide sentencing conference for judges, district attorneys, and CSCD directors in January 2003
- Authorizing a revision of the Texas Intermediate Sanctions Bench Manual

Sanctions for revocations

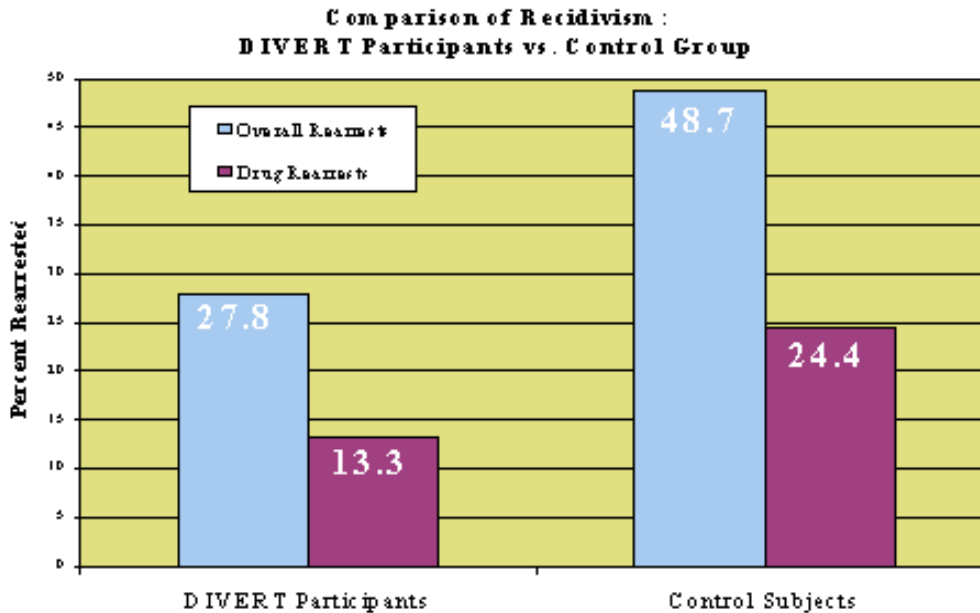
The consensus opinion among both practitioners and academics is that sanctions should be swift, consistent and graduated. Sanctions short of revocation are termed "intermediate sanctions." Graduated intermediate sanctions, from verbal rebuke to jail time, should be structured by locally determined guidelines. Sanctions work best if they are predictable and perceived as the product of “due process” by the offender.

The drug court model

In recent years the number of specialized courts for dealing with substance abusers being supervised within the community has greatly increased as the evidence has accumulated that these courts can be effective in reducing recidivism and incarceration. Each drug court operates differently but the general characteristics of drug courts are the same; they are operated by judges dedicated to handling and helping drug-involved offenders who have not committed a serious crime. Offenders are assigned to a probation officer and tested frequently for drug use.

The offender must also appear frequently before a judge who may well ask questions about jobs, family, schooling and other aspects of the offender's life. The judge receives a report on the offender from the supervising officer prior to the offender's appearance. The judge praises accomplishments, rebukes failures and may order immediate jail time for misbehavior. Other offenders are present in the courtroom, observing and learning.

The DIVERT Court in Dallas is an excellent example of an effective drug court. The results of a 27-month follow-up are shown in the above chart. Divert court participants (158) and matched control subjects (78) were tracked for any rearrest and for drug-related rearrests. The recidivism of DIVERT subjects was reduced by 48 percent over the control group.



Generalizing the drug court model

The effectiveness of drug courts depends in part on the authority of the judge to provide sanctions. The drug court model could be generalized to well-trained officers provided with the authority to sanction misbehavior, if caseloads were sufficiently small. Oregon has done something along these lines in allowing supervising officers the authority to impose sanctions if the offender waives the right to a hearing. In the "structured sanctioning model," the Oregon legislature gave probation and parole officers the ability, with the approval of supervisors, to sanction offenders with options such as more intensive supervision, more frequent UAs, placement in programs, or short periods in jail. The court receives a report of all officer-imposed sanctions and may intervene at any time. Oregon probation officials report that the system works well and has the support of the judiciary.

FINDINGS/RECOMMENDATIONS

Reduce Caseloads for Community Supervision Officers.

The 78th legislature should consider funding some reduction in caseload size.

- Reducing the average regular caseload to the ideal level recommended by district judges (70 offenders per officer) would require an additional \$41.2M annually in the Basic Supervision appropriation.
- Reducing caseloads to 80 would require an additional \$28.3M annually in the Basic Supervision appropriation.
- Reducing caseloads to 90 would require \$18.2M annually in the Basic Supervision appropriation.

Make CSCD Employees Eligible for State Insurance Benefits

The 78th legislature should consider making CSCD employees eligible for state health insurance plans.

- Limited health benefits for community supervision officers contribute to excessive turnover, impacting public safety.
- CSCDs generally pay higher premiums and receive less coverage than entities under State plans.
- The State plan would better utilize state funds and provide uniform and generally better coverage to the CSCD employees.

Provide CSOs With More Control Over The Imposition Of Intermediate Sanctions

The 78th legislature should review possible structural changes that would provide community supervision officers with more control over the imposition of intermediate sanctions for technical violations.

- TDCJ is encouraged to study and report on the possible adoption of a structured sanction model that would fit the unique needs of Texas.
- The "Structured Sanction Model" used by Oregon allows officers to impose sanctions, resulting in a swifter, more effective response to probation violations.
- Sanctions are monitored by the court and limited by clearly defined policy at the local level.

The 78th Legislature should consider more frequent use of the early dismissal option for successful probationers.

- Only 4% of probationers receive early dismissals.

REFERENCES

1. Texas Criminal Justice Policy Council. *Limes to Limes, Comparing the Operational Costs of Juvenile and Adult Correctional Programs in Texas*.
2. Nicholas Freudenberg, Jails, Prisons and the Health of Urban Populations: A Review of the Impact of the Correctional System on Community Health, *Journal of Urban Health Bulletin of the New York Academy of Medicine*, June 2001, Vol. 78, Issue 2
3. Texas Criminal Justice Policy Council, May 2002, *Trends, Profile and Policy Issues Related to Felony Probation Revocations in Texas*
4. Joan Petersilia, Community Corrections, in *Crime: Public Policies for Crime Control*. James Q. Wilson and Joan Petersilia, editors. Oakland, Calif. ICS Press, 2002

ENDNOTES

1. Caseload sizes are from the Texas Department of Criminal Justice *CSCD Salary, Tenure, and Turnover Survey* January, 2002. The average regular caseload size is based on 1,539 caseloads and the average specialized caseload size is based on 476 caseloads.
2. Dallas DIVERT Court data, research conducted by Monica Turley, Southern Methodist University, as presented by Judge John Creuzot to the Community Supervision Judicial Advisory Council, November 2, 2001

SUBCOMMITTEE ON RESIDENTIAL FACILITIES

SUBCOMMITTEE ON RESIDENTIAL FACILITIES

CHARGE: Study the quality and availability of residential facilities and the potential cost savings of enhanced residential sentencing alternatives to long-term incarceration.

BACKGROUND

A community corrections facility (CCF) is a residential facility established by a judicial district. CCFs may be operated by a local CSCD or by an entity (public or private vendor) under contract with the CSCD. Types of CCFs include court residential treatment centers, substance abuse treatment facilities, restitution centers, local boot camps, and intermediate sanction facilities. Court residential treatment centers and substance abuse treatment facilities are devoted primarily to substance abuse treatment. The purpose of a CCF is to confine persons placed on community supervision and provide services and programs to modify criminal behavior, protect the public, and restore victims of crime. Generally, offenders placed in CCFs would have been otherwise revoked to prison or state jail.

TESTIMONY

In response to its charge, the Committee on Corrections held a series of two public hearings dedicated to this charge. The committee heard both invited and public testimony during the course of these hearings.

ISSUES RELATED TO COMMUNITYCORRECTIONS FACILITIES

Current Capacity

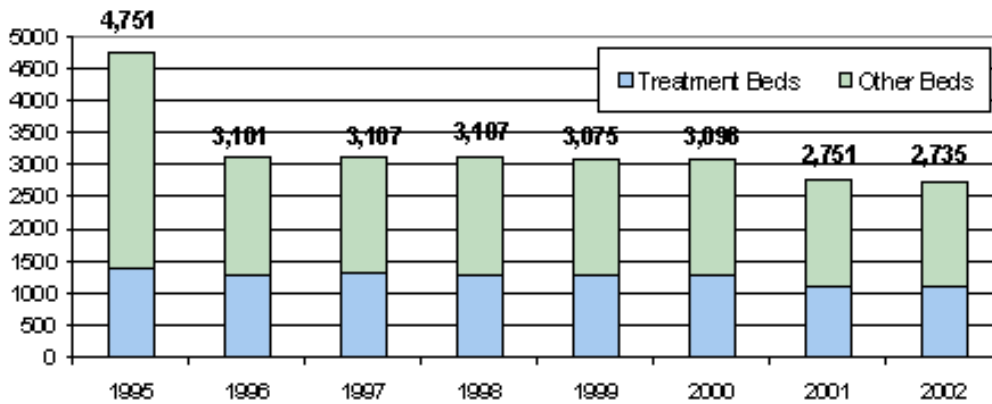
At the end of fiscal year 2002, there were 36 CCFs operating 2,735 state-funded¹ residential beds.

Current Capacity

- In any one year, 1 in 34 felons has access to any CCF bed and 1 in 91 felons has access to a community based substance abuse treatment bed.
- Since 1995, the number of state-funded residential beds has decreased by 42% (2,016 fewer beds).
- The average length of time a male offender must wait for a CCF bed is 2 ½ months; the average wait for a female offender is 5 months.

¹The numbers in this report include 48 TAIP beds, but do not include 295 federally funded Residential Substance Abuse Treatment (RSAT) beds. The state pays 25% matching funds plus about 8% in unallowable expenses for operating RSAT beds.

End of Year Capacity: CCFs (excludes RSAT)



Additional beds could be available quickly.

CSCDs have the capacity to add additional CCF beds with a minimum of construction or renovation.

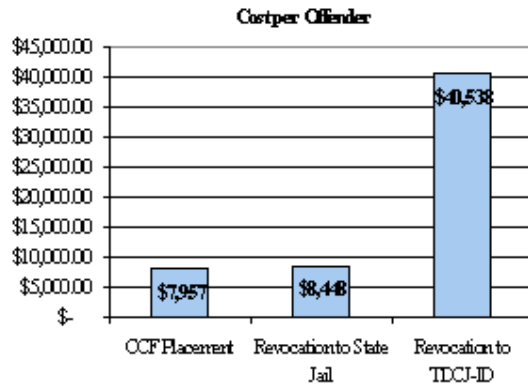
Time Required to Add Beds	Number of Additional Beds
Available Immediately	688 Beds
Available within 30-90 Days	<u>148 Beds</u>
Total	836 Beds

Benefits of new residential beds

Surveys of Texas legal professionals suggest that if more residential programs were available, community supervision would be used more. This increased use could potentially decrease direct sentences and revocations to prison.

CCF Costs

The average cost of a CCF placement is \$7,957. The Criminal Justice Policy Council estimated that costs for probation revocations range from \$8,448 (for the average revocation to State Jail) to \$40,538 (for the average revocation to TDCJ-ID).



- The state cost per day, including capital costs, for a CCF bed is \$55.26.
- Excluding capital costs, the state cost per day for a CCF bed is \$51.35, compared to \$40.65 for TDCJ-ID, \$32.08 for State Jail, and \$49.90 for SAFPF.

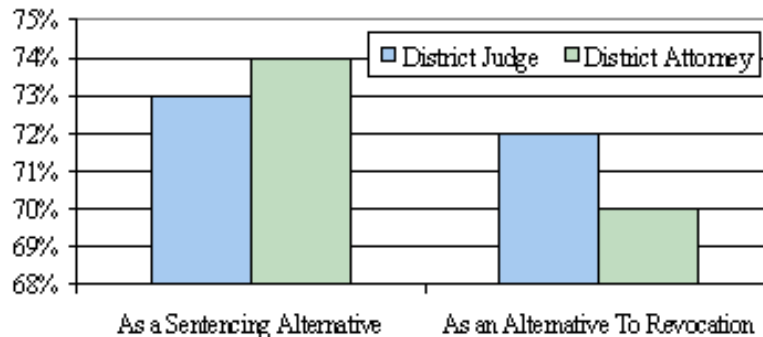
Many other cost benefits of CCFs can be identified, including the payment in FY2001 of over \$4.5 million by restitution center residents for victim restitution, fines, fees, and dependent support, plus another \$600,000 for Community Service Restitution performed.

Since the 77th legislative session, the addition of 500 new CCF beds has been considered. The Criminal Justice Policy Council recommends that any immediate new expansion of community residential treatment program capacity should primarily occur for intermediate sanction facilities and substance abuse treatment facilities. The Policy Council also recommends that Harris, Dallas and Tarrant counties be examined to determine if the expansion of diversion capacity is particularly needed in these counties. These counties have a higher proportion of revocations in relation to their population under supervision and this may merit further diversion strategies in these localities.

Driving issues for existing facilities

While expenses to operate facilities have increased dramatically since 1995, appropriations have remained relatively flat and have not kept pace with inflation. As CCF funding decreased, the number of prison beds and

Legal Professionals Responding That They Would Be More Likely to Use Probation if Additional Residential Facilities Were Available



the technical revocation rate have increased.

-
- Many (16) facilities transferred money from the appropriation for Basic Supervision (which is designated for regular probation) to meet increased residential costs. With less funding available for regular probation, caseloads are higher which impacts public safety.
 - The lack of sufficient funding for CCFs affects staff retention and turnover. Salaries at residential facilities are low and turnover rates are high.
 - The median salary for all residential staff is \$23,724.
 - Staff turnover exceeded 36% per year.

CCFs are working to improve programming.

Residential facilities in Texas are implementing effective programming based upon local and national research such as the “What Works” project. More specifically,

- TDCJ-CJAD staff trained management teams from all 36 CCFs and provided technical assistance sessions.
- CCFs developed action plans to redesign programs to ensure that risk and needs are appropriately assessed and that research-based treatment strategies are utilized.

TDCJ-CJAD is using the Correctional Program Assessment Inventory (CPAI) to evaluate all CCFs. The CPAI is a research-based instrument that measures the quality of programs and the probability that offenders completing the program will recidivate.

FINDINGS/RECOMMENDATIONS

Increase Community Correction Residential Alternatives

The 78th legislature should consider establishing more community corrections facility (CCF) beds.

- Community corrections facilities provide the opportunity for treatment/sanctions in local communities, and provide viable alternatives to a prison/jail revocation.
- An additional 500 Substance Abuse Treatment Facility and Intermediate Sanction Facility beds would serve 1,625 offenders annually.
- These beds could be located in areas where revocation rates are higher than in other jurisdictions, such as Harris, Tarrant, and Dallas counties.
- The most needed beds are for female offenders, mentally impaired offenders, and sex offenders. TDCJ-CJAD should give these beds highest priority.

REFERENCES

Texas Criminal Justice Policy Council, May 2002. *Trends, Profile and Policy Issues Related to Felony Probation Revocations in Texas*,

SUBCOMMITTEE ON FEES ASSESSED TO ADULT OFFENDERS

CHARGE: Review the fees assessed on adult offenders and their impacts on community supervision and parole. Consider offenders' abilities to pay supervision fees and any impact on revocations of parole.

BACKGROUND

Community supervision is cost effective to the state and victims.

Most offenders under community supervision are required to pay certain court costs, supervisory fees, treatment fees, fines, and victim restitution.

TESTIMONY

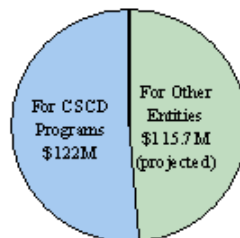
In response to its charge, the Committee on Corrections held one public hearing dedicated to this charge. The committee heard both invited and public testimony during the course of the hearing.

ISSUES RELATED TO COMMUNITY SUPERVISION FEES

In FY2001 CSCDs collected approximately \$237 million² in fees and disbursed half of it to other entities.

For every \$1.00 received from the state, the CSCD collects \$1.05 from the offender to support

\$237M in Fees Collected by CSCDs



state and county government, and for victims. CSCDs collect a monthly supervision fee, as ordered by the court, of \$25 to \$60 per offender and rely heavily on fees to help cover increasing daily operational costs not covered with state aid.

² Projections are based on 96 (80%) of the 121 CSCDs responding to the Community Justice Assistance Division Fee Survey.

Type of Fees	Approximate Amount Collected in FY2001
Fees Collected and Kept by CSCDs	
Supervision Fees	\$110M
Program Fees	\$12M
Fees Collected and Disbursed to Outside Entities	
County Agencies	\$65M
-Fines	
-Court Costs	
-Attorney Fees	
State Agencies	\$3M
-Crime Stoppers	
-Sex Offender Fees	
Victims Advocacy Programs	\$47M

Collection of fees takes time away from public safety.

- 20% (1 day in 5) of a CSO's time is dedicated to collection of fees.
- CSOs often work with local judges when an offender is unable to make full payments.
- The collection of fees can take away from the CSO's ability to supervise offenders effectively, potentially impacting public safety.

New fees should not be added.

In addition to taking CSO time, district judges, district attorneys, and defense attorneys agreed that fees "sometimes" or "often" cause undue hardship for probationers, and that no new fees should be added. However, they indicated that failure to pay fees is rarely a "major consideration" in revocations.

Although 74.6% of offenders under direct supervision are employed full-time, data from community supervision and corrections departments indicate that offenders have a median salary one-third lower than the Texas median wage for males.

FINDINGS/RECOMMENDATIONS

Carefully Consider Any Additional Fees

The 78th legislature should carefully consider any additional offender fees.

- Community supervision fees provide an important source of funding for CSCD operations.
- CSOs already spend about one day in five working with offenders on fee payments, which impacts public safety.

High levels of fees can indirectly affect the success of offenders placed on community supervision.

OTHER REFERENCES

Texas Department of Criminal Justice-Community Justice Assistance Division

Testimony at the hearings include the following:

Bonita White, Division Director, Texas Department of Criminal Justice-Community Justice Assistance Division

Fred Rangel, Director, Angelina County Community Supervision and Corrections Department

Bryan Collier, Director, TDCJ-Parole Division

Honorable Larry J. Gist, Chairman, Judicial Advisory Council

Ron Goethals, Director of Dallas County Community Supervision and Corrections Department

Rey Flores, Manager of Special Operations, Dallas County Community Supervision and Corrections Department

Charles Robinson, Dallas County Community Supervision Officer

Caesar Garcia, Director of Bexar County Community Supervision and Corrections Department

Felix Rosel, Bexar County Community Supervision Officer

Tom Saldivar, Bexar County Community Supervision Officer

Kurt Goslin, Bexar County Community Supervision Officer

Steve Henderson, Director of Tom Green County Community Supervision and Corrections Department

Tony Hill, Tom Green County Probation Officer

Geraldine Nagy, Deputy Director, TDCJ-Community Justice Assistance Division

Honorable Mary Anne Bramblett, 41st District Court Judge, El Paso County

Dr. Melvin Brown, Director of Montgomery County Community Supervision and Corrections Department

Mike Enax, Assistant Director of the Harris County Community Supervision and Corrections Department

Martha Reyes, Residential Facilities Director, Taylor County Community Supervision and Corrections Department

Dr. Edward Latessa, Professor and Department Head of the Division of Criminal Justice at the University of Cincinnati

COMMITTEE STUDY ON HEALTHCARE WITHIN THE TEXAS PRISON SYSTEM

COMMITTEE STUDY OF HEALTHCARE WITHIN THE TEXAS PRISON SYSTEM

CHARGE: Study the delivery of healthcare within the Texas Prison System, including the number and types of healthcare practitioners needed, the recruitment and retention of those practitioners, management of chronic diseases, and the use of telemedicine and other technologies.

BACKGROUND

The Correctional Managed Healthcare program was designed as a statewide health care network that would provide Texas Department of Criminal Justice offenders with timely access to quality health care while also controlling costs. The correctional managed healthcare system represents a partnership between the Texas Department of Criminal Justice(TDCJ), The University of Texas Medical Branch at Galveston (UTMB), and the Texas Tech University Health Sciences Center (TTUHSC). This network includes a full range of medical, dental and mental health services, pharmacy management, a diverse array of specialty care services and comprehensive hospital services.

TESTIMONY

In response to its charge, the Committee on Corrections held a series of four public hearings dedicated to this charge. Each of the four hearings focused upon a specific element of the correctional health care program. The committee heard both invited and public testimony during the course of these hearings.

AN OVERVIEW OF CORRECTIONAL MANAGED HEALTHCARE

At the first hearing, the invited testimony provided the Committee with a background understanding of how the correctional health care program is structured, organized, operated and monitored.¹

Key components of the health care delivery system were outlined and explained. These included the initial health assessment, medical classification, transfer screenings, access to care, levels of care available, periodic physical exams, dental clinics, chronic care clinics, telemedicine, mental health programs, physically handicapped offender programs, the medically recommended intensive supervision program (formerly known as special needs parole), and the in-prison hospice program. Each of these components was discussed and explained by those testifying.

The testimony included a review of the statutory history of the program, including the results of the Sunset Review and legislation passed by the 76th Legislature, SB 371, which further clarified the roles and responsibilities of the partner agencies involved in the correctional health care program. It also added public member representation to the CMHCC. The statutory authority for the program rests in Chapter 501 of the Texas Government Code.²

A review of the monitoring processes in place within the correctional health care program was also discussed. Monitoring activities generally function within the state and federal confidentiality protections found within medical review committee structures. The monitoring of the health care program is a joint effort involving each of the agencies involved. Improved communication of monitoring information among the partner agencies was noted as evidenced by monthly meeting of the medical directors, sharing and discussion of monitoring reports and joint representation on major committees involved in the policy and decision-making processes.

An impact of the aging prisoner population was also discussed in terms of its impact on the correctional health care program. It was noted that the number of offenders within the prison system age 55 and older has steadily increased. It was also noted that older offenders accessed the medical system five times more often than younger offenders and accounted for a disproportionate share of the costs incurred by the program.

ASPECTS OF THE CORRECTIONAL HEALTH CARE PROGRAM

The second hearing focused on the different aspects of the correctional health care program, including issues relating to the recruitment and retention of health care staff and to review the management of chronic diseases within the program.³

Testimony concerning correctional staffing indicated that while vacancies currently existed in all key professional areas, they were considerably lower than previously experienced prior to the implementation of the managed health care program. It was also reported that the national nursing shortage will impact the system as competition for nurses, especially RN's intensifies. Some health care agencies are projecting the overall demand for nurses to double as the overall population ages and requires more health care resources.

Next there was testimony about chronic care issues. The number of patients with chronic diseases were reported, as was a comparison of disease prevalence. It was noted that some of the chronic disease states with relatively fewer patients were significant due to the drain on financial resources resulting from those diseases. The chronic care clinic program was explained as the mechanism used by the system to track, evaluate and treat chronic disease.

Disease management guidelines are used by the correctional health care program to provide assistance to the clinical providers.⁴ Treatment guidelines are developed by multi-disciplinary work groups under the direction of the Pharmacy and Therapeutics Committee. Disease management guidelines are developed based on national consensus recommendations and community standards of care. These guidelines are published in the TDCJ formulary and reviewed on an annual basis. Testimony explained how the disease management guidelines are used as a tool for evaluating the quality of care.

MEDICAL FACILITIES AND PROGRAMS

The last two public hearings were held on site at TDCJ medical facilities. The first of these tours was at the Carole Young complex in Texas City. Following the tour, the Committee viewed a demonstration of the telemedicine and electronic medical record technologies in use within the correctional health care program at UTMB. It was noted that UTMB has conducted over 53,000 telemedicine consults since its program was initiated and ranks as one of the top five telemedicine programs in the country. UTMB's Digital Medical Services system (DMS) integrates telemedicine and an electronic medical record into a common system, sharing communication lines and costs. The system currently being deployed provides for instant access to medical records from any connected site and enables more effective tracking of procedures, scheduling and patient outcomes.

As part of the same tour, the Committee also visited the UTMB/TDCJ Hospital on the campus of UTMB in Galveston. Following the tour, the Committee held a public hearing on the campus. Testimony was received, including a review of the Digital Medical System incorporating both telemedicine and electronic medical records. It was also noted that the telemedicine program had been particularly beneficial in delivering specialty care to some of the remote areas of the sector.

The second tour was held at the Montford Psychiatric Center and the Western Regional Medical Facility in Lubbock. The Montford Psychiatric Center is a 550-bed male inpatient facility providing several levels of psychiatric care for the mentally-ill. The Western Regional Medical facility is a 48-bed inpatient facility providing a wide range of medical services. The 77th Legislature authorized an expansion of the facility to accommodate an additional 44 beds.

Following the tour, the Committee held a public hearing on the campus of the Texas Tech Health Science Center. An overview of the mental health services available was provided through testimony. Specific TTUHSC mental health initiatives were discussed with the Committee. It was noted that approximately 146,000 offenders are incarcerated in TDCJ, with about 17% having a medical alert code indicating a current mental disorder or a history of a mental disorder.⁵ As many as 90% of the mental health population being served by the

TTUHSC staff also have a diagnosis of substance abuse or dependence disorder which must also be addressed in the course of treating the offender's mental illness.

Testimony was also given on the cost/benefit study of applying the Texas Medication Algorithm Project (TMAP) to TDCJ offenders as required by SB 636, 77th Legislature. A work group conducted a review, and reported that TDCJ offenders have access to a full range of medications, including most newer generation medicines, and that the actual practice within the correctional health care program heavily utilizes disease management guidelines that provide clear guidelines for its clinical providers. It was also reported that preliminary estimates indicate that it could cost about \$16 million per year in additional medication costs to adopt the TMAP algorithms in their entirety. The final study has not yet been published.

FINDINGS/RECOMMENDATIONS

As a result of its comprehensive review, the Committee on Corrections found the following:

1. Among the monitoring activities within the correctional health care system are tracking and responding to complaints and grievances through an established liaison office. Concerns noted during last legislative session relating to the time frames involved in responding to complaints and grievances have largely been resolved through better communication and better defining of expectations in the contractual documents between the parties. Monthly meetings of the medical directors involved provide an ongoing opportunity to share information and to evaluate feedback on the system's performance.
2. As a result of the changing demographics of the prison system, the offender population is aging at an unprecedented rate. More the 6300 TDCJ offenders are aged 55 or older. Steps taken to enhance the medically recommended intensive supervision program during the last legislative session help by increasing the opportunity to move those offenders out of the system and into the community-based setting where federal resources can be applied to their health care needs.
3. Staffing of key provider positions in the correctional health care program requires a constant effort on the part of the universities. As the health care market continues to evolve within the state, and as the national nursing shortage grows, the correctional health care system will be faced with increasing difficulties in recruiting and retaining providers. In response, the correctional health care program is working to ensure that its health care providers are focused on direct patient care activities to the extent possible. The universities also track and monitor market trends in recruitment of health care staff and attempt to adjust to those trends as resources are available.
4. With the increasing number of older offenders, the correctional health care program also finds itself faced with increased demands to manage chronic diseases. With the advent of newer

therapies and the documentation of the outcomes of studies of those newer therapies, it can be expected that the correctional health care system will require significant additional resources to address this need.

5. The correctional health care program, under the leadership of the UTMB Correctional Managed Care staff, has also made commendable progress in moving towards an integrated electronic medical record that incorporates technologies and holds the promise for further improvements in tracking, evaluating and monitoring the health care provided to offenders.

REFERENCES

1. Correctional Managed Health Care: An Overview, April 9, 2002, Correctional Managed Health Care Committee.
2. V.T.C.A., Government Code, Sec.501.059.
3. Correctional Managed Health Care: Staffing/Chronic Care, May 14, 2002, Correctional Managed Health Care Committee.
4. Access to Health Services, May 14, 2002, Texas Department of Criminal Justice
5. Correctional Managed Health Care: Mental Health Program and Pharmacy Overview, July 12, 2002, Correctional Managed Health Care Committee.

OTHER REFERENCES

Allen Sapp, Assistant Director for Administrative Services, TDCJ Correctional Managed Health Care

Testimony at hearings include the following;

Dr. Ben Raimer, M.D., Chairman of the Correctional Managed Health Care Committee

Allen Hightower, Executive Director, TDCJ Correctional Managed Health Care

Allen Sapp, Assistant Director for Administrative Services, TDCJ Correctional Managed Health Care

Dr. Tony Fabelo, Criminal Justice Policy Council

Dr. Lannette Linthicum, Director, TDCJ Health Services

Dr. Owen Murray, Medical Director, Texas Tech University Health Science Center

Dr. William Gonzales, M.D., Medical Director of Nursing, TDCJ Hospital

Dr. Patricia Blair, J.D., MSN, RN, Assistant Professor and Director, Center for Nursing Ethics,
Law and Policy

Kleanthe Caruso, RN, MSN, CCHIP, Director of Nursing, TDCJ Hospital

COMMITTEE OVERSIGHT OF AGENCIES

COMMITTEE OVERSIGHT OF AGENCIES

CHARGE: Actively monitor the agencies under the committee's oversight jurisdiction. Specifically monitor the implementation of staffing and training programs at the Texas Department of Criminal Justice (TDCJ) and their effects on the safety of both inmates and staff.

BACKGROUND

During the fiscal years 1999-2001, the number of correctional officer vacancies grew substantially. This posed serious management problems for the TDCJ. Among these were the safety of both the staff and offenders, a disruption of daily operations, and burdens placed on correctional staff who must work additional overtime to compensate for staffing shortfalls.

In response to the increasing number of correctional officer vacancies, the 77th Legislature enacted legislation that would ensure a reduction in turnover rates for correctional officers. The TDCJ Human Resources Management Plan was developed in accordance with the legislation.

TESTIMONY

This issue was addressed at a public hearing that was held by the Committee on Corrections during the interim. Mr. Gary Johnson, Executive Director of the TDCJ, gave testimony regarding the decline in the number of correctional officer vacancies. This was attributed to a reduction in turnover, an increase in hiring and a reduction in authorized positions due to temporary bed closings. Pay raise and agency management initiatives were discussed as factors that aided the improvement.

The Human Resources Management Plan was discussed in detail and described as the agency's commitment to reducing the Correctional Officer attrition rate. As part of the legislative action taken to decrease correctional officer vacancies, the correctional officer ladder was expanded. Correctional officers and other uniformed security staff received a salary adjustment to compete with salaries in the private sector. Under the new career ladder plan, after eight years of service a correctional officer can make \$31,068 annually.

Among the agency management initiatives discussed were training strategies and safety procedures. As for correctional officer training, the number of hours of both pre-service and on-the-job training increased to 300 hours. This was compared to the 250 hours nationwide average. Qualitative improvements were also discussed, including implementation of the NIC model Field Training Officer program, an increased emphasis demonstrated skills competency and adoption of the correctional officer mentoring program. He also cited additional efforts to decentralize training, which keeps staff at or near their unit of assignment and thereby minimizes the impact on facilities with staffing shortages. Other training initiatives included an additional

emphasis on defensive tactics, a new correctional awareness program for non-security staff, a Back to Basics initiative and the SAFE prisons program. The SAFE program emphasizes offender safety through staff training on prevention of physical and sexual assaults and the use of offender characteristics in making housing and job assignments. Education for offenders and the employment of surveillance cameras are other aspects of the SAFE prisons program.

Mr. Johnson then provided then provided the committee with an overview of the new JDCJ inmate classification plan. He explained that a comprehensive review began in calendar year 2000 with the assistance of the National Institute of Corrections. Mr. Johnson said that substantive changes impacting security and public safety have been implemented, and that the TDCJ computers that were scheduled to convert to the new system have almost been completed. In regards to the classification of facilities, Mr. Johnson said each unit was evaluated against a set of criteria, and based on those criteria each facility was assigned a level. The levels help determine what custody level of inmates will be placed in the facility. No facility required a significant change in mission or custody levels as a result of the analysis, although some modifications were necessary.

Additional safety initiatives cited by Mr. Johnson were; carry-on-person chemical agents for correctional officers, a pilot program at McConnell involving body alarms, the provision of more than 1,500 thrust vests for use in G5 (close custody) and administrative segregation areas, the purchase of additional portable radios, the acquisition of Body Orifice Security Scanner chairs for use at select units, and the replacement of metal cans with food pouches in the prison commissaries. Mr. Johnson then noted that despite the staff shortage, the number and rate of incidents and staff assaults were lower in 2001.

As Mr. Johnson explained, it is the goal of TDCJ to keep the public safe, the staff safe, the offenders safe, and to positively utilize the resources provided by the legislature. Programs to rehabilitate and reintegrate offenders are important safety measures and will continue to be used to create a safer environment.

RECOMMENDATION

Based on the testimony presented to the committee, progress has been made in reducing the number of correctional officer vacancies and enhancing the safety of both staff and offenders. There is, however, still a problem with officer vacancies in certain facilities. The Committee recommends continued monitoring of correctional officer vacancies and the implementation of initiatives to increase recruitment and retention.