

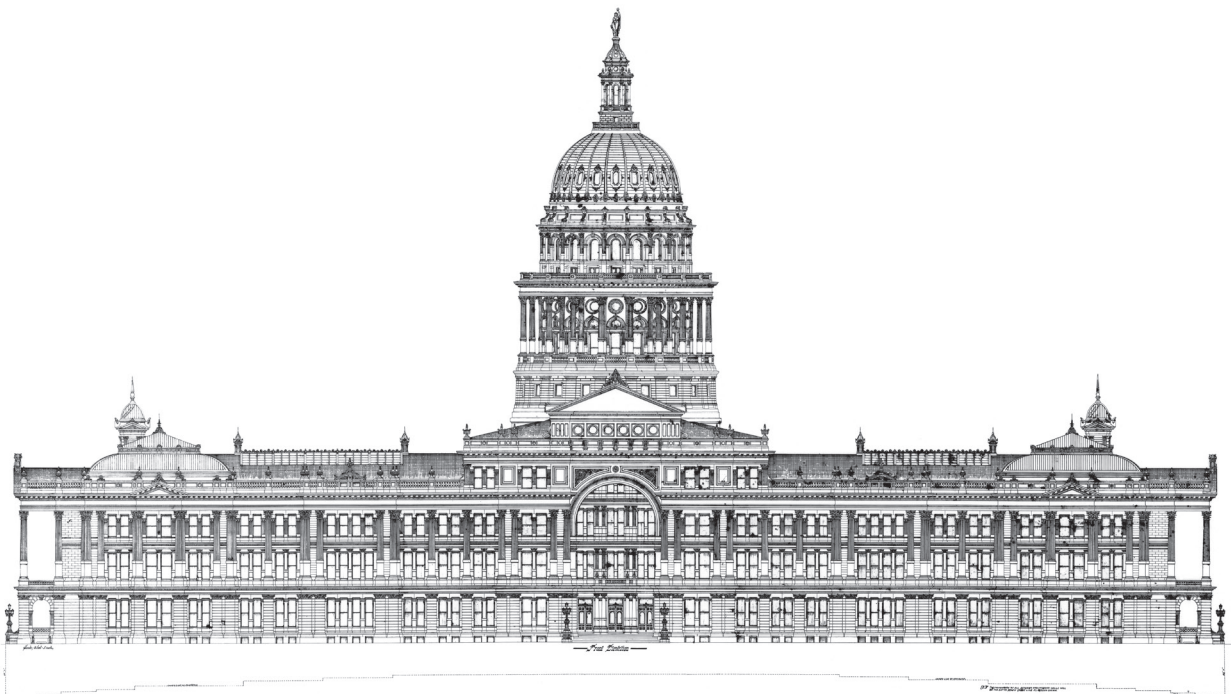


INTERIM REPORT

TO THE

82ND TEXAS LEGISLATURE

House Committee on
CORRECTIONS
December 2010



**HOUSE COMMITTEE ON CORRECTIONS
TEXAS HOUSE OF REPRESENTATIVES
INTERIM REPORT 2010**

**A REPORT TO THE
HOUSE OF REPRESENTATIVES
82ND TEXAS LEGISLATURE**

**JIM MCREYNOLDS
CHAIRMAN**

**COMMITTEE CLERK
TRAVIS SAMPLEY**



Committee On Corrections

November 29, 2010

Jim McReynolds
Chairman

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


The Honorable Joe Straus
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:

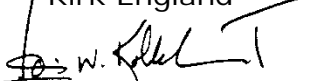
The Committee on Corrections of the Eighty-first Legislature hereby submits its interim report including recommendations and drafted legislation for consideration by the Eighty-second Legislature.

Respectfully submitted,


Jim McReynolds


Jerry Madden


Kirk England


Lois Kolkhorst


Armando Martinez

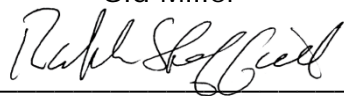

Solomon Ortiz, Jr.

Harold Dutton


Eric Johnson


Marisa Marquez

Sid Miller


Ralph Sheffield

Jerry Madden
Vice-Chairman

Members: Harold Dutton, Kirk England, Eric Johnson, Lois Kolkhorst, Marisa Marquez,
Armando Martinez, Sid Miller, Solomon Ortiz, Jr., Ralph Sheffield

TABLE OF CONTENTS

INTRODUCTION 1
INTERIM STUDY CHARGES..... 2
CHARGE # 1 3
CHARGE # 2..... 13
CHARGE # 3..... 38
CHARGE # 4..... 67
CHARGE # 5..... 92
APPENDIX A..... 110
APPENDIX B..... 112
ENDNOTES 114

INTRODUCTION

At the beginning of the 81th Legislature, the Honorable Joe Straus, Speaker of the Texas House of Representatives, appointed 11 members to the House Committee on Corrections: Jim McReynolds, Chair; Jerry Madden, Vice-Chair; Harold Dutton; Kirk England; Eric Johnson; Lois Kolkhorst; Marisa Marquez; Armando Martinez; Sid Miller; Solomon Ortiz, Jr.; and Ralph Sheffield.

The House Rules adopted by the 81th Legislature as House Resolution 2 on January 28, 2009, give the House Committee on Corrections its jurisdiction. Rule 4, Section 8 reads as followed:

CORRECTIONS. The committee shall have 11 members, with jurisdiction over all matters pertaining to:

- (1) the incarceration and rehabilitation of convicted felons;
- (2) the establishment and maintenance of programs that provide alternatives to incarceration;
- (3) the commitment and rehabilitation of youths;
- (4) the construction, operation, and management of correctional facilities of the state and facilities used for the commitment and rehabilitation of youths;
- (5) juvenile delinquency and gang violence;
- (6) criminal law, prohibitions, standards, and penalties as applied to juveniles;
- (7) criminal procedure in the courts of Texas as it relates to juveniles; and
- (8) the following state agencies: the Texas Department of Criminal Justice, the Special Prosecution Unit, the Board of Pardons and Paroles, the Texas Youth Commission, the Office of Independent Ombudsman of the Texas Youth Commission, the Council on Sex Offender Treatment, the Texas Correctional Office on Offenders with Medical or Mental Impairments, the Texas Juvenile Probation Commission, the Advisory Council on Juvenile Services, and the Private Sector Prison Industries Oversight Authority.

During the interim, the Speaker assigned charges to the committee. The House Committee on Corrections has completed its hearing and investigations, and has adopted the following report.

HOUSE COMMITTEE ON CORRECTIONS

INTERIM STUDY CHARGES

1. Examine implementation of the diversion pilot programs, juvenile case management system, and other policy and funding initiatives to determine whether the Texas Juvenile Probation Commission and the Texas Youth Commission have adhered to legislative directive in implementing these programs, and the impact of these programs on commitments at the Texas Youth Commission. *Joint Interim Charge with House Committee on Appropriations*
2. Study and evaluate the availability and efficiency of community-based corrections supervision and treatment programs and their impact on prison capacity and recidivism rates. Determine whether the supervision and treatment programs have been designed in accordance with evidence-based practices and whether adequate evaluation methods have been incorporated.
3. Study current re-entry programs and procedures across the juvenile and adult criminal justice continuum. Make recommendations to ensure that offenders who are released or discharged have the necessary supervision and access to employment, housing, treatment, and other support programs to allow successful entry and integration into the community. Evaluate the working relationship between state agencies facilitating re-entry and make recommendations on how to achieve greater efficiency and cost savings.
4. Examine policies and programs designed to identify, divert, and enhance the supervision and treatment of special needs offenders within local jails and state correctional facilities. Recommend changes to address appropriate alternatives to incarceration or institutionalization.
5. Review the range of services provided to females in the juvenile and adult criminal justice systems and recommend changes to ensure responsiveness to gender-specific issues. Review should include institutional and community supervision programs and utilization of correctional facilities that house nonadjudicated populations.
6. Monitor the agencies and programs under the committee's jurisdiction.

CHARGE # 1

Examine implementation of the diversion pilot programs, juvenile case management system and other policy and funding initiatives to determine whether the Texas Juvenile Probation Commission and the Texas Youth Commission have adhered to legislative directive in implementing these programs, and the impact of these programs on commitments at the Texas Youth Commission. *Joint Interim Charge with House Committee on Appropriations*

INTRODUCTION

In recent years, the Texas Legislature has looked for ways to decreased the population of the Texas Youth Commission by keeping more juvenile offenders in the community. In the 81st Legislative Session, two primary initiatives sought to divert offenders from TYC and enhance juvenile probation. these two initiatives are the Community Corrections Diversion Program and the Juvenile Case Management System.

DIVERSION PILOT PROGRAM

Texas Juvenile Probation Commission

The Texas Juvenile Probation Commission (TJPC) works in partnership with local juvenile boards and juvenile probation departments to support and enhance juvenile probation services throughout the state. This assistance includes:

- Providing funding, technical support, and training
- Establishing and enforcing standards
- Collecting, analyzing and disseminating information
- Facilitating communications between state and local entities

Referrals by Type
Fiscal Year 2008 through Fiscal Year 2010¹

| | Fiscal Year 2008 | Fiscal Year 2009 | Fiscal Year 2010* | % Change FY 09-10 |
|-------------------------|---------------------|---------------------|----------------------|----------------------|
| Felony Referrals | 22,078 | 20,350 | 18,124 | -11% |
| Non-Felony Referrals | 77,695 | 77,368 | 70,220 | -9% |
| Total | 99,773 | 97,718 | 88,344* | -9.6% |

Community Corrections Diversion Program (Grant C)

During the 81st Texas Legislature, TJPC received additional funding in the General Appropriations Act for FY 2010-11, specifically to divert youth from commitment to the Texas Youth Commission (TYC) by providing grants to local juvenile probation departments in order to enhance community-based diversion programs and services for these offenders. This direction by the Legislature is found in Article V, Public Safety and Criminal Justice, of this Act in Rider 21 of Juvenile Probation Commission. It states:

Out of funds appropriated in Strategy B.1.1., Community Corrections Services \$26,000,000 in General Revenue Funds in FY 2010 and \$24,000,000 in General Revenue Funds in FY 2011, may be expended only for the purposes of providing programs for the diversion of youth

from the Youth Commission (TYC) and a juvenile justice information system at the Juvenile Probation Commission (JPC). The programs may include, but are not limited to, residential, community-based, family and aftercare programs. The allocation of State funding for the program is not to exceed the rate of \$140 per juvenile per day. JPC shall maintain procedures to ensure that the State is refunded all unexpended and unencumbered balances of State funds at the end of each fiscal year.

According to Rider 21, if commitments to TYC during FY 2010 exceed 1,783, the Comptroller of Public Accounts must transfer appropriations equal to \$51,100 for each commitment over 1,783 in FY 2010 from TJPC to TYC in FY 2011.

Funding received under Rider 21 is known as the Community Corrections Diversion Program (Grant C). The goal of Grant C is to reduce commitments to TYC by increasing accountability and rehabilitation of juvenile offenders through a comprehensive, coordinated, and community-based juvenile probation system. The rider allows for these funds to be used to provide mental health services to juvenile offenders through an interagency contract with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI).

The methodology for allocation of the Community Corrections Diversion Program funds is based on each juvenile probation department's share of the statewide weighted average of felony commitments to TYC from Fiscal Year (FY) 2006 through FY 2008. Rider 21 established a maximum funding rate of \$140 per juvenile diverted per day or \$51,100 annually. This distribution formula allows all departments in the state to receive funding to enhance services or to work with other departments and pool resources and maintain their current level of commitments. Departments that average 0-1 felony commitments are allocated \$12,500. Departments with 2-4 felony commitments were allocated \$25,000. Departments with 5 or more felony commitments were allocated \$51,100 per diversion to reduce commitments by the accepted number.

- The number of diversions established for each department was based on the department's proportion of the weighted TYC commitment number divided by the total number of diversions to be funded
- 143 departments accepted this funding
- 10 departments chose to fund mental health services through TCOOMMI
- 25 departments initially chose not to accept this funding (6 more did accept reallocated funding)

Grant C Funds Allocation
Fiscal Year 2010²

| | |
|---|---------------------|
| Total Funding Allocated to Juvenile Probation Departments | \$17,373,628 |
| Total Funding Requested for Mental Health | \$1,368,872 |
| Total Unallocated | \$3,367,900 |
| Total Appropriated | \$22,110,400 |

Departments Declining C Funding
Fiscal Year 2010³

| Department | Diversions | Amount Declined |
|--------------|------------|--------------------|
| Atascosa* | 0 | \$25,000 |
| Brazoria* | 4 | \$204,400 |
| Brewster* | 0 | \$12,500 |
| Chambers | 0 | \$12,500 |
| Collin | 3 | \$153,300 |
| Crosby | 0 | \$12,500 |
| Ellis | 0 | \$25,000 |
| Gray | 0 | \$25,000 |
| Harrison | 2 | \$102,200 |
| Haskell | 0 | \$12,500 |
| Hockley | 0 | \$25,000 |
| Hutchinson* | 0 | \$12,500 |
| Jim Wells* | 0 | \$12,500 |
| Lubbock * | 8 | \$408,800 |
| Maverick* | 1 | \$51,100 |
| Moore | 0 | \$25,000 |
| Ochiltree | 0 | \$12,500 |
| Refugio | 0 | \$12,500 |
| Scurry | 0 | \$12,500 |
| Tarrant* | 17 | \$868,700 |
| Uvalde* | 0 | \$12,500 |
| Waller | 0 | \$25,000 |
| Winkler | 0 | \$12,500 |
| Wood* | 0 | \$25,000 |
| Yoakum | 0 | \$12,500 |
| Total | 35 | \$2,113,000 |

| | |
|---|--------------------|
| <i>Two departments accepted partial diversions:</i> | |
| McLennan accepted 5 out of 7* | \$102,200 |
| Webb accepted 2 out of 5 | \$153,300 |
| Total: | \$255,500 |
| Grand Total: | \$2,368,500 |

* As of September 17, 2010, these counties accepted full Grant C funding for FY 2011.

To receive funding under Grant C, juvenile probation departments submitted a program plan that addressed each area in which the department would utilize these funds. The program plan included a description, number of juveniles served, and length of time expected to be served in the program. The program plan categories were:

- Supervision
- Programs
- Services
- Residential Placement

Departments also had to submit a proposed budget with the program plan. The budget summary included all costs associated with the programs and services as well as a narrative explanation for the following categories:

- Salaries and fringe benefits
- Travel and training costs
- Supplies, equipment and direct operating expenses
- Non-residential services
- Residential services

Funding was released to departments upon receipt and approval of program plans and budget proposals.

Community Corrections Diversion Program
Grant C Funding by Initiative
Fiscal Year 2010⁴

Total Funding of Placements, Programs, Services and Supervision

| | |
|---|---------------------|
| Placements – Non-Secure | \$4,625,069 |
| Placements – Secure | \$5,254,679 |
| Services | \$1,782,163 |
| Programs | \$5,564,145 |
| Supervision | \$1,516,444 |
| Total Initiatives <i>(\$17,373,628 plus \$1,368,872 for mental health)</i> | \$18,742,500 |

Departments Contracting for Mental Health Services
Fiscal Year 2010⁵

| | | |
|------------|-----------------|--------------------|
| Cherokee | Program/Service | \$31,900 |
| Denton | Program | \$12,000 |
| El Paso | Program | \$357,700 |
| Galveston | Program | \$110,236 |
| Harris | Program/Service | \$682,150 |
| Lamb | Service | \$12,500 |
| McLennan | Program | \$74,238 |
| Montgomery | Service | \$50,000 |
| Travis | Service | \$26,160 |
| Walker | Service | \$11,988 |
| Total | | \$1,368,872 |

**Number of Youth Served by Grant C Funding
First through Third Quarters, Fiscal Year 2010**

2,213 juveniles were served with Grant C funds in the first through third quarters, FY 2010.

- 1,353 juveniles were served in community programs
- 283 were served in specialized caseloads
- 499 were served in residential placements
- 301 were provided non-residential services

Some juveniles may have been served in more than one type of service, including juveniles receiving services through TCOOMMI contracts. Another important note is that during first through third quarters of FY 2010, 33 juveniles served with Grant C funds were committed to TYC.

How Grant C funds Reduced Commitments to the Texas Youth Commission

The Texas Youth Commission (TYC) provides a range of services including secure institutions, halfway houses, contract placement, and parole. If a youth is between the ages of 10 and 17, he or she can be committed to TYC for felony offenses or violations of felony probation. Youth may remain under the custody of the agency, in a residential or parole setting, until their 19th birthday, depending on the type of commitment and individual progress.

TYC Commitments Comparison by Quarter
Fiscal Year 2009 and Fiscal Year 2010⁶

| | Fiscal Year 2009 | Fiscal Year 2010 | % Change |
|-------------------------|---------------------|---------------------|----------|
| 1 st Quarter | 430 | 243 | - 44% |
| 2 nd Quarter | 372 | 270 | - 27% |
| 3 rd Quarter | 372 | 302 | -19% |
| 4 th Quarter | 415 | 292* | -30% |
| | 1,589 | 1,107* | -30% |

- In FY 2009, 113 juveniles committed to TYC (7%) had a prior commitment.
- In FY 2010 to date, 57 juveniles committed to TYC (5%) had a prior commitment.

TYC Commitments by Type
Fiscal Year 2008 through Fiscal Year 2010⁷

| | Fiscal Year 2008 | Fiscal Year 2009 | Fiscal Year 2010* |
|---------------|---------------------|---------------------|----------------------|
| Indeterminate | 1,587 | 1,442 | 1,002 |
| Determinate | 106 | 147 | 105 |
| Total | 1,693 | 1,589 | 1,107 |

In FY 2009, juveniles committed to TYC:

- Had an average of 5 formal referrals and three adjudications to probation.
- The majority (52%) had an out of home placement prior to TYC commitment.
- The majority (53%) had a violent felony referral in their history.
- Almost half (47.5%) had a violent felony adjudication in their history.

-
- Twenty-six percent were committed for a violent felony.
 - Only 1.6% of referrals to juvenile probation departments resulted in commitment to TYC.

JUVENILE CASE MANAGEMENT SYSTEM

The Juvenile Case Management System (JCMS) creates a robust juvenile justice information and case management system for the common data collection, reporting and management needs of all local juvenile probation departments in the state of Texas. This web-based program will provide enhanced productivity tools, substantial data sharing capabilities, strong security and data integrity and the capability to interface with other entities involved in the juvenile justice system.

History of JCMS

JCMS is a collaborative development effort of the Texas Conference of Urban Counties *TechShare* Program involving the Texas Juvenile Probation Commission, Bexar, Dallas and Tarrant counties. This partnership cooperatively designed and built a system that meets the needs of local juvenile probation departments statewide. By combining staffing and financial resources, these partners acquire a system that individually they could not afford to develop.

Why JCMS is needed

Many juvenile offenders have broken the law in multiple counties throughout the state. Timely and complete information on a juvenile offender allows local juvenile probation departments, prosecutors, judges and treatment professionals to effectively make accurate and appropriate disposition decisions. Decision making based upon incomplete information leads to inefficient use of limited programmatic and treatment resources. JCMS provides a continuum of information on a juvenile offender that will follow the juvenile and assist local jurisdictions in providing the most effective rehabilitative programs and services tailored to the individual needs of the juvenile.

Currently 168 independent computer systems collect juvenile case data in 254 Texas counties. Each of the current 168 systems operates independently of each other affording little if any sharing of information amongst the counties about juvenile offenders or the programs and services they have been provided. JCMS will provide statewide data sharing between the local juvenile probation departments and other key juvenile justice agencies both across and within jurisdictions to provide statewide data sharing for the first time in Texas. The goal is to ensure that all professionals in the juvenile justice system have timely access to thorough and complete information on a juvenile offender.

Benefits of JCMS

Statewide Information Sharing Between Jurisdictions

- Better outcomes for youth and families by providing more effective programs and services
- More complete data for informed decision making regarding juveniles
- Improved utilization of limited programmatic and treatment resources at the county and state level
- Increased data collection information for state and local policy and decision makers

Enhanced System Productivity Features

- Web-based access provides mobile productivity
- Management level reporting leading to increased efficiencies and data analysis
- Streamlined workload for probation officers leading to increased face-to-face time with juveniles and their families
- Treatment, programs and services tailored to individual needs of juvenile offenders
- Expected user base: over 13,000 probation, law enforcement, judicial, prosecutorial and other service providers and related staff

Current Status of JCMS

The JCMS Project remains on schedule within the expected budget. In the 81st Legislative Session, funds were appropriated in the General Appropriations Act, specifically Article V, Public Safety and Criminal Justice, of this Act in Rider 21 of Juvenile Probation Commission. In FY 2010 not more than \$3,889,600 could be used for the development and maintenance of JCMS. In FY 2011, not more than \$389,600 can be used.

The JCMS development effort has completed seven 90-day release cycles towards the delivery of JCMS Version 1.0. Automated and manual unit testing takes place on a weekly basis as part of the inline development process. Comprehensive system testing is performed at the end of each release cycle.

TJPC joined both Dallas and Tarrant counties by participating in a Live Pilot Test of the JCMS-Basic application. The month-long endeavor incorporated the training of 140 local county staff and exercised the full functionality of JCMS-Basic. Additionally, the pilot test provided the first real assessment of the planned hardware configuration. The application was very well received by all participants and the effort overall was highly successful in evaluating the capabilities of the JCMS-Basic system.

In preparation for the Live Pilot test, TJPC assisted with the development of the JCMS-Basic Training Manual. This manual provided a step-by-step guide to using

the JCMS-Basic system. The initial release of JCMS-Basic (Version 1) is scheduled for January 2011. The initial implementation is currently expected to take place in Dallas County, followed by Tarrant County in March 2011.⁸

CONCLUSION

The Texas Legislature has looked for ways to decreased the population of the Texas Youth Commission by keeping more juvenile offenders in the community. The Community Corrections Diversion Program has proven to be effective by producing a cost savings to the state while at the same time allowing juveniles to be closer to their family and available treatment options. The Juvenile Case Management System is a state of the art system which will allow many different agencies in the criminal justice system to access real time data and avoid duplication of services. Once this system is implemented throughout the state, it will allow local juvenile probation department to become more efficient and effective.

COMMITTEE WORK

To gain a better understanding of the implementation of the diversion pilot programs, juvenile case management system and other policy and funding initiatives, the Committee met with a wide array of stakeholders. Committee undertakings included:

- A Joint Committee hearing with the House Committee on Appropriations devoted to Interim Charge # 1 was held on September 29, 2010. The meeting, which lasted 5 hours and 18 minutes, took testimony from 16 different witnesses.
- Meetings with staff of various agencies who interact with.
- Discussions with various advocacy groups and legislative staff that have concerns or recommendations for the diversion pilot program.

RECOMMENDATIONS

Continue diversion funding as a mechanism to reduce commitments to TYC, which produces a cost savings to the agency while continuing to promote public safety.

Continue funding the Juvenile Case Management System due to potential cost savings and the ability to streamline juvenile services throughout the state by this state of the art program.

CHARGE # 2

Study and evaluate the availability and efficiency of community-based corrections supervision and treatment programs and their impact on prison capacity and recidivism rates. Determine whether the supervision and treatment programs have been designed in accordance with evidence-based practices and whether adequate evaluation methods have been incorporated.

HISTORY OF PROBATION

In 1913 Texas began to allow offenders convicted of less serious crimes to serve their sentences in the community rather than in prison. Local judges and community officials managed all aspects of this probation process. In order to apply common standards across the state and to distribute state funding to local probation departments, the Texas Legislature passed legislation creating the Texas Adult Probation Commission in 1977.

In 1989 the Texas Legislature created a unified criminal justice system called the Texas Department of Criminal Justice (TDCJ) by combining three agencies into one. Texas Adult Probation Commission became the Community Justice Assistance Division (TDCJ-CJAD); the Department of Corrections became the Correctional Institutions Division, and the part of the Board of Pardons and Paroles that managed offenders in the community became the Pardons and Paroles Division of TDCJ. This legislation also changed the official terminology from "adult probation" to "community supervision".

At the same time, the Legislature also took two additional measures relating to community supervision. It created the Judicial Advisory Council, a group of judges and interested citizens who advise the TDCJ-CJAD director, and the Texas Board of Criminal Justice on matters of interest to the judiciary. The Legislature also required the state's local judicial districts to create community justice councils and community justice plans.⁹

Recent History

Starting in 2005, the Texas Legislature strengthened community supervision by reducing caseloads, increasing the availability of substance abuse treatment options, reducing revocations to prison by utilizing a "progressive sanctions" model, and providing additional community supervision options for residential treatment and aftercare.

The 79th Texas Legislature appropriated \$55.5 million for new diversion program funds for Fiscal Year (FY) 2006-2007. This money reduced caseloads for community supervision officers, increased the number of residential treatment options, and created a system of progressive sanctions to address technical violations.

The 80th Texas Legislature continued these efforts by increasing diversion program funding. The goal of the new funding was to provide judges, prosecutors and Community Supervision and Corrections Departments (CSCDs) access to tools proven to successfully alter offender behavior. The new diversion program funding for FY 2008-2009 included:

- \$63.1 million increase for 1,500 new Substance Abuse Felony Punishment (SAFP) treatment beds

-
- \$32.3 million increase for 800 new Community Corrections Facility (CCF) beds; a \$28.8 million increase for 1,400 new Intermediate Sanction Facility (ISF) beds available, which is shared with the Parole Division
 - \$17.5 million increase in Basic Supervision funding
 - \$10 million increase for outpatient substance abuse treatment
 - \$10 million increase for mental health treatment provided by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

During the 81st Legislative Session, funding was provided to recruit and retain quality Community Supervision Officers and direct-care staff, who are counselors and program staff dealing directly with the offender. Funding was also made available to ensure treatment resources from the previous session were operational. These monies in FY 2010-2011 include:

- \$11.1 million increase in Basic Supervision funding for increased population projections
- \$13.1 million increase for community supervision officers and direct-care staff salary raises
- 3.5% across the board pay increase in each year of the biennium
- \$20 million dedicated to making the phase in of SAFP, ISF and CCF beds operational
- \$2 million for substance abuse aftercare and outpatient treatment for offenders who have completed contract-residential or CCF placement for substance abuse¹⁰

COMMUNITY JUSTICE ASSISTANCE DIVISION OF TDCJ

The Community Justice Assistance Division of the Texas Department of Criminal Justice (TDCJ-CJAD) staff members are state employees who work directly with local Community Supervision and Corrections Departments (CSCDs), rather than directly with offenders. Texas has 122 local CSCDs serving 254 counties. The CSCDs are organized within local judicial districts, and their personnel are employees of those individual judicial districts. Although these CSCDs receive funding from the TDCJ-CJAD, they are not a part of the division.

TDCJ-CJAD's function in relation to these local departments include:

- Distributing state funds
- Tracking the performance of the local departments' programs
- Monitoring and reviewing their budgets; determining the primary services that CSCDs will provide by developing minimum standards for those services (with the approval of the Texas Board of Criminal Justice)
- Providing CSCDs administrative and technical help
- Training and certifying the state's Community Supervision Officers (CSOs)¹¹

Organizational Structure

The Community Justice Assistance Division (TDCJ-CJAD) is organized into 8 sections; Executive Administration, Administrative Services, Information Systems, Research and Evaluation, Field Services, Fiscal Management, the Treatment Alternative to Incarceration Program (TAIP), and Training and Staff Development.

The Executive Administration section implements legislation affecting community supervision. They represent the division's interests in all matters before major stakeholders such as the Texas Legislature, the Texas Board of Criminal Justice, CSCDs, and the Judiciary.

Administrative Services provide administrative support to the division and acts as an ambassador between the CJAD and local Community Supervision and Corrections Departments (CSCDs). This section maintains and updates all contact information for TDCJ-CJAD, CSCDs, and the Judicial Advisory Council. Administrative Services creates publications concerning community supervision programs. Administrative Services also contains the Victim Services Coordinator, who handles victim services program development and training, and the Ombudsman, who responds to concerns from offenders and the public.

The Information Systems section manages the computer systems and databases used by TDCJ, including information on each offender.

The Research and Evaluation section conducts program evaluations, compiles statistics, and creates internal and external reports relating to community supervision.

The Field Services section reviews and approves CSCDs' services and programs, including all residential programs. They help local departments comply with all federal and state standards and laws, and review the departments' Community Justice Plans. This section oversees the placement of offenders in Substance Abuse Felony Punishment (SAFP) facilities and develops special treatment programs for sex offenders and offenders with special needs.

The Fiscal Management section monitors the budget and expenditures of the local Community Supervision and Corrections Departments (CSCDs). They also distribute state funds and grants to local departments. This section ensures that departments spend their allocated funds responsibly. Independent Certified Public Accounts perform annual audits of all CSCDs and their vendors in order to ascertain and verify their efficiency.

The Treatment Alternative to Incarceration Program (TAIP) section oversees the Treatment Alternative to Incarceration Program grants. This funding, which is currently distributed to 31 CSCDs, helps provide substance abuse screening, assessment, and evaluation, as well as referral services for probationers.

The Training and Staff Development section trains and certifies all community

supervision officers who work in Texas. This section also offers training and professional development to all local departments and TDCJ-CJAD employees. Each year, the section sponsors the SKILLS for Effective Intervention Conference, which is held every summer to provide additional instruction and resources to Community Supervision Officers in Texas.¹²

Distribution of Funding to Local Departments

The Texas Legislature appropriates the funds to TDCJ-CJAD, who is responsible for the distribution of these monies to the 122 different local departments. This state funding makes up about 65 % of CSCDs' operating budgets. These local departments obtain additional funding by collecting court-ordered fees from offenders, and receive office space, equipment and support from their respective county governments. Each CSCD applies for funding by submitting a Community Justice Plan to the TDCJ-CJAD for approval. This plan outlines the local department's existing programs and services, as well as proposals for additional funding for new programs. The plan is mandated by the Texas Legislature and must be approved by each department's state district judges and community justice council. When deciding which programs to fund, TDCJ-CJAD takes into account how well suited the program is for offenders' needs, the utilization of evidence-based practices, and what other funding the department currently receives.¹³

The Difference Between Probation and Parole

There is public confusion about the terms "community supervision (formerly known as probation)" and "parole". Although both systems supervise convicted offenders, their functions are quite different. Offenders on *community supervision* serve their sentences in the community. They are sentenced by local county-courts-at-law and district judges. On the other hand, offenders on parole have served their legislatively mandated time in prison and were released to supervision early by the Texas Board of Pardons and Parole.

- Community Supervision: The supervised release of a convicted defendant by a court under a continuum of programs and sanctions with conditions imposed by the court for a specific period, during which the imposition of a sentence is suspended: A) criminal proceedings are deferred without judgment of guilt, or B) a sentence of imprisonment or confinement, imprisonment and a fine, or confinement and a fine, is probated and the imposition of sentence is suspended in whole or in part.
- Parole: the conditional release of an eligible prisoner from the physical custody of the Correctional Institutions Division of the Texas Department of Criminal Justice to serve the remainder of the sentence under the supervision of the Pardons and Parole Division of TDCJ.¹⁴

Enforcing Standards and Guidelines

The TDCJ-Community Justice Assistance Division determines what core services Community Supervision and Corrections Departments (CSCDs) will provide by creating minimum standards for the departments' programs, facilities and equipment. They also develop methods for measuring the success of these programs, track the performance of each CSCD, monitor and review their budgets, offer technical help and training and award special state grants.

The Texas Code of Criminal Procedure, Section 509.003 defines the division's role in proposing standards and guidelines:

- a) The division shall propose and the board shall adopt reasonable rules establishing:
 - 1) minimum standards for programs, community corrections facilities and other facilities, equipment, and other aspects of the operation of departments;
 - 2) a list and description of core services that should be provided by each department;
 - 3) methods for measuring the success of community supervision and corrections programs, including methods for measuring rates of diversion, program completion, and recidivism;
 - 4) a format for community justice plans; and
 - 5) minimum standards for the operation of substance abuse facilities and programs funded through the division.
- b) In establishing standards relating to the operation of departments, the division shall consider guidelines developed and presented by the advisory committee on community supervision and corrections department management to the judicial advisory council established under Section 493.003(b).
- c) A substance abuse facility or program operating under the standards is not required to be licensed or otherwise approved by any other state or local agency.
- d) The division shall develop a screening and evaluation procedure for use in accordance with section 76.017. The division shall determine if a single screening and evaluation procedure may be used in each program. If the division determines that a single procedure is not feasible, the division shall identify and approve procedures that may be used.¹⁵

COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENTS

Community Supervision and Corrections Departments (CSCDs) supervise and rehabilitate adult offenders who are sentenced to community supervision by local courts, formerly known as adult probation. CSOs assess each offender's level of risk and individual needs in relation to criminal behavior with the use of a risk and

needs assessment tool. The results of the assessment allow the officer to design an appropriate supervision plan, which can vary widely from case to case. Some offenders are confined temporarily in secure community-based residential facilities. Others are not, but must report to their CSOs at intervals determined by the courts and based on the offender's risk and needs assessment.

Departments use the following methods to provide proper supervision based on risk and needs assessment:

- Specialized Equipment – An array of devices are used for a variety of purposes, ranging from urinalysis to electronic ankle monitors to interlock devices for motor vehicles.
- Special Facilities - These facilities are based in the community, A few examples are court residential treatment centers, intermediate sanctions facilities, restitution centers, and day reporting centers.
- Specialized Levels of Supervision – Different levels include the Superintensive Supervision Program designed for violent offenders or specialized officer caseloads who handle sex offenders, substance abusers, or offenders with special needs.
- Rehabilitation Programs - Programs include cognitive skills training to alter the way individuals on community supervision interact with in the community; substance abuse treatment for those with drug/alcohol addictions; and drug courts, a form of intensive supervision that consists of judicially-led treatment programs for offenders. Other types of programs include continuing education to help offenders earn GED certificates and vocational/life skills training to help unemployed offenders obtain and keep jobs.
- Victim Notification Program - A source of information and support for victims of offenders on community supervision; allows victims to stay informed about the offender's status; ensures the offender is held accountable to pay any required restitution to the victim and to perform community service as restitution and as part of their rehabilitation.¹⁶

Sources of Funding for CSCDs

CSCDs apply for funds by submitting a community justice plan that outlines current and proposed programs and services. There are three sources of funding for these departments: state formula funds, state grant funds and offender fees. To receive state formula and state grant funds, departments must comply with TDCJ-CJAD's established Standards for Community Supervision and Corrections Departments.

On average, state formulas funds account for 35% of a departments funding. Part of this is for basic supervision, which provides core community supervision services

that meet required levels of supervision. In FY 2010, TDCJ-CJAD will distribute \$111.4 million to local CSCDs for this category. The funds are distributed based on the previous calendar year's number of misdemeanor placements, felony placements and pre-trial offenders on community supervision in relation to the total number statewide. The other outlet for distributing state formula funds is through community corrections funding, which is provided to community-based correctional programs and is distributed based on the previous calendar year's direct felony offender count and the county's total civilian population. In FY 2010, TDCJ-CJAD will distribute \$38.8 million through this funding mechanism.

State grant funds make up another 30% of a department's total funding. To receive grant funding, a CSCD must submit signed special grant conditions that target specific programs, help ensure that programs have the essential components that reduce recidivism and apply a standardized and validated assessment instrument to potential referrals. There are two types of state grants funds. The first is diversion program funds, which are used to support the diversion of offenders from incarceration and account for 27% of CSCDs overall budgets. In FY 2010, TDCJ-CJAD distributed \$118.6 million in diversion program funding to local CSCDS. The second type of state grant funding is the Treatment Alternative to Incarceration Program Funds. This is the primary statewide community-based substance abuse treatment program for probationers, and accounts for \$11.6 million or 3% of total funding for CSCDs.

Rounding out the final 35% of CSCD budgets are local offender fees, coming in two different forms. Supervision fees, which by statute are not less than \$2 and not more than \$60 per month, account for \$135.2 million in funding statewide. Program Participant fee amounts depend on the CSCD and type of program, and make up 4% of CSCDs funding.¹⁷

Residential Facilities

Courts often times require certain offenders to reside in special facilities as they complete their community supervision. A residential community corrections facility (CCF) is funded by TDCJ-CJAD, but operated by or contracted for a Community Supervision and Corrections Department. These residential facilities allow judges to require offenders to seek treatment in a secure environment based in the community while at the same time reserving prison beds for violent felons. A judge can sentence a offender to a CCF for not more than 2 years. The defendant could be subsequently sentenced to another facility, but the total amount of time the defendant spends in a CCF cannot exceed 36 months. Below is a list of the types of facilities used for this purpose:

Court Residential Treatment Centers (CRTC) treat offenders for substance abuse and alcohol dependency. They also offer education and life skills training, which may include vocational and employment services in the final phases of the program. The Lubbock and Uvalde centers are the only two in the state that accept substance-abusing

offenders who also have mental impairments or emotional problems.¹⁸
The following is a list of CRTCs in Texas:

- El Paso County - 118 beds
- Hidalgo County - 96 beds
- Lubbock County - 164 beds
- Midland County - 50 beds
- Terry County - 59 beds
- Tom Green County - 260 beds
- Uvalde County - 120 beds¹⁹

Restitution Centers are facilities for offenders who are required by the courts to work to repay their victims and society at large. The centers target offenders who have problems maintaining employment or paying court-ordered fees and who don't appear to have serious substance abuse issues. These centers require individuals in the program to get full-time jobs, attend education and life skills training and work for free in the community.²⁰ The following is a list of RCs in Texas:

- Cameron County - 55 beds
- Cass County - 52 beds
- El Paso County - 90 beds
- Jefferson County - 60 beds
- San Patricio County - 50 beds
- Taylor County - 60 beds²¹

Substance Abuse Treatment Facilities (SATF) primarily offer treatment and rehabilitation to offenders with substance abuse issues. They also provide education and life skills training, and may offer vocational training and 24-hour supervision. The court may place an offender in a SATF for no less than one month and not more than 24 months.²² The following is a list of SATFs in Texas:

- Bexar County - 200 beds
- Bowie County - 100 beds
- Cass County - 20 beds
- Dallas County - 290 beds
- Gregg County - 52 beds
- Harris County - 426 beds
- Hidalgo County - 45 beds
- Montgomery County - 64 beds
- Nueces County - 124 beds
- Rusk County - 70 beds
- San Patricio County - 20 beds
- Travis County - 100 beds
- Williamson County - 100 beds²³

Intermediate Sanction Facilities (ISF) are short-term detention facilities operating in the local community. These facilities target those offenders who have violated their community supervision. They are primarily used as a final alternative before revoking an offender's supervision and sending him or her to prison.²⁴ The following is a list of ISFs in Texas:

- Bexar County - 50 beds
- Burnet County - 54 beds
- Collin County - 36 beds
- El Paso County - 50 beds
- Harris County - 192 beds
- Lavaca County - 60 beds
- Liberty County - 24 beds²⁵

EVIDENCE-BASED PRACTICES

The use of evidence-based practices focuses on outcomes and seeks empirical evidence of the effectiveness of a particular program or practice. To be outcome-focused in the criminal justice system, a reduction in recidivism should be targeted.

Integration of evidence-based practices requires "...a shift from a narrow focus on monitoring compliance with court imposed conditions to a broader focus on addressing the factors that produce criminal behavior. The change requires the implementation of more effective assessments of the risk and needs of the offender based on the scientific tools, the use of supervision strategies that fit the needs and risk of the population, progressive sanctions for violations and programs that can produce results."²⁶ Research studies on evidence-based practices show that programs that incorporate these eight principles can lead to a reduction in recidivism.

1. *Assess Actuarial Risk/Needs:* This principle incorporates the use of two types of assessments: the risk for the offender to commit new crimes, and an assessment of the offender's criminogenic needs, which has been shown to be directly linked to criminal behavior.

These assessment tools must be accurate, reliable, and based upon normal behavior as the basis of comparison. Additionally, assessments must not only indicate who should be targeted but also help determine how an individual offender on supervision should be managed.

2. *Enhance Intrinsic Motivation:* The second principle refers to the need to find productive ways of enhancing a person's motivation for positive behavioral change. Research has found that the motivation to change is dynamic and strongly influenced by personal interactions with others, such as CSOs, treatment providers and institution staff. Interpersonal relationships and communication techniques have been

shown to be effective in promoting long-lasting behavioral change by focusing on the offender as the agent of change in contrast to external influences.

3. *Target Interventions*: The Target Interventions principle helps determine the best methods of encouraging behavioral change in individual offenders. These methods include: Focusing the greatest amount of supervision and treatment resources on high-risk probationers who are the greatest risk to the community (Risk Principle); addressing four or more of the offender's criminogenic needs (Need Principle); matching an individual to a specific program based on the offender's characteristics such as age, gender, and ethnicity, can influence an offender's openness to engage in different types of treatment (Responsivity Principle); Structuring a majority of a high-risk offender's free time with treatment services, pro-social activities, and supervision for a minimum of three to nine months (Dosage); providing proven cognitive behavioral treatment programs that target criminogenic needs, and reinforcing positive behaviors (Treatment).
4. *Skill Train with Directed Practice (Use Cognitive Behavioral Treatment Methods)*: The fourth principle explains the need for staff at all levels to show the offender new non-criminal behaviors and appropriate communication techniques. Criminal justice personnel need to understand anti-social thinking and social learning, and should reinforce positive behaviors in order to be effective in this role.
5. *Increase Positive Reinforcement*: "Increasing positive reinforcement should not be done at the expense of administering swift, certain and real responses for negative and unacceptable behavior... However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate graduated consequences, offenders and people in general, will tend to comply in the direction of the most rewards and least punishments."²⁷ According to research, individuals respond better and continue their behavioral change longer if they have been rewarded in a ratio of four positives to every one negative. Positive reinforcements do not have to be constantly applied to be successful.
6. *Engage Ongoing Support in Natural Communities*: Successful interventions will actively engage family members and pro-social peers in supporting the offender's positive, non-criminal behaviors. Religious activities, twelve-step programs, and restorative justice initiatives that encourage the expansion of pro-social encouragement have also shown to be effective.

-
7. *Measure Relevant Processes/Practices*: This principle highlights the need for agencies to regularly assess not only offender change, but also staff performance. Measuring all pertinent practices requires accurate and thorough documentation to ensure the effectiveness of program activities.
 8. *Provide Measurement Feedback*: Effective evidence-based programs give feedback to both the offender and program staff. This feedback helps build accountability with the offender, provides clear direction on what the offender should do to be successful, and promotes further positive changes. Likewise, feedback to program staff on their performance and what can be done to be successful with offenders creates accountability, helps maintain program integrity, keeps staff focused on recidivism reduction, and encourages positive changes in offenders.²⁸

The Use of Evidence Based Practices in Texas

TDCJ-CJAD began using Evidence-Based Practices (EBP) in 1999, when they were trained by the National Institute of Corrections on “Changing Offender Behavior” and subsequently implemented training programs statewide. In 2003, the Texas Legislature withdrew over \$15 million from programs categorized as non-diversionary and allocated to programs categorized as diversionary in nature. They also directed TDCJ-CJAD to incorporate EBP into substance abuse treatment standards. These Diversionary program proposals are required to provide research regarding the program design and expected reduction in recidivism. The programs are required to use risk and needs assessments to place offenders in programs that meet their required needs, a cognitive behavioral component must be part of the program, and data must be collected on the individuals in the program to evaluate outcomes.

Since FY 2006, TDCJ-CJAD has given grant funding preference to CSCDs that agree to develop and utilize progressive sanctions models for their departments. TDCJ-CJAD has changed its audit focus to make sure evidence-based practices are utilized by local CSCDs in their supervision and program delivery. To evaluate residential programs, the division uses the research-based Correctional Program Checklist (CPC). The CPC score and outcomes are then used to evaluate programs, identify needed interventions, and allocate funding.

Fiscal Year 2010-2011 represents the first biennium in which CSCD funding amounts were based on data extracted from the Community Supervision Tracking System (CSTS). CSTS is a database which collects detailed information on offenders under community supervision. The ability to access statewide offender-level data will assist TDCJ-CJAD in implementing evidence-based practices through more detailed program evaluations, monitoring of community supervision trends, evaluating implementation of progressive sanctions, and identifying offender characteristics that impact success under community supervision.²⁹

The Use of Evidence-Based Practices in Risk and Needs Assessments

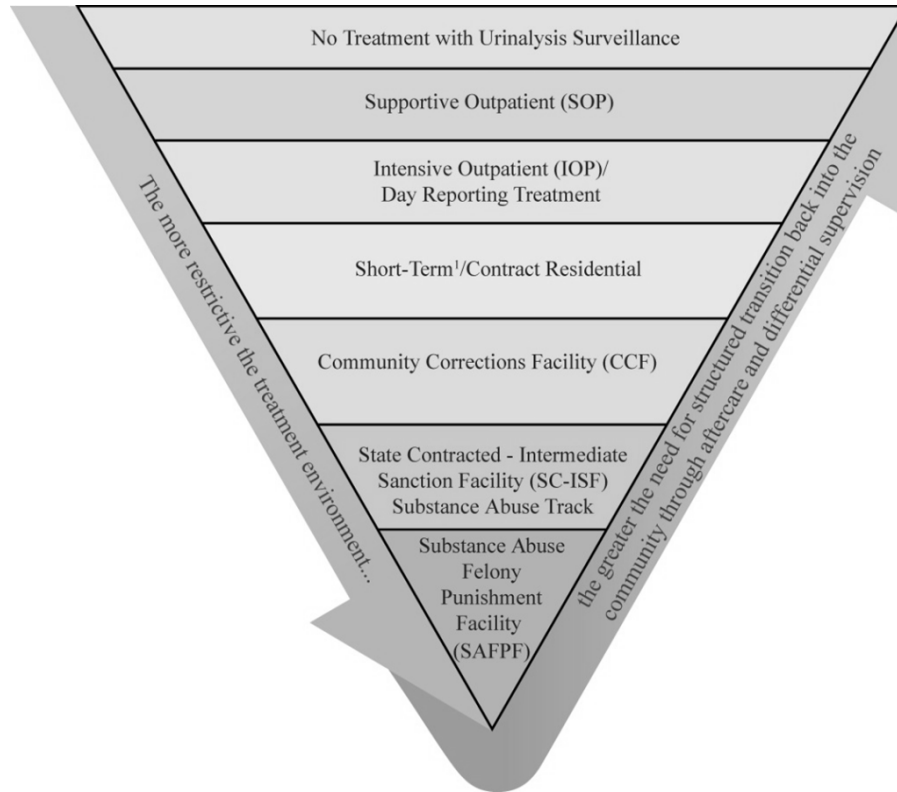
An assessment of an individual's risk to reoffend and his/her criminogenic needs is the most important tool available in determining the most effective course of treatment. All CSCDs in Texas are required to conduct TDCJ-CJAD approved risk and needs assessments. The Texas risk assessment instrument consists of 11 weighted items associated with recidivism. They are:

1. Number of address changes in last 12 months
2. Percentage of time employed in last 12 months
3. Frequency of alcohol usage
4. Frequency of other drug usage
5. Attitude in relation to reasons for involvement in the criminal justice system
6. Age at first adjudication of guilt (Adult or Juvenile - includes deferred)
7. Number of prior probation or parole supervision periods (Adult or Juvenile)
8. Number of prior probation/parole revocations
9. Number of prior felony adjudications of guilt
10. Adult or juvenile adjudications for burglary, theft, auto theft, or robbery, including current offense, worthless checks or forgery
11. Adult or juvenile adjudication for assaultive offense within last five years (An offense which is defined as assaultive, or one which involves the use of a weapon, physical force or the threat of force)

If felony offenders are classified as high risk after completing the risk and needs assessments, CSCDs require the offender to complete strategies for case management assessment. This assessment is a companion tool to the risk and needs assessments and is used as a case management tool that promotes differential caseload supervision.³⁰

Continuum of Care for Substance Abuse Treatment

In 2007, the Community Supervision Stakeholders Committee developed the Continuum of Care for Substance Abuse Treatment as a statewide model for intervention with offenders who have substance abuse problems. This model presents judges, prosecutors, the defense bar, and community supervision professionals the optimal approach for protecting the public while also addressing the offender's substance abuse problem. It is important for jurisdictions to develop their own models based on treatment resources available locally that include aftercare due to its vital role in helping individuals overcome addiction; therefore, the statewide treatment continuum model incorporates state-operated and contracted programs with locally-developed treatment programming.



Evidence-based practices have indicated that interventions should be driven by individual assessment, and that appropriate treatment should be done in the least restrictive setting available to meet the probationer's criminogenic needs. Research has found that recidivism actually increased when intensive supervision or treatment was applied in low risk, low substance abuse needs cases. Therefore, it is important for Judges and CSCDs to develop assessment-driven progressive treatment and sanctions models that incorporate both local and state treatment programs.³²

SPECIALTY COURTS

Specialty courts represent a shift in the way courts are handling certain offenders by working with key stakeholders in the criminal justice system. These courts work closely with prosecutors, public defenders, probation officers, social workers, and other justice system partners to develop a strategy that will compel an offender into completing a treatment program and abstaining from repeating the behaviors that brought him or her to court in the first place.

As in many specialized diversion programs, the judge has a much larger role than in a conventional court. Diversion courts rely upon the active use of judicial authority to solve problems and to change the behavior of offender. For instance, in a problem-solving court, the same judge presides at every hearing. The rationale behind this is not only to ensure that the presiding judge is trained in pertinent concepts, such as mental illness, but also to foster an on-going relationship between the judge and participants.

Specialty court strategies may include extended probation, frequent appearances before a judge, frequent meetings with probation officers, and regular alcohol and other drug testing. Research has shown that this approach can be more effective than traditional court strategies at reducing repeat offenses. This is especially true for certain offenders, such as those having a high recidivism potential. Specialty courts result in more defendants turning their lives around and becoming healthy, law-abiding citizens. Research also shows that when these strategies are implemented correctly, they improve public safety and save taxpayer dollars.

There are many different types of specialty courts operating in Texas. While eligibility for a specialty program differs depending on the type of specialty court, most programs accept participants who have prior convictions relating to the type of court they are enrolled. In recent years, more specialty courts have formed. These courts deal with prostitution, veterans, and family violence issues. The most common are drug courts, mental health courts, and DWI diversion courts.

Drug Diversion Courts

Drug courts are judicially supervised programs that monitor non-violent offenders who have substance abuse problem. Offenders in these heavily supervised programs participate in drug courts operated under a specialized model in which the judiciary, prosecution, defense bar, community supervision departments, law enforcement, mental health, social service, and treatment communities work together to help offenders during their recovery and become productive and law abiding citizens.

This program operates under a specific model that combines intensive judicial supervision, mandatory drug testing, escalating sanctions and treatment to help offenders with substance abuse problems break the cycle of addiction and the crime that go along with them it.

In 2001, the Texas Legislature mandated that all Texas counties with populations exceeding 550,000 apply for federal and other funds to establish drug courts. The mandated counties were Bexar, Dallas, El Paso, Harris, Tarrant and Travis. Several counties that were not mandated established drug courts. They are Fort Bend, Jefferson and Montgomery.³³ Texas currently has 60 drug courts, 44 for adults and 16 for juveniles.³⁴

The Texas Code of Health and Safety, Section 469.001, defines ten essential characteristics that are required of a "drug court program" in Texas. They are:

1. The integration of alcohol and other drug treatment services in the processing of cases in the judicial system;
2. The use of a nonadversarial approach involving prosecutors and defense attorneys to promote public safety and to protect the due process rights of program participants;

-
3. Early identification and prompt placement of eligible participants in the program;
 4. Access to a continuum of alcohol, drug, and other related treatment and rehabilitative services;
 5. Monitoring of abstinence through weekly alcohol and other drug testing;
 6. A coordinated strategy to govern program responses to participants' compliance;
 7. Ongoing judicial interaction with program participants;
 8. Monitoring and evaluation of program goals and effectiveness;
 9. Continuing interdisciplinary education to promote effective program planning, implementation, and operations; and
 10. Development of partnerships with public agencies and community organizations.

Drug courts have not only shown to be effective in reducing crime, they have proven to be highly cost-effective. Several recent studies have computed the average cost savings per participant, in fact, findings show that the average cost savings ranged from nearly \$3,000 to over \$12,000 per client. Depending upon the size of a given drug court program, the cost savings could be tremendous.³⁵ Overall, it is estimated that the current adult drug court treatment program produces about \$2.21 in benefit for every \$1 in costs.³⁶

Mental Health Diversion Courts

Mental health courts connect individuals who would usually be headed to prison with community treatment programs that seek to address the underlying problems that contribute to criminal behavior. They rely on mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities.

Mental health courts vary from jurisdiction to jurisdiction, but most share a number of common characteristics:

- Judicially-supervised, community-based treatment plans for each offender designed and implemented by a team of court staff and mental health professionals.
- Regular assessment hearings where treatment plans and other conditions are reviewed for appropriateness, incentives are offered to reward adherence to court conditions, and sanctions are placed on those who do not abide by the conditions of participation.
- Criteria defining a participant's completion of the program.³⁷

Potential participants in a mental health court are usually screened, either by the jail or court staff. Most courts have criteria related to what kind of charges, criminal histories, and diagnoses will be accepted in their specific program.

Defendants who fit the criteria based on the initial screening are usually given a more comprehensive assessment to determine their interest in participating and the community treatment needs they require. Defendants who agree to participate receive a specialized treatment plan and other community supervision conditions. Participants who adhere to their treatment plan for an agreed upon time, usually between six months and two years, will see either their cases dismissed or their sentence greatly reduced.

Although the judge has final authority, mental health courts generally use a team approach, which includes the defense counsel, prosecutor, case managers, treatment professionals, and community supervision personnel who collaborate to come up with a system of sanctions and rewards for offenders. Many mental health courts also employ a full-time coordinator who manages the docket and facilitates communication between the different team members.³⁸

If the participant does not follow the conditions of the court, or decides to leave the program, their case returns to the original criminal calendar where the prosecution proceeds as normal. As a rule, most mental health courts use a variety of intermediate sanctions in response to noncompliance before ending a defendant's participation.

Mental health courts in Texas began in the early 2000s due to a need to streamline the court docket process. Many judges were realizing that their courts were seeing an increase in individuals with mental illnesses committing felonies. In order to maximize efficiency, judges started grouping these dockets together. With the help of TCOOMMI, judges have been able to utilize case managers and mental health professionals to increase supervision on these individuals in order to divert them from incarceration. By adopting the drug court model tailored to address mental health issues in the criminal justice, these judges have been successful in alleviating prison overcrowding by keeping these individuals in the community. Because there is no central reporting agency collecting data on mental health courts in Texas, the exact number of operating courts is unknown, but it is thought that close to 15 exist in Texas.

DWI Diversion Courts

DWI Courts are dedicated to changing the behavior of certain offenders. The goal of a DWI Court is to protect public safety by using the highly successful Drug Court model of accountability and long-term treatment to address the root cause of impaired driving, which is alcohol and other substance abuse.

It has become clear that the normal court process is not working for certain DWI offenders. These DWI offenders are individuals who drive with a Blood Alcohol Count of 0.15 or greater, or who are arrested for or convicted of driving while intoxicated after a prior DWI conviction. Punishment, unaccompanied by treatment, is not effective in deterring these offenders. The result for the offender is a continued dependence on alcohol, making him or her, a danger to the community.

With the hardcore offender as its target population, DWI Courts follow *Defining Drug Courts: The Key Components* and the more recent *Guiding Principles of DWI Courts*. Unlike Drug Courts, however, DWI Courts operate within a post-conviction model.

During the 80th Texas Legislature, House Bill 530 required all Texas counties with a population over 200,000 to operate a drug court. In this same law, special provisions were placed to allow a specialty court designed for individuals convicted of driving while intoxicated. There currently has 8 DWI Courts in Texas. They are located in Brown, Collin, Denton, Dallas, Montgomery, Nueces and Travis County. Additionally, Texas has 6 adult Hybrid Drug Courts, which focus on offenders with both alcohol and drug addictions. They are located in Dallas, El Paso, Lubbock, McLennan, Tom Green, and Williamson County.³⁹

DWI Courts follow the Ten Key Components of Drug Courts and the Guiding Principles of DWI Courts, as established by the National Association of Drug Court Professionals. It is these 10 Principles that set out the guidelines for DWI Courts.

1. Determine the Population: Targeting is the process of identifying a subset of the DWI offender population for participation in the DWI Court program. This is a difficult task because DWI Courts, when compared to Drug Court programs, accept only one type of offender: the individual arrested continuously for impaired driving. The DWI court target population, therefore, must be clearly defined, with eligibility criteria clearly documented.
2. Perform a Clinical Assessment: A clinically competent and objective assessment of the DWI offender must address a number of biopsychosocial domains including alcohol use severity and drug involvement, the level of needed care, medical and mental health status, extent of social support systems, and individual motivation to change.
3. Develop the Treatment Plan: Substance dependence is a chronic, relapsing condition that can be effectively treated with the correct type and length of treatment plan. In addition to having a substance abuse problem, a significant proportion of the DWI population also suffers from a variety of co-occurring mental health disorders. Because of this, DWI Courts must select and implement treatment strategies demonstrated through research to be effective with the hard-core offender to ensure long-term success.
4. Supervise the Offender: Driving while impaired represents a significant danger to the public. Increased monitoring by the court such as ankle monitoring and interlock device for personal vehicles, community supervision department, and treatment provider must be part of a coordinated strategy.

-
5. Forge Agency, Organization, and Community Partnerships: Partnerships are an essential component of the DWI Court model as they enhance credibility, bolster support, and broaden available resources. Because the DWI Court model is built on, and dependent upon, a team approach, both within the court and beyond, the court should request the help of other agencies within the community.
 6. Take a Judicial Leadership Role: As leader of this team Judges are a vital part of the DWI Court team. The judge must be committed to maintaining the sobriety of program participants, possess exceptional knowledge and skill in behavioral science, possess leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. Because of this important role, the selection of the judge to lead the DWI Court team is of utmost importance.
 7. Develop Case Management Strategies: Case management is essential for an integrated and effective program. Because many different agencies are involved, proper planning and coordination must take place.
 8. Address Transportation Issues: Though nearly every state revokes or suspends a person's driving license upon conviction for a DWI offense, the loss of driving privileges poses a significant issue for those individuals involved in the program. In many cases, the participant and court team can solve the transportation problem created by the loss of their driver's license through a number of strategies.
 9. Evaluate the Program: To persuade stakeholders about the effectiveness of DWI Court, program planners must design an evaluation model capable of documenting behavioral change and linking that change to participation in the program. A credible evaluation is the only instrument for mapping the road to program success or failure. To prove whether a program is efficient and effective requires the assistance of an experienced evaluator, an understanding of and control over all relevant variables that can contribute to behavioral change, and a commitment from the DWI Court team to rigorously abide by the rules of the evaluation design.
 10. Ensure a Sustainable Program: The groundwork for a program's longevity is started by careful and strategic planning. This planning includes consideration of structure and scale, organization and participation and, most importantly, funding.⁴⁰

EVALUATING THE EFFECTIVENESS OF COMMUNITY SUPERVISION AND DIVERSION FUNDS

Annually, TDCJ-CJAD publishes the *Report to the Governor and Legislative Budget Board on the Monitoring of Community Supervision Diversion Funds*. TDCJ-CJAD developed an accountability system to track the impact of new diversion program funding by identifying seven evaluation criteria. By evaluating this criteria, TDCJ-CJAD can determine if the diversion funds have been effective. The primary source of data for the Evaluation Criteria website is the Monthly Community Supervision and Corrections Report, a report submitted by CSCDs reporting aggregate counts of activities. By using this criteria, TDCJ-CJAD is able to determine which CSCDs are seeing the biggest return for their investment in diversionary programs. In the report released on December 1, 2009, TDCJ-CJAD evaluated the diversion funds for the previous two biennium: FY 2006-2007 and FY 2008-2009.

The evaluation criteria definitions and data sources for the last report:

1. Felony Probation Placements: Total number of felony probation placements in the quarter.
2. Average Community Correctional Facility (CCF) Population: The average CCF population for the quarter.
3. Community Supervision Officers Employed: The average number of CSOs employed in the quarter.
4. Felony Revocations to TDCJ: The total number of felony revocations to State Jail and TDCJ during the quarter.
5. Technical Revocations: The total number of "Other Reasons for Revocation" reported during the quarter.
6. Felony Termination Revocation Rate: This measure examines the percent of offenders terminating supervision by revocation. This measure is calculated by dividing all felony revocations in the quarter by early terminations plus expirations plus all felony revocations in the quarter.
7. Early Terminations: The total number of felony early terminations reported during the quarter. ⁴¹

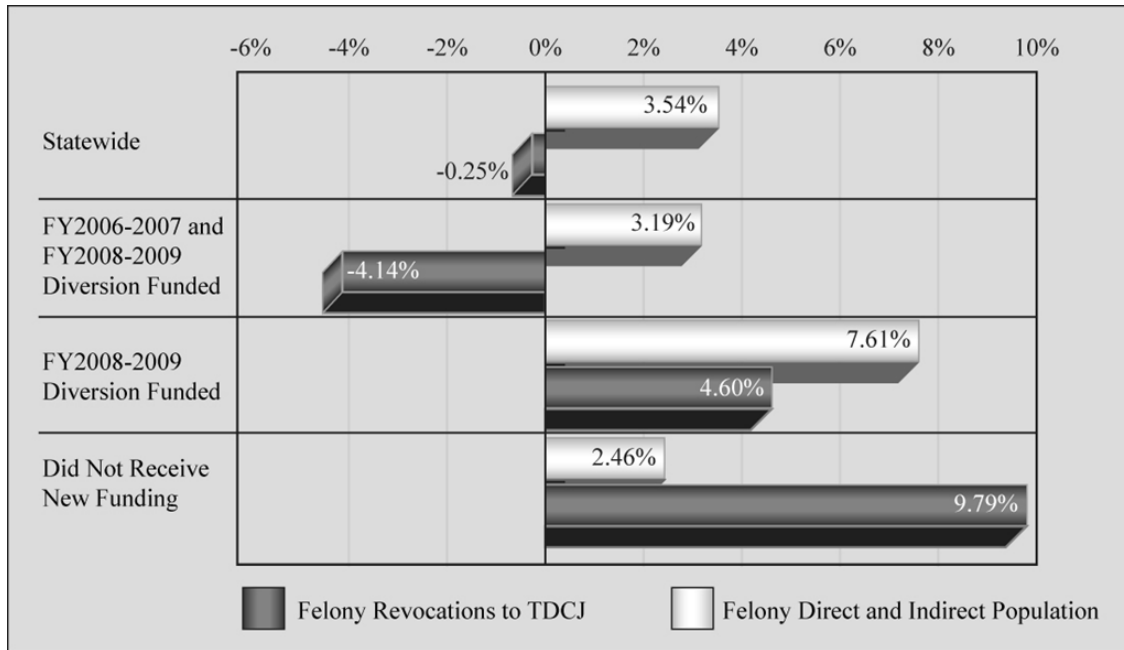
The Impact of Diversion Funds Appropriated During the 79th and 80th Texas Legislatures

To evaluate the impact of diversion funds appropriated during the 79th and 80th Texas Legislatures, CSCDs were put into three groups. The first group consisted of 67 CSCDs that received additional diversion funding for both FY 2006-2007 and FY 2008-2009. In this group, there was one exception because one CSCD received funding in FY 2006-2007 but did not receive funding in FY 2008-2009. This group accounted for 66% of the state felony population. The second group, which consisted of 23 CSCDs and accounted for 12% of the statewide felony population, received additional diversion funding in FY 2008-2009 but did not receive the same funding in FY 2006-2007. The final group did not receive any additional diversion funds in either FY 2006-2007 or FY 2008-2009. This group accounted for 22% of the felony population statewide.

Although the percentage of felony revocations has decreased between FY 2004 and FY 2009, it is logical to anticipate that the total number of revocations will rise as the total felony community supervision population increases. Additional diversion funding made available by the 79th and 80th Texas Legislatures provided resources to CSCDs to allow them to work with offenders while keeping them in the community. Felony revocations to TDCJ decreased 3.3% from FY2004-2005 to FY2006-2007, and then increased 3.2% from FY2006-2007 to FY2008-2009. However, the felony direct and indirect population has grown steadily since the FY 2004-2005 biennium. The population increased 1.5% from FY 2004-2005 to FY 2006-2007 and 2.0% from FY2006-2007 to FY 2008-2009. The direct and indirect population is increasing at a faster rate than felony revocations, meaning a smaller percentage of the total population is being revoked even though the total number of revocations has increased.

As the table below shows, felony revocations to TDCJ have not increased at the same rate as the direct and indirect population in CSCDs that received additional funding. CSCDs that did not receive additional diversion funding had growth in felony revocations to TDCJ that outpaced growth in the felony direct and indirect population.

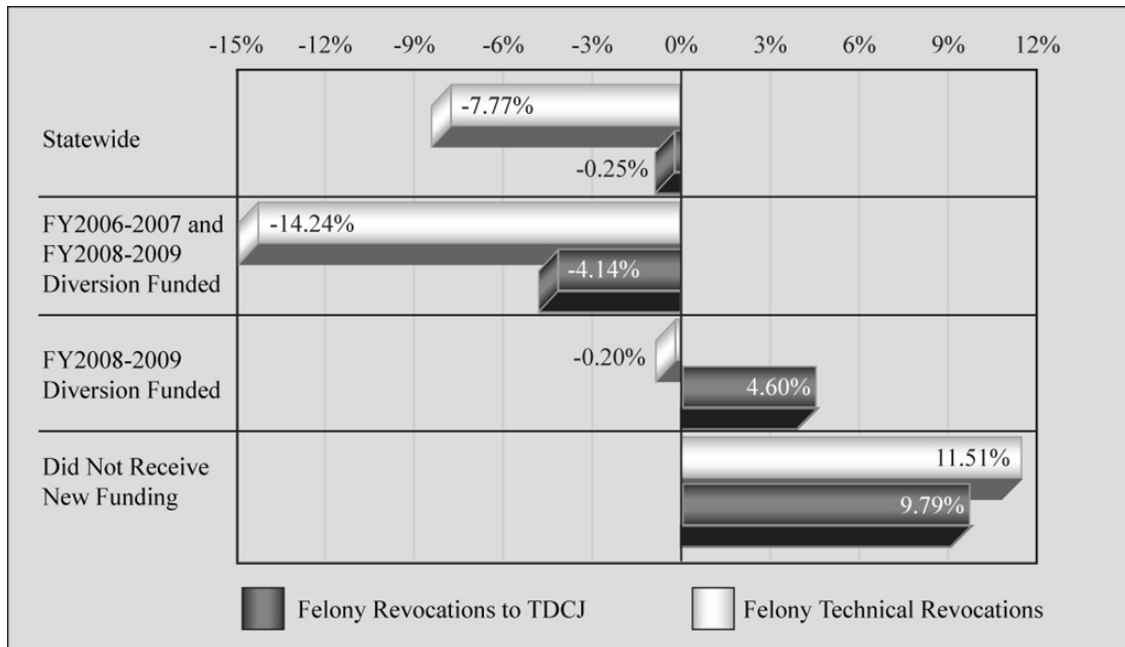
Felony Revocation and Population Percent Change Between FY2004-2005 and
FY2008-2009



42

Additionally, decreases in felony technical revocations in CSCDs that received additional funding have outpaced decreases in total felony revocations to TDCJ. CSCDs that did not receive additional diversion funding have increased felony technical revocations by 11.5% while felony revocations to TDCJ increased by 9.8% from FY 2004-2005 to FY 2008-2009. This data indicates that CSCDs which received additional diversion funding have utilized the additional resources to apply progressive sanctions and continue to work with offenders who violate conditions of community supervision.

Technical Revocations vs. Total Revocations Between FY 2004-2005 and FY 2008-2009



Analysis of the evaluation criteria shows that CSCDs receiving additional diversion funding had the most positive outcomes. The group that contained the 67 departments that received additional diversion funding in both FY 2006-2007 and FY 2008-2009 showed great results. They had the largest percentage of reductions in felony revocations; the largest percentage of reductions in felony technical revocations; the largest percentage of reduction in caseload size; and the largest percentage of increase in felony community supervision placements.⁴³

CONCLUSION

Texas has made incredible progress in recent years by funding diversion programs from prison. The use of evidence based practices has allowed TDCJ-CJAD to properly evaluate their programs and assessment tools to make sure their initiatives are working accordingly. The progress is also due to the increased funding for CSCDs' diversion programs.

Shortly before the 79th Legislative Session, the Legislative Budget Board projected in their annual Adult and Juvenile Correctional Population Projections that the adult incarcerated population would be 165,324 by 2010.⁴⁴ With the use of community-based corrections supervision and treatment programs, the state of Texas has been able to decrease this projection. The current population of those incarcerated by TDCJ is 154,463 or a difference of 10,861 between the actual and projected population. The current rate to incarcerate an individual is roughly \$55 a day.⁴⁵ On the other hand, the cost to monitor an offender on community supervision averages \$2.75 a day, depending on whether the offender committed a felony or misdemeanor.⁴⁶

Texas must continue to enhance community supervision and treatment programs. By doing so, it not only saves the state taxpayer money, but will allow the individuals to avoid incarceration, thus allowing them to work, live and maintain interaction in the community. Finally, enhancing community supervision will allow Texas to continue to promote public safety for all of its citizens.

COMMITTEE WORK

To gain a better understanding of supervision and treatment programs and their impact prison capacity and recidivism rates, the Committee met with a wide array of stakeholders. Committee undertakings included:

- A Committee hearing devoted to Interim Charge # 2 was held on March 16, 2010. The meeting, which lasted 9 hours and 25 minutes, took testimony from 32 different witnesses.
- The Committee took testimony from state agencies and local CSCDs, as well as various advocacy group, both statewide and local. One panel that spoke consisted of individuals who had completed or who were currently under community supervision. This panel was able to give the Committee a firsthand account of their perception of community supervision. Finally, public testimony was expended to all individuals who wished to address the committee.
- The Committee observed a drug court in Travis County with members of the Committee as well as staff.
- Meetings with staff of various agencies who interact with offenders on community supervision.
- Discussions with various advocacy groups that have concerns or recommendations for how to address issue in community supervision and treatment programs.
- Researched other states to understand how they are supervising offenders in the community.

RECOMMENDATIONS

Diversion funding should be maintained in the FY 2012-2013 budget due to its effectiveness in reducing revocations.

Require additional evaluation of local CSCDs, especially in relation to the use of assessment and risk tools.

Continue to fund CCFs as a tool for local CSCDS to use as sanctions which will divert offenders from institutionalization.

Treatment programs must be using best practices and proper evaluation to measure effectiveness.

Encourage greater collaboration between Judges and CSCDs so that individuals on community supervision are receiving the best possible treatment and supervision.

CHARGE # 3

Study current reentry programs and procedures across the juvenile and adult criminal justice continuum. Make recommendations to ensure that offenders who are released or discharged have the necessary supervision and access to employment, housing, treatment, and other support programs to allow successful entry and integration into the community. Evaluate the working relationship between state agencies facilitating reentry and make recommendations on how to achieve greater efficiency and cost saving

INTRODUCTION

Every year, the state of Texas releases between 70,000 and 75,000 individuals from incarceration back into the community. While the circumstances regarding each individual's release may differ, they all have one thing in common. They are once again a member of the community.

With such a large amount of people released each year, it is important that the agencies responsible for their release have proper procedures and programs in place to ensure that the released individual has the greatest chance for success.

For an individual to integrate successfully in the community, he or she must acquire certain basic needs. The most common necessities are housing, employment, and the ability to access certain needed services. However, there are a number of "roadblocks" facing newly released individuals.

Sadly, the recidivism rates for many of these individuals are high. Recidivism is generally calculated by the percentage of individuals who return to prison within three years of their release. An individual's return to prison can be triggered either by committing a new offense or by violating the terms of parole under which the person was released.

OVERVIEW OF REENTRY POPULATION

The Texas Department of Criminal Justice

The Texas Department of Criminal Justice (TDCJ) has three different types of secure facilities from which offenders may be released: prison, state jails, and Substance Abuse Felony Punishment facilities (SAFP). In 2009, TDCJ released 72,218 offenders. Of this total, 41,328 were released from prison, 24,200 were released from state jail, and 6,690 were released from SAFP.⁴⁷

There are many different ways in which offenders are released from TDCJ facilities, based upon their sentence and release conditions. Some offenders released will be discharged and not subject to state supervision. Others are released to either parole supervision, which is managed in one of three different ways, or community supervision.

Discharges take place when an offender is released either by full expiration of their sentence, commonly referred to as "flat-time", or by court order. In 2009, 8,699 offenders were discharged from prison and 24,006 from state jails under this release system. Discharges from prison and state jail accounted for roughly 45% of offenders released in 2009.⁴⁸

If an offender is not discharged from prison by serving "flat-time", he or she can be released on parole supervision, which accounts for roughly 45% of offenders released in 2009. There are three types of parole supervision: Parole, Mandatory Supervision, or Discretionary Mandatory Supervision. Parole is the conditional

release of an offender, by a Texas Board of Pardons and Paroles (BPP) decision, to serve the remainder of his or her sentence under supervision in the community. In 2009, 20,693 offenders were paroled.⁴⁹

Mandatory Supervision (MS) is a type of release from prison provided by law. Eligible offenders are released on MS when their calendar time served and their good time credit equals the length of their prison sentence. Under the law in effect until August 31, 1996, release to mandatory supervision was automatic for most offenders, with no requirement of release approval from the Board of Pardons and Paroles. 1,649 offenders were released in this manner in 2009.⁵⁰

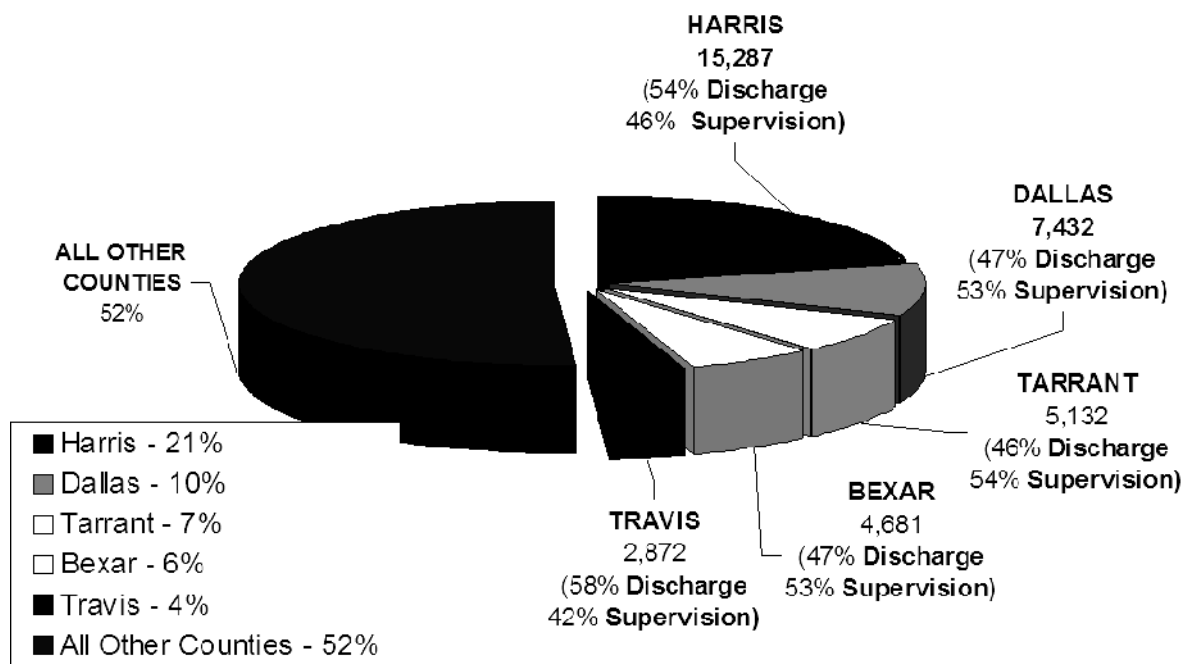
Discretionary Mandatory Supervision (DMS) is a type of release from prison provided by law for restricted categories of offenders. Offenders with offenses committed on or after September 1, 1996 are released from prison under Discretionary Mandatory Supervision contingent upon approval by a Board of Pardons and Parole panel vote. In 2009, 9,649 offenders were released to DMS.⁵¹

Some offenders are sentenced by a judge as a condition of community supervision or by the Board of Pardons and Paroles as a modification of parole supervision to a Substance Abuse Felony Punishment (SAFP) facility. There they undergo an intensive six-month therapeutic community program for drug and alcohol addiction. The individual is then released to either community or parole supervision. Of the 6,690 released from a SAFP facility in 2009, 5,847 were sent to community supervision programs and 843 were placed under parole supervision.⁵²

Some offenders are released to community supervision, which was formerly known as adult probation. These offenders are supervised by the Community Supervision Correction Department (CSCDs) of the jurisdiction in which they live and work. This supervision is for a specified length of time with court-imposed rules and conditions, and is monitored by Community Supervision Officers (CSOs). Two types of offenders are released to community supervision. Offenders who were on community supervision for drug offenses and relapsed are sent to SAFP as a last resort before being sent to prison. The second type is offenders who are sent to state jail. In certain cases, judges will sentence an individual to a "split sentence." In this instance, an individual will spend time in state jail and then be placed in community supervision after his release. In 2009, 6,649 were released to community supervision, which accounted for 10% of offenders released that year. Of this number, 608 were released from prison, 194 from state jails and 5,847 from SAFP.⁵³

Regardless of the type of release, offenders who leave prison, state jail or a SAFP represent a wide demographic range. Of the offenders released in 2009, 61,223 were male and 10,995 were female. 35.4% of individuals released were black, 32.7% were white, 31.4% were Hispanic and 0.5% was classified as other, which accounts for all other ethnic backgrounds.⁵⁴

Below is a chart which shows the counties that offenders returned to once released from TDCJ in 2009.⁵⁵



Texas Youth Commission

Most youth who are sent to the Texas Youth Commission (TYC) are not actually given a specified sentence, but rather a minimum length of stay. This is called an indeterminate sentence. Minimum lengths of stay depend on the severity of the offense committed as well as the risk to the community posed by, and the treatment needs of the youth. Most TYC commitments have minimum lengths of stay of nine months. Some youth may need 12 to 24 months and small number of youth will need longer. Youth are eligible for release once they have completed their minimum lengths of stay and have made good progress in treatment. It is important to note that completing a minimum length of stay does not guarantee release. A youth may remain in the care and custody of TYC until his or her 19th birthday, upon which time they must be either released or transferred to TDCJ.

Courts have the ability to send youth to TYC with specific sentences. These are referred to as determinate sentences because the time that must be served is specified, which can be more than 40 years. If a determinate sentenced youth is successful in TYC treatment, he or she can often serve the balance of his or her court-mandated sentence on adult parole rather than in adult prison.⁵⁶

In 2010, TYC released 1,881 juvenile offenders from their care. Of this number, 1,716 were males. 496 male juvenile offenders were sent to a TYC halfway house, 100 went to a non-secure contract care facility and 845 offenders were release on TYC parole. In 2010, 275 male juvenile offenders were serving a determinate sentence. 67 of these were transferred to TDCJ's institutional division where they

will continue their incarceration. The remaining 208 releases for 2010 were released on what is called a "non-secure agency discharge." While this number accounts for youth on determinate sentences that are transferred to TDCJ parole, it also includes youth who are discharged directly to the community.

165 female juvenile offenders were released from TYC. 40 were transferred to a halfway house, 9 went to non-secure contract care facilities, and 97 female offenders were released on TYC parole. For female who received determinate sentences, 4 offenders were transferred to TDCJ's institutional division where they will continue their incarceration, and 15 were released on a non-secure agency discharge.⁵⁷

These offenders, regardless of type of release, age, gender or sex, experience many obstacles and setbacks as they attempt to successfully integrate into the community.

REVIEW AND RELEASE FROM TDCJ

The Parole Review Process

Several months before an offender's parole eligibility review date, an institutional parole officer interviews him or her. The parole officer prepares a case summary, which includes the facts of the offender's offense; other relevant information, and disciplinary record while in prison; physical and mental condition; a summary of positive and negative factors are included. Once the review process is completed, it is forwarded to the Board of Pardons and Parole (BPP).

The Board of Pardons and Paroles is comprised of seven members. A parole panel reviews the offender's case as the offender's parole eligibility review date approaches. The panel is composed of at least one board member and any combination of board members and parole commissioners, and two of the three panelists must vote for parole before it can be granted. The offender may be interviewed by one or more of the panel members before the final panel vote. A few categories of offenders may be paroled only upon a two-thirds majority vote of the entire seven-member board.

Parole panel members look at a variety of information as they make their decision. Based on the entirety of the available information, the parole panel then determines whether the offender deserves the privilege of parole.

The following information is considered:

- Circumstances and seriousness of the offense
- Prior prison commitments
- Relevant input from victims, family members, and trial officials
- Adjustment and attitude in prison
- Offender's release plan

-
- Factors such as alcohol or drug use, violent or assaultive behavior, deviant sexual behavior, use of a weapon in an offense, institutional adjustment, and emotional stability.

Using the case summary and other related documents, the BPP makes a decision whether to release the offender on parole or discretionary mandatory supervision. If the board decides to grant parole status, special conditions may be put upon the offender.

The following is a list of possible voting options and special conditions of release or FI which stands for further information:

- FI 1** The offender is to be released on parole as soon as he or she is eligible.
- FI 2** The offender is to be released on a specified future date within the three-year incarceration period following the date of the panel decision.
- FI 3R** The offender is to be transferred to a TDCJ rehabilitation tier program of not less than three months in length and not earlier than the specified date, with release to parole upon program completion. Such TDCJ program may include the Pre-Release Substance Abuse Program.
- FI 4** The offender is to be transferred to a Pre-Parole Transfer facility prior to the presumptive parole date set by parole panel, with release to parole supervision on the presumptive parole date.
- FI 4R** The offender is to be transferred to a Sex Offender Education Program facility not less than four months in length and not earlier than the specified date, with release to parole upon program completion.
- FI 5** The offender is to be transferred to In-Prison Therapeutic Community Program, with release to an aftercare component only after completion of the program.
- FI 6R** The offender is to be transferred to a TDCJ rehabilitation tier program of not less than six months in length and not earlier than the specified date, with release to parole upon program completion. Such TDCJ program may include the Pre-Release Therapeutic Community.
- FI 7R** Transfer to a TDCJ rehabilitation program. Release to parole only after program completion and not earlier than seven months from the specified date. Such TDCJ program shall be the Serious and Violent Offender Reentry Initiative.

-
- FI 18R** The offender is to be transferred to a TDCJ rehabilitation tier program of not less than 18 months in length and not earlier than the specified date, with parole upon program completion. Such TDCJ program may include the Sex Offender Treatment Program.
- CU-FI** Designates the date on which an offender serving consecutive sentences would have been eligible for parole if the offender had been sentenced to serve a single sentence. The cause numbers that were approved will be indicated in the vote.
- CU-NR** A Parole panel denial of favorable parole action in a consecutive sentence case, which sets the specified cause number for next review during a future specified month and year.
- CU-SA** Consecutive felony sentence vote to deny parole and not release the offender until the serve-all date.
- DMS** Deny Mandatory Supervision. Applicable to House Bill 1433 cases, i.e., offenders for whom mandatory supervision is “discretionary” because their mandatory release eligible offense was committed on or after September 1, 1996.
- RMS** Release to Mandatory Supervision. Applicable to House Bill 1433 “discretionary mandatory supervision” cases.⁵⁸

A parole panel may add special release conditions for any offender. The most common special conditions include sex offender requirements, intensive supervision, electronic monitoring, drug monitoring (urinalysis), or mandatory participation in drug/alcohol treatment, educational programs, or psychological counseling. A parole panel may also impose other conditions deemed appropriate to the individual and in the interest of society, including payment of court-ordered restitution to victims. A Super-Intensive Supervision Program (SISP) special condition requires violent/ assaultive offenders to be placed on an SISP parole caseload upon release from prison and well as other stipulations such as electronic monitoring.

If an offender is denied parole, he or she is given either a Serve-All (SA) or a Next Review (NR) date. NR vote means that the parole panel has decided the offender is not ready for parole but that a subsequent review should be conducted at a specified future date within one to five years for offenders serving a sentence listed in §508.149(a), Government Code, and one year for an offender not serving a sentence under §508.149(a) Government Code. Serve-All vote means that the offender is not considered ready for parole and that no future parole reviews will be scheduled. A Serve-All may only be given to offenders who have less than five years until their discharge or scheduled release to mandatory supervision if serving

a sentence listed in §508.149(a), Government Code and one year for offenders not serving sentences listed in §508.149(a), Government Code.

Texas Government Code, Section 508.149(a) offenses include:

- Injury to a Child or Elderly, 1st Degree
- Arson, 1st Degree
- Robbery, 2nd Degree
- Burglary, 1st Degree
- A Felony Increased Under Health and Safety Code (Drug-Free Zones)
- Injury to Disabled Individual
- Indecency with a Child
- Murder, 2nd Degree
- Capital Murder
- Aggravated Kidnapping
- Aggravated Sexual Assault
- Aggravated Robbery
- Any Offense with an Affirmative Finding of a Deadly Weapon
- Murder, 1st Degree
- Sexual Assault, 2nd Degree
- Aggravated Assault, 1st and 2nd Degree
- Continuous Sexual Abuse of Young Child
- Sexual Performance by a Child

If reconsideration of a Serve-All or a Next Review decision is requested by an offender based on new information previously unavailable to the parole panel, then the offender's file and the new information may be presented for "Special Review" to the parole panel. The Special Review Panel will determine whether the new information is pertinent to the parole decision and whether the case should be returned to the original parole panel for a re-vote. Special Reviews are not commonly granted.

If an offender's parole is approved, he or she is released on the parole eligibility date, upon completion of required treatment program or date specified by BPP. Once approved, the case summary of the offender is forwarded to the supervising parole officer.⁵⁹

Parole Division Release Process

Once an offender is identified as being scheduled for release within six months of parole or mandatory supervision, staff reviews case files for statutory, agency and BPP requirements. Certain cases are referred to the BPP for review of special conditions and/or Super-Intensive Supervision Program.

Institutional Parole Officers meet with the offender who is scheduled to be released and begins the pre-parole investigation process. The beginning of this process is the offender's parole or mandatory release plan, which includes the name, address, and phone number of the person with whom an offender plans to live and other

special requirements such as treatment for drug or alcohol addiction. If the source of an offender's trouble is related to the environment to which the offender intends to return, he or she is advised to live elsewhere. If there are no resources in the community to help the offender, the Parole division can assist in making a halfway house placement. Certain offenders with alcohol or drug-related crimes may want to look for a location where counseling is available. The offender provides this information when interviewed by the parole officer and lets them know about any changes in the plan that occurs after the interview. A District parole officer must perform a residence investigation and verify the plan before the offender can be released.

Section 508.181 of the Texas Government Code states that a parole panel shall require as a condition of parole or mandatory supervision that an offender reside in the county where the offender resided at the time of committing his or her offense or in the county where the offender committed his or her offense if the offender was not a resident of the state at the time of committing the offense. In addition, a parole panel may require the offender to reside in a county other than the official county of residence to protect the life and safety of a victim of the offense, the offender, a witness in the case or any other person, or increase the likelihood of the offender's successful completion of parole or mandatory supervision.

Once a release plan is approved and the Parole Division has received notification from the BPP about special conditions of release, a release certificate is issued. A parole release becomes effective when the offender signs his or her release certificate. The certificate orders the release and tells the offender in clear and understandable language where and when to report to their parole orientation. The certificate lists the conditions of release and gives the date on which the offender will discharge his or her sentence and be free from supervision. The certificate also includes a waiver of extradition. The parole certificate must be signed by the offender.

Offenders released on mandatory supervision are given release certificates that provide parole office information and release conditions. These offenders are not required to sign their release certificates, but they must obey the rules and conditions of supervision and are subject to revocation if they violate the rules or conditions.

TDCJ provides \$50 and a bus ticket to offenders released on parole or mandatory supervision to help with transportation to the community to which they will be paroled. The offender also receives an additional \$50 upon reporting to their parole office.⁶⁰

Discharges

Offenders who are not granted parole, and who are not eligible for mandatory supervision release, must remain in the prison system until they have served their entire court-ordered sentence and are discharged from state custody. No post-release supervision requirements can be imposed on such discharged offenders.

The majority of individuals who are discharged directly from their incarceration come from state jails. While offenders released from prison are released by TDCJ at designated locations based upon which community they are reentering, offenders discharged from state jails are released from the unit at which they were incarcerated.

SUPERVISION OF INDIVIDUALS RELEASED FROM TDCJ

Individuals released to parole and/or mandatory supervision must abide by specific rules once they are back in the community, and are subject to revocation or other sanctions for violations of the rules. These rules may include, but are not limited to, the following:

- Report as instructed to the supervising parole officer
- Obey all municipal, county, state, and federal laws
- Obtain the parole officer's written permission before changing residence or leaving the state
- Do not own, possess, sell, or control any firearm, prohibited weapon, or illegal weapon as defined in the Texas Penal Code; do not unlawfully carry any weapon; and do not use or attempt or threaten to use any tool, implement, or object or threaten to cause any bodily injury
- Avoid persons or places of disreputable or harmful character
- Do not enter into any agreement to act as an "informer" or special agent for any law enforcement agency without specific written approval of the Parole Division
- Abide by any special conditions imposed by a parole panel, whether imposed upon release and listed on the release certificate or imposed at a later date.

Offenders under community supervision are also required to pay the Parole Division monthly supervision and administrative fees for each month they are required to report to their parole officers. Currently, those fees equal \$33 a day. Parolees who are unemployed can seek permission from the parole panel (through their parole officers) to defer payment of these fees, but they must begin payments as soon as they find jobs.⁶¹

THE REVIEW AND RELEASE FROM THE TEXAS YOUTH COMMISSION

TYC Release Review Panel

The Release Review Panel consists of three members, and is tasked with ensuring the timely release of incarcerated youth. TYC has six individuals who can possibly sit on the panel. Two are program specialists, two are clinical psychologists, and the remaining two is an attorney and an advocate. The makeup of the panel depends on the identified needs of the youth seeking release. If the youth appeals the decision of the panel, a new panel is formed consisting of members who were not the first panel.

If a youth has served his or her minimum length of stay assigned by the judge, but is not already released on parole because he completed his required programming, the case is assigned to a review panel within 30 days. This panel determines whether release to the community is appropriate based on: recent behavior, academic achievement, the youth's response to treatment, and individual risk and protective factors that contribute to the likelihood of a youth's success once released. However, if the panel determines a particular youth could benefit from further treatment in TYC, it can extend a youth's minimum length of stay beyond his or her initial assignment.

Thirty days before the end of a youth's minimum length of stay, the family will receive a letter from the facility about the upcoming review. Parents will also receive information on how to be included in the review process. The panel accepts input from family, friends, the victim and advocates regarding changes and improvements they have seen in the youth.

TYC staff at a youth's facility may submit requests for extensions of stay to the panel. Staff members requesting an extension beyond a youth's initial minimum length of stay must show the Release Review Panel that the youth is in need of additional treatment, and that TYC is the most suitable place to receive that treatment. If the release review panel decides to extend a youth's stay, the youth, or a parent, guardian, advocate or a volunteer working on his or her behalf may appeal the decision of the panel. The panel will then reconsider the case.⁶²

TYC Strategies for Successful Reentry

TYC starts planning for the day a youth will return to his or her community as soon as they first arrive at TYC. The admission and assessment process at intake includes a comprehensive array of tests to determine a youth's needs, with on-going assessments every 90 days. Using Motivational Interviewing techniques, the evidence-based Positive Achievement Change Tool (PACT) is completed, which identifies the risk and protective factors for the youth. The PACT is an inventory of all of the things working in favor of a particular youth (protective factors) and all of the areas where he or she is at risk. The goal is to reduce the number and intensity of risk factors, while simultaneously increasing the protective factors.

The results of a youth's PACT direct the development of his or her individualized community reentry plan. This plan focuses on seven specific reentry core areas essential to making successful transitions home. They are: self, family, school, peers, leisure, living situation, and work/vocational development. The nature of these core areas differ for each youth. When a plan exists to address each of the youth's risk and protective factors in these core areas, the youth is better prepared to successfully return to their community. The Texas Youth Commission uses specific strategies for each core area to best prepare a youth for their return to the community; they are: ⁶³

Self

TYC's rehabilitation program is an incentive-driven, progressively-staged system. Each stage contains objectives for the youth to complete which will increase his or her understanding of personal risk and protective factors, and how those relate to success or lack of success in the community.

TYC also uses a number of evidence-based programs to develop the youth's skills sets and coping mechanisms, and to enhance their self-esteem to better prepare them for reentry.

Specialized treatment programs are also provided by TYC to address youth's needs. Services include: mental health, substance abuse, sexual behavior therapy and the capital and violent offender program. To ensure youth have a support system upon release and that a continuum of care exists, youth are connected with contract providers in the community to receive specialized aftercare treatment once they return to the community.⁶⁴

Family

Because family engagement is imperative to a youth's success, families are contacted by the case manager assigned to the youth upon admission to the facility. The case manager discusses the youth's history and other relevant issues related to their reentry in the community and family reintegration.

Each youth is placed in the TYC facility that will best meet their treatment needs. The Commission also makes every effort to place the youth close to home to enhance their ability to remain connected to their family and community.

The Family Liaisons at each facility conduct monthly orientation sessions, family visitation events and educational seminars. In some cases, the Family Liaison provides information to the family regarding free local resources available to them in their home community. The goal is for case managers and family liaisons to inform families of the resources available and to ensure the youth remains connected to their family.⁶⁵

School

In fall 2009, TYC began standardizing its education curriculum in all TYC facilities. The agency aligned its curriculum with what is being used in the Texas public school systems to allow for a seamless transfer of coursework within TYC schools and into communities. TYC has implemented a comprehensive reading skills program that is projected to result in a first-year outcome of a two-to-three year increase in reading comprehension.

Working with public school and workforce representatives, implementation of an accredited curriculum scope and sequence allows for students rapid reintegration into public schools. TYC is placing video conferencing equipment in all halfway houses and parole offices, allowing youth to finish coursework started at TYC upon release. Video conferencing will also assist TYC's education counselors in

maintaining contact with youth in order to better provide guidance for reentry into school and the workforce.

Portable portfolios (copies of birth certificates, important tests results, industry certifications, important identification materials) travel with the students while at TYC and upon release. These documents allow the youth to successfully re-enter school, enter the workforce with higher paying jobs, or continue on to college.

Education liaisons work with TYC students at halfway houses or on parole to help reintegrate them into the community. Liaisons work with local schools and industries to ensure education and/or employment opportunities. TYC's goal is for 50% of the youth returning to the community to be enrolled in local schools, industry programs or college. The remaining youth should be employed after 30-60 days.⁶⁶

Peers

Risk factors associated with a youth's peer group present some of the greatest challenges in rehabilitation. The youth's peer group is generally from their neighborhood and the activities are tied to the peer group. When the youth returns home, he or she will experience the same temptations to return to the peer group and antisocial activities as they engaged in prior to commitment to TYC. The goal is to establish opportunities for youth to experience positive peer groups and social engagements.

In 2010, TYC developed a gang intervention curriculum. This curriculum allows youth to examine the risk and protective factors related to gang membership. Youth explore ways to handle situations differently, see the risks associated with a chosen peer group and make decisions to seek out alternate pro-social peer groups.

Reentry Teams in the parole offices connect with the youth while they are in a facility. The Reentry Team, which includes the family and other relevant community partners, establishes connections with community resources such as Boys and Girls Clubs, religious organizations, and mentors prior to release into the community.

Upon release, the youth's parole officer provides community service opportunities. Participation in completing community service hours connects the youth with local volunteer organizations, allowing the youth to engage in pro-social relationships.⁶⁷

Leisure

Ineffective use of leisure time is one of the most important and potentially troublesome risk factors for a youth. To decrease the likelihood of recidivism, TYC provides youth with an opportunity to experience a variety of social skill-building events. Some youth may participate in sporting events. These activities develop teamwork skills, coping mechanisms, and conflict resolution skills, which translate into every-day life situations.

Volunteers provide services to youth that offer a chance to expand the youth's awareness of pro-social community activities. Making youth aware of other choices available in the community will encourage them to participate in these activities upon release.

Prior to release, the parole officer and case manager identify resources in the youth's community reentry plan that encourage participation in pro-social environments, such as Boys and Girls clubs and other volunteer organizations, upon return to the community. Mentors and volunteers also provide youth with an opportunity to engage in positive leisure activities such as attending movies, cultural events, sporting events, and religious services.

The youth themselves obviously play a large role in increasing this protective factor. Each youth creates a *Making it Happen Plan*, which is developed in partnership with the family and relevant community organizations, to ensure the youth has a plan for utilizing their leisure time effectively and not returning to anti-social activities.⁶⁸

Living Situation

When a youth reenters the community, it is vital that he or she is placed in a location that best meets a youth's needs. This is determined through discussions between a youth, their case manager, family and their parole officer. Once the most appropriate release location is determined, the family liaison, case manager, parole officer, educational liaison, and workforce development specialist coordinate a smooth transition with the necessary supports in place.

Use of transitional placements, such as halfway houses, occurs to ensure that youths are successful in their community even if home is the ultimate placement.

Youth with an unapproved home living situation, or lacking a family support system, receive independent living preparation. They learn the basic skills needed to live independently, such as: budgeting and money management, food preparation, cleaning skills, navigating the public transit system and gaining employment. Once a youth has a plan of action in place for meeting their most basic survival needs, they can move forward regarding self-improvement objectives.

The Texas Youth Commission has partnered with the Texas Department of Family and Protective Services to coordinate the delivery of the Preparation for Adult Living curriculum. This partnership allows some youth to receive subsidies when they are transitioning out of the foster care system.

Additional steps are taken to reduce recidivism and protect potential victims in the home prior to a documented sex offender returning home. The assigned parole officer visits the family to complete a home evaluation and checklist of risk factors associated with sexual re-offending. To protect the victim, the parole officer and family develop a safety plan to address the risk factors in the home.⁶⁹

Work and Vocational Development

TYC employs Workforce Development Reentry Specialists in each of its district offices. These reentry specialists work with youths and families to prepare youth to enter the workforce and assist them in accessing local workforce and training resources. Having a legitimate means of financial support decreases a youth's chances of recidivism.

The Workforce Development Reentry Specialists also promote the Work Opportunity Tax Credit and Fidelity Bonding programs available to qualified employers. These programs offer incentives to employers for hiring and retaining former TYC youths.

Youth may participate in vocational and workforce development programs throughout the state. These programs, such as building trades, auto repair, mill and cabinetry, horticulture, and food management, provide an opportunity to increase a youth's marketable skills.⁷⁰

Each youth's PACT allows for the individual to progress within the system and prepare for successful reentry by eliminating factors that lead to his or her incarceration. This gives the youth their best opportunity to successfully re-enter their community.

SUPERVISION OF JUVENILE RELEASES FROM TYC

While the goal is for all youth to successfully reenter their community, there are some youth unable to handle the increased freedom with adequate responsibility. For these youth, TYC has graduated responses for non-compliance with rehabilitation objectives.

TYC increased the number of parole supervision contracts in 1995 to provide consistent, quality services and to operate more efficiently. By contracting for parole services in rural counties, allowing TYC parole staff to be concentrated in the more populated areas of the state. Currently, county and private provider parole contracts provide coverage for 89% of the counties and Texas and 30% of the TYC parole population. TYC has contracted parole officer or TYC parole officer assigned to every county in Texas. All parole officers supervising TYC youth provide supervision according to standards established by TYC Parole Services.⁷¹

In some cases, minor adjustments may result in the youth getting back on track. The youth and family may require additional services or contacts in the community. A youth could also be transferred to a specialized case load or have their supervision level increased. As the need for intervention increases, a combination of supervision strategies including electronic monitoring and increased contacts may assist the youth in being successful.

Youth who experience difficulty in transitioning to the community and have their parole revoked as a result of technical or misdemeanor violations are afforded an

opportunity to participate in the Accelerated Re-entry Program (ARP). The ARP is a 60-90 day, early residential intervention targeted at addressing the undesirable behavior of youth on parole. Youth are assessed by the parole officer, family, case manager, education liaison and other involved participants to identify one or more risk factors which negatively impacted the youth's ability to be successful in the community. Youth are returned to parole status in the community as soon as they make satisfactory progress in the identified risk areas.

Youth, who are under the supervision of TYC in the community and have been arrested and/or charged with law violations, may have their parole status revoked. These youth are returned to a high restriction facility and assigned a minimum length of stay determined by the severity of the criminal behavior. During this time, the youth and his or her case manager will revise the community reentry plan to identify and address the risk factors associated with the revocation. Youth are returned to parole status in the community as soon as they make satisfactory progress in the identified risk areas.⁷²

THE BEGINNING STEPS OF REENTRY FOR TDCJ RELEASES

Adult offenders eligible for release, either through parole or discharge, require many different types of assistance as they plan for re-integration into the community. To better facilitate this process, the Texas Department of Criminal Justice (TDCJ) in the last year created a new division for this purpose. The Reentry and Integration Division combines the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), Project Re-Integration of Offenders (RIO), and an expanded reentry initiative, together to focus state resources on reducing recidivism and addressing the needs of juvenile and adult offenders as they reenter the community.

TCOOMMI's Role in Reentry

The mission of TCOOMMI is to "provide a formal structure for criminal justice, health and human service, and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting offenders with special needs. Special needs include offenders with serious mental illnesses, mental retardation, terminal or serious medical conditions, physical disabilities and those who are elderly."⁷³

As part of its reentry services, TCOOMMI provides a continuity of care, which includes pre-release screening and referral to aftercare treatment services for special needs offenders referred from prison, state jails, SAFF, local jails, or other referral sources. These activities include:

- Identifying offenders with special needs who require aftercare treatment services
- Participating in joint treatment planning with prison, State Jails, SAFFs, local jails, or other facilities in order to provide a positive transition from incarceration to the community

-
- Securing resources in the community for all special needs offenders
 - Working towards improved systems of coordination and communication among local and/or state criminal justice, social service, and other appropriate disciplines to ensure responsiveness to the needs of offenders with special needs
 - Post release follow-up through monthly reports⁷⁴

The Texas Department of Criminal Justice has indicated that more than 100,000 adults in prison or under community supervision in Texas have, at some point in their lives, received services through a state or local authority for mental illness or mental retardation. It is important to note that these numbers do not include those adult offenders who received only privately provided services for such a condition.⁷⁵

For an offender who has been released from TDCJ or TYC, receiving proper mental health care or substance abuse aftercare greatly increases their probability of a successful reentry.

Project RIO

Project RIO began in 1985 as a pilot program for adult prison parolees in Dallas and Tarrant counties and became a statewide program in 1993. This program is run through the partnering of three state agencies: TDCJ, TYC and the Texas Workforce Commission (TWC). Project RIO targets adults that are under the supervision of the TDCJ Parole Division, those who are within one year of the date of their TDCJ sentence discharge, and youth who have been committed to the care or custody of the Texas Youth Commission. These agencies provide assessment, counseling, guidance, case management, and job placement services to improve the employment opportunities of Project RIO participants.

The program provides job preparation services to offenders while they are still incarcerated in State prisons so that they have a head start in job hunting once released. These services include resume building, how to interview for a job and assistance with necessary paperwork and identification required for employment. At the same time, RIO's prison presence spreads the word to inmates that the program is waiting to help them find work the day they are released.

Within a year from an offender's release, Project RIO works to obtain necessary documentation such as Social Security Cards, Birth Certificates, school records from TDCJ and identification cards prior to release.

Because offenders' identification (ID) cards may expire while they were incarcerated, Project RIO works to obtain and verify documents that are required to obtain a new ID card or driver's license. This is the most important document needed for successful integration. Without proper identification, an individual cannot secure housing, employment or be eligible for supportive programs such as food stamps, veterans programs, or medical assistance.

The reentry and integration division of TDCJ coordinates with many state and

federal agencies to obtain proper documentation. They have completed or initiated interagency contracts with the Bureau of Vital Statistics, which is part of the Texas Department of State Health Services, and the Social Security Administration to verify social security numbers.

To streamline the process, the new division has created a centralized identification and verification unit to obtain these documents. In March 2010, the reentry and integration division began identifying offenders scheduled for release with the next year. The first step was to identify the status of driver's licenses or ID cards for these individuals. As of June 2010, 26,625 Department of Public Safety records were reviewed. Of this number, 7,066 had no record of having a driver's license or ID card.⁷⁶

Without proper identification, the chances of successful reentry drastically decline. Upon release, two of the most important needs are housing and employment. Lack of identification makes it impossible to secure these critical needs. With this in mind, the Texas Legislature passed House Bill 2161, which subsequently became law on September 1, 2009. House Bill 2161 requires that a memorandum of understanding (MOU) between the Texas Department of Criminal Justice, Texas Department of Public Safety, and the Texas Department of State Health Services be in place in relation to the issuance of a personal identification certificate to an inmate.

The MOU is currently in the final stages and is waiting on board approval from the Texas Board of Criminal Justice and the Public Safety Commission, which oversees the Texas Department of Public Safety. With this in place, the agencies involved in obtaining information and issuing identification cards will have an agreed upon process to make sure that inmates released from TDCJ have the proper documents to successfully reenter the community.

HOUSING

When an individual is released from prison or state jail, his or her ability to access appropriate and reliable housing within the community is essential to their successful reentry. Without a stable residence, it is extremely difficult for a newly released individual to reconnect to a community in a positive manner. More often than not, when these individuals are not linked to the services and support that facilitate successful reintegration, the likelihood of violating the conditions of release or for committing a new crime is greatly increased.

When proper housing is not available for a newly released offenders there are potential issues in the form of increased crime and victimization. In addition, when an individual lacks stable housing and fails to maintain steady employment, children and others who depend on them for support are adversely affected. Taxpayer dollars are increasingly being spent on reincarceration, instead of less expensive community services and tools that have been proven to reduce recidivism.

The vast majority of people in prison or jail expect to live with their families or

friends after their release. However, many of these families are not equipped to accommodate their housing needs. They may lack space or financial resources, emotional bonds may have eroded over periods of incarceration, and housing regulations may limit the ability to provide housing for family members or others with criminal records.⁷⁷

In some cases, conditions of parole may also prevent individuals from returning to the home of a friend or family member because of their past relationship or because the family member has a criminal record. Also, due to a combination of federal and local policies, many people with criminal histories are barred from living in federally subsidized housing. As a result, people who live in federally subsidized housing are unlikely to risk their residential stability on a family member recently released from prison or jail.

For those individuals who do not own a home and cannot live with friends or relatives, there are six other housing options that may be appropriate for supporting successful reentry: private-market rental housing, public housing, affordable housing (nonprofit or privately owned and managed), halfway houses, supportive housing, and specialized reentry housing.⁷⁸

Private-Market Rental Housing: This type of housing is the most commonly available option in the community. Because of the availability of apartments or rental houses, this option allows individuals to choose housing near work, family, supervision or treatments centers. While there are government programs that subsidize rental payments for qualifying individuals, those with criminal records rarely receive this benefit due to state and local restrictions. In some communities, there may not be private housing available to felons.

Public Housing: This housing option allows for tenants to pay on a sliding scale, up to 30% of their adjusted income for rent. Each municipality generally has a city-run housing authority. While it might be more affordable than private-market rental housing, federal law allows housing authorities to refuse housing to individuals with certain criminal convictions.

Affordable Housing: This option is usually run by nonprofit associations or private companies who own and manage the property. These complexes receive government subsidies or private sources of funding and focus on housing for low-income or disadvantaged populations. Depending on the type of government funding, affordable housing may not be bound by the same limitations as public housing. One drawback is the limited number of facilities therefore making availability limited and wait lists long.

Halfway Houses: These facilities, whether they are state or privately owned, provide room and board to offenders just after release and offer a transition between incarceration and community. Parolees are able to obtain employment in the community while keep their expenses very low. Availability is limited and participants are only allowed to reside there for a limited amount of time. Texas currently has halfway house beds available to 1,549 parolees throughout a fiscal

year.⁷⁹

Supportive Housing: This option, which is primarily run by community development corporations or neighborhood-based housing organizations, focuses on individuals who were homeless prior to short periods of incarceration. While this option is more prevalent in others states, such as Ohio, supportive housing often times offers on-site services that may include case management, and mental health and substance abuse counseling. Limitations to this type are availability and funding for programs, which differs from one jurisdiction to another. This option may also refuse people who have been convicted of certain offenses.

Specialized Reentry Housing: This housing option addresses specific housing and services needed of offenders reentering the community and offers opportunities for peer-support and mentorship programs. This option tends to be in very limited supply due to lack of dedicated funds because many communities object to these types of housing in the community.

Temporary Housing Assistance Program

During the 81st Legislative Session, House Bill 3226 created the Temporary Housing Assistance Program (THAP). This program is primarily intended to provide housing assistance to offenders who have been approved for parole but have no home plan, and to assist offenders in the transition from community residential facilities and transitional treatment centers. TDCJ is authorized to pay for temporary housing, including food, clothing, and hygiene items for any offender who has insufficient financial and residential resources when released on parole or mandatory supervision on or after January 1, 2010.

To insure THAP has the greatest effect, priority is given to sites located in communities where halfway houses are not under contract with the TDCJ. There are many factors that are considered when choosing providers to manage these sites.

As of November 2010, 34 parolees are currently in THAP and are housed throughout Texas. The total number of individuals who have been served by this program is in the fiscal year was 152.⁸⁰

EMPLOYMENT

Another barrier for offenders integrating into the community is obtaining stable employment that allows for self-sufficiency. Because of an individual's criminal record, he or she may not be eligible for certain types of employment. To help facilitate this process, Project Reintegration of Offenders (Project RIO) was created to help parolees find employment.

Project RIO services are provided within the correctional institutions by TDCJ and TYC staff. Once released from incarceration, The Texas Workforce Commission works to provide opportunities for participants to find employment. Project RIO

resources allocated to TWC, Boards and Texas Workforce Centers to perform the following services in the free world:

- Provide for inter-agency coordination of policy and service provision
- Support technical assistance and training of workforce center staff specific to prisoner reentry
- Provide data system interconnectivity between criminal justice and the workforce systems
- Support monitoring activity to assure service provision integrity
- Provide case management and job counseling
- Refer participants to employment opportunities
- Issue automated Work Opportunity Tax Credit conditional certifications to releasing offenders
- Provide fidelity bonding services to offenders and adjudicated youth
- Refer participants to the academic and vocational resources offered through the Texas workforce system
- Refer participants to supportive services such as food stamps, clothing, and shelter

In the period from June 2009 through May 2010, 54,858 Project RIO participants were served. Of this number 63.45% obtained employment and the retention rate for these customers was roughly 60%.⁸¹

LOCAL GOVERNMENT AND COMMUNITY INVOLVEMENT

While the State of Texas provides many services for individuals released from incarceration, local government and community involvement is paramount to the successful reentry of an individual. These organizations provide services and encouragement to individuals who return from prison or state jail.

During a public hearing on June 30, 2010, in Houston, Texas, the Committee received testimony from a variety of groups whose purpose is to promote successful reentry and integration. While there are many groups like this found throughout the state, the following is a summary of groups that testified at the hearing.

Brigid's Hope

This organization, which was established in Houston, Texas in 1999, promotes success, stability and independence for women exiting Texas jails and prisons. Since the program began, not one graduate of Brigid's Hope has returned to prison. This group provides housing, mentoring, case management, life skills training, supportive services while promoting empowerment, safety and accountability.

To be eligible for client services in Brigid's Hope, an applicant must be a former female inmate of a Texas prison or jail who was serving a sentence for a non-violent offense, at least 35 years old, documented proof of sobriety

for 90 days prior to acceptance, and be of the mindset that without help, there is a great possibility they will end up on the streets or return to the criminal justice system.

Once admitted into the program, the client must sign an agreement with the housing provider, New Hope; attend weekly therapy group with a licensed therapist; maintain weekly contact with an assigned mentor; participate in the weekly 12-step group meetings; attend weekly Brigid's Hope community meetings; actively pursue goals as a part of an individual transition plan; and follow all New Hope and Brigid's Hope rules.

In 2008, Brigid's Hope reported that they served 24 women and had 12 graduates from the program. 85% of the work of this organization is on a volunteer basis, which accounted for 2,222 hours donated.⁸²

The Prison Entrepreneurship Program

The Prison Entrepreneurship Program (PEP) was created in 2004 after the founders of the program took a visit to a TDCJ prison. They found there was a large pool of entrepreneurial talent inside the prison system. Through training, mentoring, and other assistance from business leaders like themselves, these individuals believed that the lives of inmates could be transformed into those of productive citizens.

The goal of PEP is to facilitate positive life transformation for TDCJ inmates. To achieve this goal they: unite inmates with business executives as mentors; combine business-like development with rigorous character development; and provide complete resettlement programs after release, including transitional housing, mentoring, continuing education, social events and business start up support.

In just 6 years, 620 inmates have graduated from the in-prison Business Plan Competition and about 500 of them have been released from TDCJ and have reentered their communities.

PEP has tracked recidivism rates for those who participate in their program. Unlike TDCJ's rate of 28% for state prisons, PEP reports only 10% of program participants have returned to prison. Also, PEP states that 97% of their graduates are employed within 90 days and, on average, start at an hourly wage 30% above minimum wage.⁸³

City of Houston Department of Health and Human Services

The City of Houston Department of Health and Human Services (HDHHS) developed a program and support system for ex-offenders in the Greater Houston area entitled HDHHS Community Re-Entry Network (CRN). CRN is designed to focus on areas of the city that are most impacted by reentry and recidivism by providing a network of resources. Clients are served at

designated multi-service centers throughout the city. The expected outcomes include reduced recidivism rates and re-arrests, improved employment and retention rates, and stabilized housing for a minimum of one year.

The core program components for CRN consist of a two-week stabilization program intended to provide housing and improve the participant's employability; and an individualized ten-week Skills development program based on the needs of the client. The Winner's Circle Peer Support Network in Houston provides weekly mentoring services. In an effort to strengthen family relationships, CRN provides assistance to the entire family through counseling and referral services.

In collaboration with local area agencies, CRN provides the following ongoing services:

- Transportation Assistance
- Basic Needs Assistance
- Case Management Services
- Substance Abuse Intervention and Referrals for Treatment
- Mental Health Education and Referrals
- Eligibility and Benefits Counseling
- Wrap Around Support Services
- Adult Education and Job Training Referrals
- Job Developments and Referrals
- Vital Statistics
- Housing Assistance

CRN tracks the progress of its clients to show the improvement in recidivism rates by participation. Only 4% of the clients in the program return to prison; 4 of 388 participants were reincarcerated on a new charge and an additional 11 were arrested on technical violations.⁸⁴

Ventana del Soul

Ventana del Soul's Mission is to provide foodservice and culinary arts training and vocational mentoring to underemployed youth and adults so that they can build a career, attain financial stability, and establish a higher quality of life as active citizens.

Ventana del Soul opened Cafe Ventana with meeting rooms in September 2003 and the Ventana del Soul Cultural Center with a large conference space in December 2003. The cafe provides a vocational training area for at-risk youth and the meeting space attracts hundreds of active, community-minded citizens involved with non-profit and community organizations; the ideal role models for our youth. Funds raised through the cafe help Ventana del Soul fulfill its mission and help the center become sustainable.

In its first year, Ventana del Soul reported that they helped 73 youth,

provided space for nearly 1,100 meetings, and served more than 220 non-profit and community organizations throughout Austin and Travis County. Currently, Ventana del Soul helps more than 300 youth a year and serves more than 300 organizations.⁸⁵

Corporation for Supportive Housing - Texas

Corporation for Supportive Housing is a national non-profit organization whose mission is to help communities create permanent supportive housing to prevent and end homelessness. They provide technical assistance and financial tools to local government housing authorities and advocacy at the federal, state and local levels.

This group helps to support the Texas Supportive Housing Coalition, which is a group of over 50 community groups and public agencies that work together to advance the use of permanent supportive housing in Texas.

Through an increased use of supportive housing, this group believes the state can reduce incarceration terms through the availability of more housing options. They expect reduced recidivism rates of those released because supportive housing generally has on-site services such as case management, and mental health and substance abuse services.

While only five groups were highlighted in this section due to their testimony at the hearing, there are many groups and organizations whose goal is to provide the necessary services and support to properly integrate individuals returning to the community from prison or state jail.

STATE AGENCY COOPERATION

To provide successful reentry and reintegration into the community for individuals released from TDCJ and TYC, many state agencies must coordinate to provide the individual being released from prison or state jail with the necessary tools. With this thought in mind, House Bill 1711 was proposed during the 81st Texas Legislature. This bill passed both chambers and was signed into law.

This new law requires TDCJ and TYC to establish a comprehensive reentry and reintegration plan for offenders released or discharged from a correctional facility. It also requires TDCJ to enter into a memorandum of understanding with specified entities to establish a reentry task force and to coordinate the work of the task force with the Office of Court Administration. The purpose of the task force is to identify gaps in services for certain released or discharged offenders, and to coordinate with local reentry and reintegration program providers to make recommendations for the provision of services to those offenders.⁸⁶

Due to the broad scope of reentry challenges faced by offenders, TDCJ decided to expand the Reentry Task Force membership from 8 to 23 by creating an advisory council to the Task Force. These 23 members are representatives designated from

the groups:

- Texas Department of Criminal Justice
- Texas Board of Pardons and Parole
- Office of Court Administration
- Texas Department of Public Safety
- Texas Department of Family and Protective Services
- Texas Commission on Jail Standards
- Department of State Health Services
- Texas Workforce Commission
- Texas Department of Housing and Community Affairs
- Health and Human Services Commission
- Windham School District
- Texas Juvenile Probation Commission
- Texas Youth Commission
- TCOOMMI Advisory Committee
- Drug Impact Court
- Sheriff's Association of Texas
- Office of Criminal Justice Coordination
- Travis County Criminal Justice Planning
- Nacogdoches County
- Tarrant County
- Covenant Church
- Texas Inmates Families Association
- Texas Criminal Justice Coalition

The Reentry Task Force established seven topic specific work groups to address barriers to successful reentry practices. They are:

- Information Sharing/ Identifying Documents
- Special Needs
- Housing
- Community Reentry
- Family Supports/ Faith Based
- Women's Issues
- Employment

House Bill 1711 requires that the Reentry Task Force conduct research to determine whether the comprehensive reentry and reintegration plan developed by the task force and other reentry policies encourage family unity and participation as well as reduce recidivism rates. Their finding must be submitted in a report to state leaders no later than September 1 of each even-numbered year.

The entire Task Force met four times in 2010. Between these meetings, workgroups would meet to discuss their specific area of study in order to find ways to improve it. The general public was encourage and did participate in every meeting that took place; in fact, video conferencing was set up so that meetings could take place concurrently in Huntsville and Austin. Because the Reentry Task Force was in their

first year, a study on the effect of positive family policies on recidivism rates was not possible. However, each work group did make specific recommendations or highlighted areas in need of further review. Another resource that was created by the Task Force was a manual for individuals being released from TDCJ. This manual contains statewide reentry resources and is provided to them once they reenter the community.

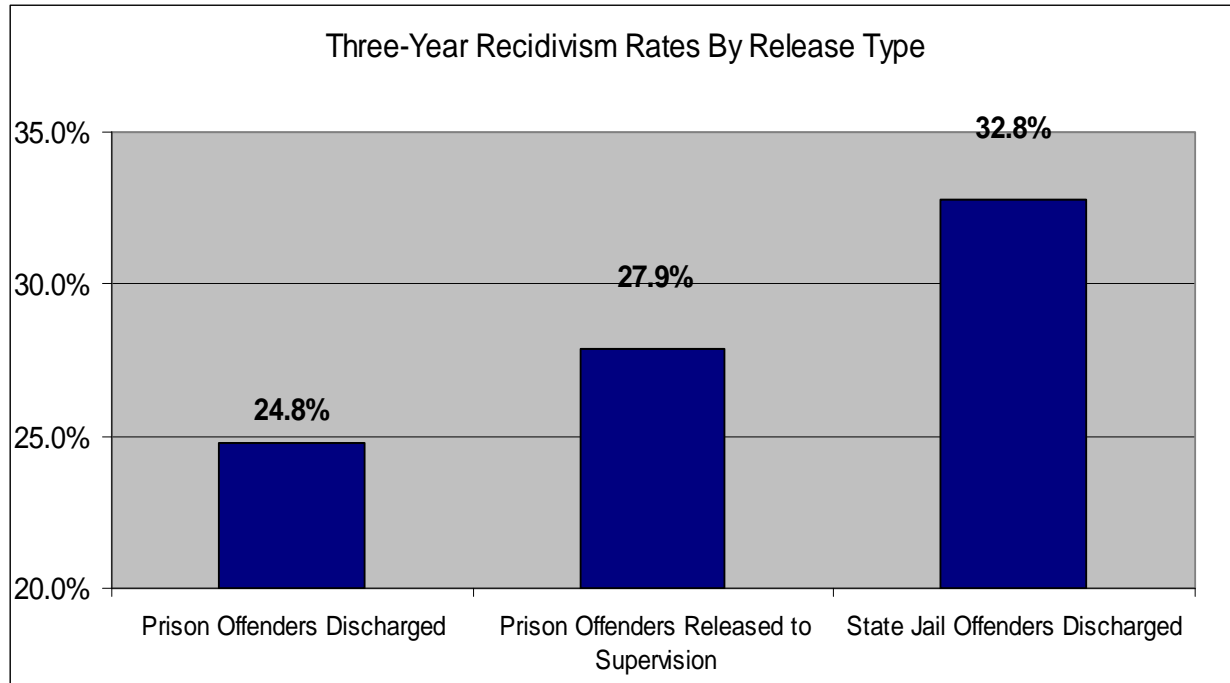
In the coming years, this task force will play an important role in streamlining the reentry process and improving current practices by identifying duplicate practices of various state agencies. Also, by combining all affected groups in this process, a great wealth of knowledge in various areas of the reentry and integration processes is centralized and working as one.⁸⁷

RECIDIVISM RATES OF TEXAS RELEASES

Texas Department of Criminal Justice

Successful reentry and integration is measured by recidivism rates. This rate tracks the re-arrest, re-conviction, and re-incarceration of former inmates for 3 years after their release from TDCJ prisons and state jails, as well as TYC secure facilities. Before the start of each legislative session, the Legislative Budget Board releases a study of recidivism entitled, "Statewide Criminal Justice Recidivism and Revocation Rates." The latest report was released in January of 2009 and reported the rates from individuals released in 2005 and 2006. The newest report, which will be released in January of 2011, will show recidivism rates for those released in 2007 and 2008.

Recidivism rates for inmates of TDCJ are split into three different categories: prison offenders discharged, prison offenders released to supervision and state jail offenders discharged. Below is a chart of recidivism rates for individuals released from TDCJ:



While there is considerable room for improvement, it is important to note that the Texas recidivism rate for parolees is the lowest among the four largest correctional systems: California (58.23%), Florida (44.2%) and New York (44.2%).

Texas Youth Commission

The latest recidivism study of juvenile offenders released by TYC is found in the Legislative Budget Board's (LBB) "Statewide Criminal Justice Recidivism and Revocation Rates," which was released in January 2009. These reports are released before each legislative regular session. For the figures released in 2009, LBB studied offenders who were released in 2004 and 2005. The chart below shows the breakdown of TYC releases: ⁸⁸

| Failure Period | 2004 (3453 Released) | | 2005 (3234 Released) | |
|-----------------|----------------------|------------|----------------------|------------|
| | Number | Percentage | Number | Percentage |
| Year 1 | 916 | 26.5% | 839 | 25.9% |
| Year 2 | 551 | 16% | 339 | 10.5% |
| Year 3 | 228 | 6.6% | 221 | 6.8% |
| Total | 1695 | | 1399 | |
| Recidivism Rate | | 49.1% | | 43.3% |

CONCLUSION

With such a large number of individuals being released from TDCJ prisons, state jails and TYC facilities, it is important that the State of Texas has a comprehensive plan to properly reintegrate these individuals into local communities. By increasing housing and employment opportunities, as well as promoting local community groups that provide encouragement and support, we can play a role in lowering recidivism rates. True progress in this effort will only be achieved when all involved parties actively participate in this integrated process.

COMMITTEE WORK

To gain a better understanding of the reentry programs and procedures, both juvenile and adult populations, the Committee met with a wide array of stakeholders. Committee undertakings included:

- A Committee hearing devoted to Interim Charge # 3 was held on June 30, 2010 in Houston, Texas and lasted for 8 hours. The Committee received testimony from a number of state agencies and local associations who are involved in the reentry process. Finally, public testimony was expended to all individuals who wished to address the Committee.
- Toured TDCJ parole offices in Houston and Austin.
- Met with staff of various agencies involved in the reentry process.
- Attended Reentry Task Force meetings and work groups.
- Held discussions with various advocacy groups who had concerns or recommendations for how to address issues relating to reentry programs and policies.
- Researched conducted nationwide to understand how other states are trying to improve their reentry programs and policies.

COMMITTEE RECOMMENDATIONS

To further reduce recidivism and promote integration, The Committee recommends that the Legislature require local school districts take a greater role in the reintegration of youth as they leave TYC and return to their school.

Continue to monitor the implementation of House Bill 2161 to ensure each individual released from TDCJ must have a valid photo identification card upon release.

Explore ways to promote community groups whose purpose is to facilitate the reentry process.

Explore ways to increase business participation in the hiring of ex-offenders through Project RIO.

Reexamine the licensure requirements and limitation for ex-offenders.

Explore state laws that prevent ex-offenders from acquiring housing.

CHARGE # 4

Examine policies and programs designed to identify, divert, and enhance the supervision and treatment of special needs offenders within local jails and state correctional facilities. Recommend changes to address appropriate alternatives to incarceration or institutionalization.

INTRODUCTION

The number of offenders with special needs, and the wide range in the seriousness of their conditions, poses a major challenge to Texas' criminal justice system. The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) defines special needs offenders as individuals with serious mental illnesses, mental retardation, terminal or serious medical conditions, physical disabilities, and those who are elderly. Early identification of offenders' needs coupled with effective treatment options will produce superior results in the rehabilitation of these offenders as well as strengthen the public safety and decrease the burden on taxpayers.

The Texas Department of Criminal Justice has indicated that more than 100,000 adults in prison or under community supervision in Texas have, at some point in their lives, received services through a local mental health mental retardation facility. It is important to note that these numbers do not include those adult offenders who received only privately provided services for similar condition. Thirty nine percent of juveniles committed to the Texas Youth Commission in 2009 had a serious mental health problem and 21% had an IQ of 79 or less.⁸⁹

Mental illness and mental retardation are the most prevalent special needs, but many offenders have different conditions that fall within the special needs category, such as developmental and physical disabilities. Regardless of the type of special need, it is important that all offenders who are under the care or supervision of Texas' criminal justice system receive appropriate and necessary accommodations.

IDENTIFYING OFFENDERS WITH SPECIAL NEEDS

At the time of an arrest it is important to note an individual's behavior to try and determine whether a mental or physical disability exists. With few exceptions, these persons are booked and held at county jails. While it is vitally important for peace officers to be able to identify the known characteristics of mental illness, it is also paramount that these same officers have the ability to interact with individuals with mental illnesses. With this in mind, Senate Bill 1473 was passed by the 79th Texas Legislature.

Senate Bill 1473 amended the Education Code to require police chiefs, as part of their initial training and continuing education, to participate in a program on de-escalation and crisis intervention techniques when interacting with persons with mental impairments. The new law also amended the Occupations Code to require the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) to require an officer to complete a statewide education and training program on de-escalation and crisis intervention techniques to facilitate interaction with persons with mental impairments.⁹⁰

It is incumbent upon county officials to identify early in the process if an individual suffers from a disability. With this in mind, The Texas Commission on Jail Standards (TCJS), which oversees county jails, has adopted a minimum standard

with regard to special needs offenders.

The primary role and mission of the Texas Commission on Jail Standards (TCJS) is to create and enforce a comprehensive system of minimum jail standards for the safe and secure construction, maintenance, and operation of county jails, as well as any municipal jails that are operated under vendor contract. TCJS has oversight authority over 250 facilities and has promulgated standards in collaboration with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) for the identification of special needs offenders in these facilities.⁹¹

Texas Administrative Code (TAC) Title 37, Chapter 9, Rule § 273.5(2) requires jails under the Commission on Jail Standard's purview to:

- Provide procedures for intake screening to identify inmates who are known to be, or observed to be, mentally disabled and/or potentially suicidal inmates
- Required to comply with the Code of Criminal Procedure §16.22, which requires the notification of a magistrate, either electronically or in writing, within 72 hours of receiving or housing an inmate with suspected mental illness or mental retardation

To further identify special needs offenders, TAC Rule §273.5(c) mandates that all jails conduct Client Assignment and Registration System/ Continuum of Care Query (CARE/CCQ) inquiries through the Department of State Health Services (DSHS). CARE request determine if an offender has previously received state-provided mental health services.

The chart below represents the number of CARE requests sent by county jails, the total number of care matches, and the percentage of the matches.

| Year | CARE records requested | Total CARE matches | % of Match |
|------|------------------------|--------------------|------------|
| 2008 | 257,326* | 45,060 | 17.51% |
| 2009 | 185,201* | 40,133 | 21.67% |

*Matches were done quarterly; unduplicated annual totals are not possible

The newly-created Continuum of Care Query (CCQ) inquiry allows jail personnel real-time access the DSHS database through the Department of Public Safety. Although CCQ inquiry is still in its infancy stage and not all jails are utilizing it yet, the advent of the CARE/CCQ match has positioned Texas as an innovator in identifying individuals who are current or past clients of state mental health services. While the Commission on Jail Standards does not require county jails to report information on special needs populations, county jails are required to conduct a CARE/CCQ inquiry.⁹²

Occupations Code, Sec. 1701.404, entitled "Certification of officers for mental health assignments," allows the Texas Commission on Jail Standards to establish minimum requirements for the training, testing, and certification of special officers to work with offenders who have mental impairments. This allows TCJS to certify a sheriff, sheriff's deputy, constable, other peace officer, county jailer, or justice of the peace as a special officer for offenders with mental impairments if the person:

- completes a training course in emergency first aid and lifesaving techniques approved by the commission
- completes a training course administered by the commission on mental health issues and offenders with mental impairments
- passes an examination administered by the commission

The examination is designed to test the person's knowledge and recognition of the characteristics and symptoms of mental illness, mental retardation, and mental disabilities. The examination also measures the person's knowledge of mental health crisis intervention strategies for people with mental impairments.⁹³

Texas Correctional Office on Offenders with Medical or Mental Impairments

The Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) was created in 1987 to address the problems presented by juveniles and adults who entered the criminal justice system with mental retardation and developmental disabilities. In 1991, the Texas Legislature expanded its role to include offenders with serious medical conditions, physical disabilities, or who are elderly.

The mission of TCOOMMI is to "provide a formal structure for criminal justice, health and human service, and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting offenders with special needs."⁹⁴

TCOOMMI is comprised of twenty-one agencies and organizations with an interest in offenders with special needs. These include:

- Texas Department of Criminal Justice
 - Community Justice Assistance Division
 - Correctional Institutions Division
 - Parole Division
- Texas Department of Mental Health and Mental Retardation
- Texas Department of Human Services
- Texas Juvenile Probation Commission
- Texas Rehabilitation Commission
- Central Education Agency
- Mental Health Association of Texas
- Texas Commission on Alcohol and Drug Abuse
- Texas Commission on Law Enforcement Officer Standards and Education
- Texas Council of Community Mental Health and Mental Retardation Centers
- Texas Commission on Jail Standards

-
- Texas Council for Developmental Disabilities
 - Texas Association for Retarded Citizens
 - Texas Alliance for the Mentally Ill
 - Parent Association for the Retarded of Texas, Inc.
 - Texas Youth Commission
 - Texas Department on Aging

In addition, the Governor appoints ten at large members who serve staggered six-year terms.

TCOOMMI has several legislative directives in order to carry out the mission of TCOOMMI. They are to:

- Determine the status of offenders with special needs in the state criminal justice system;
- Identify needed services for offenders with special needs;
- Develop a plan for meeting the treatment, rehabilitative, and educational needs of offenders with special needs that includes a case management system and the development of community-based alternatives to incarceration;
- Cooperate in coordinating procedures of represented agencies for the orderly provision of services for offenders with special needs;
- Evaluate programs in this state and outside this state for offenders with special needs and recommend to the directors of state programs methods of improving the programs;
- Collect and disseminate information about available programs to judicial officers, law enforcement officers, probation and parole officers, providers of social services or treatment, and the public;
- Provide technical assistance to represented agencies and organizations in the development of appropriate training programs;
- Apply for and receive money made available by the federal or state government or by any other public or private source to be used by the council to perform its duties;
- Distribute to political subdivisions, private organizations, or other persons money appropriated by the legislature to be used for the development, operation, or evaluation of programs for offenders with special needs;
- Develop and implement programs to demonstrate a cooperative program to identify, evaluate, and manage outside of incarceration offenders with special needs;
- Monitor, coordinate and implement a continuity of care system for offenders with special needs.⁹⁵

TCOOMMI also identifies and responds to statutory procedural or regulatory practices that impact offenders with special needs. Examples of activities include:

- Coordinating with the Texas Commission on Jail Standards on strategies to improve the screening, identification, and treatment of inmates with mental illnesses in county jails.

-
- Establishing a process for ensuring continuity of care for defendants being returned to jail after a determination of competency. This includes post-release medication reimbursement and support services after sentencing.
 - Developing a process to evaluate competency evaluations' compliance to statutory provisions set forth in 46.B, Code of Criminal Procedure.
 - Implementing and monitoring the memoranda of understanding required between local and state criminal justice and health and human service agencies to ensure a continuum of care for offenders with special needs.
 - Developing, implementing and monitoring the cross-referencing of local and state offender data to health and human service client information to enhance the identification of special needs offenders throughout the criminal justice continuum.
 - Monitoring the compliance of local and state entities to statutory provisions for exchanging confidential information without a release as set forth in Chapter 614.017, Health and Safety Code.
 - Enhancing collaborative efforts for juvenile offenders through the development of interlocal agreements defining roles and responsibilities of local and state governmental entities.⁹⁶

TCOOMMI Community-based Interventions

With the goal of the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) being the reduction of recidivism among special needs populations, the Committee has instituted many community-based intervention programs.

Jail Diversion Programs

The jail diversion programs by TCOOMMI are designed specifically to show a multi-service approach for more appropriate alternatives to incarceration for offenders with mental impairments. The jail diversion programs include specialized mental health deputies; designated mental health staff assigned to screen offenders for mental health issues; resource information services for attorneys or court personnel; advocacy for the offender with attorneys, court personnel and/or bond release programs; and referrals for further medical evaluation or commitment. By using these resources, county jails have been able to detect early in the process individuals who have or display mental illnesses.⁹⁷

Service Coordination/Case Management for Adults

Adult service programs are designed using a multi-service approach, along with appropriate and cost effective alternatives to incarceration for offenders with special needs. TCOOMMI provides services to individuals in 32 statewide MHMR programs that provide:

- Case management
- Rehabilitation/Psychological services

-
- Psychiatric services
 - Medication and monitoring
 - Individual/Group therapy and skills training
 - Benefit eligibility services including Federal Entitlement Application Processing
 - Screening and linkage to appropriate medical services, including hospice
 - Jail screening
 - Court intervention
 - Pre-release referral process for jails and families

Continuity of Care for Adults (COC)

Adult COC programs are designed to conduct pre-release screenings and referrals for aftercare medical or psychiatric treatment services for adult offenders with special needs referred from the Correctional Institutions Division of TDCJ and other referral sources.

MHMR COC services include but are not limited to the following:

- Service coordination for aftercare services
- Joint treatment planning with criminal justice agencies, social services, health & human service agencies and other appropriate disciplines
- Benefits eligibility services and applications

Wrap Around Services for Juvenile Probationers

Juvenile service programs are designed as a family-based, multi-service approach to meet the mental health needs of juvenile offenders. These services are targeted for youth in the Texas juvenile justice system, ages 10-18, who have been assessed with severe emotional disturbances. 19 statewide MHMR programs provide wrap-around case management philosophy and flexible programming. These service components include:

- Assessments for service referral
- Service coordination and planning
- Medication and monitoring
- Individual and/or group therapy and skills training
- In-home services such as Multi-Systemic Therapy or Functional Family Therapy
- Family focused support services
- Benefit eligibility services
- Transitional services

Wrap Around Services for TYC Youths on Parole

Juvenile services are provided to TYC juveniles including a Continuity of Care system. These services are targeted for youth released on parole who have a serious mental illness that requires post release treatment. MHMR services provide:

- Individualized assessments
- Service coordination
- Medication monitoring
- Advocacy services
- Transitional services to other treatment programs
- Benefit eligibility⁹⁸

DIVERTING AND ENHANCING SUPERVISION IN THE COMMUNITY

In 2001, the Texas Legislature enacted the Mental Health/Criminal Justice Initiative to provide courts with a sentencing alternative for offenders with mental health disorders. These offenders are disproportionately represented in the criminal justice population and are twice as likely to have their community supervision revoked.⁹⁹ This initiative appropriated funding for specialized probation officers and targeted treatment for mentally-impaired offenders.

TDCJ's Criminal Justice Assistance Division (TDCJ-CJAD) and TCOOMMI developed a program model, based on best practices, entitled "Mental Health Initiative" (MHI) that requires a specialized Community Supervision Officer (CSO) and a mental health provider to work together as a team to address the needs of mentally impaired offenders. MHI caseloads serve offenders who meet the priority population criteria with a diagnosis of Schizophrenia, Major Depression, Bipolar Disorder, or a Global Assessment Functioning (GAF) score of 50 or below.

Local mental health authorities receive funding from TCOOMMI to provide intensive services for these offenders. The MH case managers and CSOs collaborate in providing services through a memorandum of understanding. A 2005 study found offenders participating in this initiative had lower rearrest rates and significantly lower incarceration rates than their peers who were not part of a MHI caseload. This study found that high-risk offenders had the most significant reduction in recidivism.¹⁰⁰

In an effort to better serve the mentally ill offender on MHI caseloads, TCOOMMI created TCOOMMI/Probation care matches. This is a list of the offenders placed on probation in a particular jurisdiction in a given month who have received Mental Health/Mental Retardation (MHMR) services. TDCJ-CJAD provides this list to the local Community Supervision and Corrections Departments (CSCDs) each month so that these offenders can be screened to determine if there is a current need for mental health services. If a current need is identified, appropriate referrals should be made and/or placement on specialized caseloads considered. Currently, only those CSCDs with MHI caseloads receive the reports.

Below is a list of CSCDs who have MHI caseloads as of October 2010.¹⁰¹

| CSCD | # of Offenders |
|--------------|-----------------------|
| Angelina | 28 |
| Bexar | 225 |
| Brazoria | 40 |
| Brazos | 88 |
| Caldwell | 21 |
| Cameron | 86 |
| Collin | 37 |
| Dallas | 208 |
| Ector | 31 |
| El Paso | 195 |
| Fort Bend | 21 |
| Grayson | 49 |
| Harris | 427 |
| Hidalgo | 232 |
| Hill | 40 |
| Hopkins | 25 |
| Hunt | 30 |
| Jack | 30 |
| Jefferson | 76 |
| Lavaca | 35 |
| Lubbock | 70 |
| McLennan | 57 |
| Montgomery | 53 |
| Nueces | 164 |
| Potter | 65 |
| San Patricio | 57 |
| Tarrant | 238 |
| Taylor | 75 |
| Tom Green | 101 |
| Travis | 323 |
| Van Zandt | 22 |
| Webb | 27 |
| Wichita | 37 |
| Williamson | 23 |
| Total | 3,236 |

Mental Health Non-Initiative programs consist of caseloads that serve mentally impaired offenders. Services provided include referrals for mental health services and substance abuse treatment. However, the offenders that comprise these caseloads are not eligible for Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) funded services.¹⁰²

While many mentally impaired offenders remain in the community due to Mental

Health Initiative programs, some offenders are required to be placed in a secure residential facility. Due to the higher level of care needed for these individuals, Mentally Impaired Offender Facilities are utilized.

Mentally Impaired Offender Facilities

Mentally Impaired Offender Facilities (MIOFs) are specialized Community Corrections Facilities (CCF) that provide courts with a sentencing alternative for offenders with mental health issues. These programs in the MIOFs primarily serve offenders with co-occurring disorders of mental health and substance abuse.

Programming includes a broad range of mental health, substance abuse, and life skills services.

Number of CCF Beds for Mentally Impaired Offenders:

Bexar 60

Harris 70

Dallas 60

Lubbock - this facility accepts special needs offenders on an as needed basis, in addition to regular offenders.

Diversion from Incarceration with the Texas Youth Commission

The Texas Youth Commission (TYC) performs an assessment made at intake of a youth's risk to reoffend and determine if their needs can be met in a less restrictive environment. They may then be assigned to a halfway house or community residential program. TYC adheres to a "least restrictive setting" philosophy, moving youth from secure facilities into halfway houses and parole services on a case by case basis.

TYC maintains contracts with 12 residential programs that serve as alternative placements to high restriction facilities. Three of these programs have a primary focus on addressing the mental health needs of our youth. They are:

- Abraxis contract care facility
- Brookhaven
- UT Harris County Psychiatric Center

Mental Health Diversion Courts

Mental health courts connect individuals who would usually be headed to prison with community treatment programs that seek to address the underlying problems that contribute to criminal behavior. They rely on mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities.

Mental health courts vary from jurisdiction to jurisdiction, but most share a number of common characteristics:

-
- Judicially-supervised, community-based treatment plans for each offender designed and implemented by a team of court staff and mental health professionals
 - Regular assessment hearings where treatment plans and other conditions are reviewed for appropriateness, incentives are offered to reward adherence to court conditions, and sanctions are placed on those who do not abide by the conditions of participation
 - A set of criteria defining a participant's completion of the program.¹⁰³

Potential participants in a mental health court are usually screened, either by the jail or court staff. Most courts have criteria related to what kind of charges, criminal histories, and diagnoses will be accepted in their specific program.

Defendants who fit the criteria based on the initial screening are usually given a more comprehensive assessment to determine their interest in participating and the community treatment needs they require. Defendants who agree to participate receive a specialized treatment plan and may have to adhere to other community supervision conditions. Participants who adhere to their treatment plan for an agreed upon time, usually between six months and two years, will see either their case dismissed or sentence greatly reduced.

Although the judge has final authority, mental health courts generally use a team approach, which includes the defense counsel, prosecutor, case managers, treatment professionals, and community supervision personnel who collaborate to come up with a system of sanctions and rewards for offenders. Many mental health courts also employ a full-time coordinator who manages the docket and facilitates communication between the different team members.¹⁰⁴

If the participant does not follow the conditions of the court, or decides to leave the program, their case returns to the original criminal calendar where the prosecution proceeds as normal. As a rule, most mental health courts use a variety of intermediate sanctions in response to noncompliance before ending a defendant's participation.

Mental health courts in Texas began in the early 2000s due to a need to streamline the court docket process. Many judges realized that their courts saw an increase in individuals with mental illnesses committing felonies. In order to maximize efficiency, judges started grouping these dockets together. With the help of TCOOMMI, judges have been able to utilize case managers and mental health professionals to increase supervision on these individuals in order to divert them from incarceration. By adopting the drug court model tailored to address mental health issues in the criminal justice system, these judges have been successful in alleviating prison overcrowding by keeping these individuals in the community. Because there is no central reporting agency collecting data on mental health courts

in Texas, the exact number of operating courts is unknown, but it is thought that close to 15 exist in Texas.

ENHANCING TREATMENT AND CARE WITHIN CORRECTIONAL FACILITIES

While certain offenders with special needs are identified and diverted away from the criminal justice system, others find themselves in the care of the state. Both TDCJ and TYC have policies and procedures to accommodate the needs of these offenders.

Identification of Offenders with Special Needs within TDCJ

The Correctional Managed Health Care Committee (CMHCC) serves as the oversight and coordination authority for the delivery of health care services to offenders incarcerated in TDCJ. To accomplish this task, CMHCC manages a partnership arrangement between the TDCJ, the University of Texas Medical Branch at Galveston (UTMB) and the Texas Tech University Health Sciences Center (TTUHSC). CMHCC policies and procedures are consistent with standards established by the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). These policies and procedures are in place to ensure special needs offenders receive necessary care during their incarceration.

While the offender is in the custody of the county jail, steps are taken to identify an offender's special needs. Counties providing custody of offenders that have significant health needs should contact the Office of Health Services Liaison (HSL), which is a part of TDCJ's Health Services Division. The HSL will coordinate with TDCJ Department of Classification and Records, as well as the appropriate contracted medical provider, to assist the agency in meeting the offender's health needs upon arrival.

During intake, offenders are screened and referred for emergent medical and mental health needs immediately upon arrival by a member of health services staff. Comprehensive medical exams of all incoming inmates are performed by a licensed medical health professional within 7 days of arrival. An offender already on a treatment plan or with a history of mental health conditions that does not have urgent mental health needs is assessed by a qualified mental health professional within 14 days of their arrival. A mental health appraisal that includes a structured interview is performed on all offenders within 14 days of arrival. A comprehensive mental health evaluation is conducted by a qualified medical health professional within 14 days of referral from the medical exam or the mental health appraisal.

If an offender is transferred between TDCJ operated facilities, steps are taken to provide seamless medical care. The facility that houses the offender before the transfer reviews the offender's health record and determines the offender's health needs prior to transfer to ensure all health needs are met during transport and upon arrival to the offender's final destination. The facility receiving the new offenders is required to document the offender's medical record within 12 hours of arrival to ensure the offender receives medications as prescribed.

Upon arrival at their newly assigned unit, a licensed health care staff will physically screen the offender arriving from an infirmary, emergency room, hospital, or inpatient psychiatric facility and document the offender's medical record. Any offender returning from an inpatient psychiatric facility will be seen by a qualified medical health professional within 48 hours Sunday through Thursday, and 72 hours Friday through Saturday.

Detections and assessment of special needs offenders in TYC

TYC's assessment and placement process is designed to ensure that youth with the most severe needs and those with a high risk for violent reoffending are assigned to program placements with intensive specialized residential treatment programs. Other youth with specialized treatment needs may be best served by a short-term, supplemental, or outpatient program or through an educational curriculum.

During the four week assessment and orientation process, each youth participates in a series of evaluations, beginning with screening for acute medical and mental health issues, suicide risk, and a safe-housing vulnerability assessment. The individualized assessment process is structured to evaluate multiple areas including mental health issues, educational requirements, vocational preferences, medical and dental needs, and specialized treatment needs, some of which may have been ordered by the committing court. Youth with significant needs in the above areas receive more detailed ancillary assessments. For example, many youth are screened for their use of alcohol and other drugs in order to determine any specialized treatment needs in that area.

The psychological assessment provides a DSM IV-TR diagnosis and recommendations for the level of specialized treatment needed by the youth in several areas. Additional testing may be done to clarify mental health diagnoses. Youth arriving to TYC on psychotropic medications are evaluated by a psychiatrist for continued medication needs. All youth with an established minimum length of stay of 12 months or longer receive full psychiatric evaluations in compliance with Section 61.071 of the Human Resources Code. If needed, specialized sexual history is conducted by a specially trained, qualified staff for all sex offenders. Other assessments include educational, vocational and intelligence testing, as well as evaluation of criminogenic needs through the Positive Achievement Change Tool (PACT).

Approximately 40% of TYC youth have identified special education needs. For Special Education services, the primary goal is to provide each youth the opportunity to learn the maximum educational skills possible during the time the youth is a student in a TYC school.

Upon arrival at a TYC facility, offending youth receive an extensive assessment to help determine their educational needs and the proper course of study. As appropriate, youth also receive psychological and language proficiency evaluations. Licensed Specialists in School Psychology (LSSPs) help determine each youth's

proper educational placement and provide counseling related services, enabling youth to better integrate and find success in achieving their academic goals.¹⁰⁵

Special Needs Programs Within TDCJ

The Correctional Managed Healthcare Committee provides services to offenders that require close medical and/or multidisciplinary care. The Special Needs Program serves offenders exhibiting a broad range of health conditions and problems, which includes the chronically ill, physically handicapped, elderly, terminally ill, seriously mentally ill and developmentally disabled.

Chronically Ill

Chronic illnesses require medical care and treatment over a long period of time and are usually not curable. Offenders with such conditions are enrolled in chronic care clinics. The main objective in treating these conditions is to restore and maintain an offender-patient's activities of daily living to the furthest extent possible by managing the chronic illness or condition.

Communicable diseases are the transmission of an infectious agent that may cause illness through physical contact with individuals who are contaminated. These infecting agents may also be transmitted through liquids, food, body fluids, contaminated objects, or airborne inhalation. These include Human Immunodeficiency Virus (HIV) and Acquired Deficiency Syndrome (AIDS), Tuberculosis (TB), and Hepatitis B and C. These Chronic communicable diseases are not typically cured and require expensive and prolonged therapy.

The chart below summarizes the population of offenders in TDCJ diagnosed with chronic diseases as of March 31, 2010.

| | HIV | AIDS | TB | Hep B | Hep C |
|--------|-------|------|----|-------|--------|
| Male | 1,346 | 781 | 19 | 881 | 18,004 |
| Female | 177 | 61 | 1 | 65 | 2,157 |
| Total | 1,523 | 842 | 20 | 946 | 20,161 |

TDCJ has implemented an offender peer education program called Wall Talk to teach offenders about prevention of HIV, Hepatitis and other communicable diseases. This program is conducted through cooperation with the Department of State Health Services (DSHS), AIDS Foundation Houston, AIDS Arms of Dallas, and other community based organizations, and is designed to educate men and women on relevant personal health issues.

There are other health issues affecting offenders that will require extensive treatment. These chronic medical illnesses include: Diabetes, Hypertension (HTN), Hyperlipidemia (HDL), Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Seizures, Chronic Obstructive Pulmonary Disease (COPD) and Asthma.

Below is a chart that summarizes the prevalence of these illnesses within TDCJ.

| | Diabetes | HTN | HDL | CAD | CHF | Seizure | COPD | Asthma |
|--------|----------|--------|-------|-------|-----|---------|-------|--------|
| Male | 6,939 | 34,007 | 8,505 | 2,144 | 448 | 3,472 | 1,189 | 6,893 |
| Female | 531 | 2,383 | 530 | 101 | 53 | 541 | 129 | 1,008 |
| Total | 7,470 | 36,390 | 9,035 | 2,245 | 501 | 4,013 | 1,318 | 7,901 |

Physically Handicapped

Assisted Disability Services (ADS) provides services to the physically handicapped. This program assists offenders with mobility, hearing, speech, and/or visual impairments. Offenders who are noted to have one or more of these special needs are referred to ADS for a handicap appraisal. Specific impairments include:

- Limb Amputation
- Any condition requiring an orthotic device to perform activities of daily living
- Any condition requiring an orthotic device to ambulate independently
- Head injury accompanied by functional loss
- Hearing loss requiring American Sign Language
- Legally partial or total blindness
- Any progressive degenerative eye disorder
- Debilitating speech impairment
- Stroke with significant neurologic impairment
- Nerve injury or disease with significant neurologic impairment
- Severe venous stasis
- Severe burns or scarring with significant physical impairment

| Gender | Mobility Impaired | | | Visually Impaired | | | |
|--------|-------------------|-------------------|------------------|-------------------|-------------------|---------------|-------|
| | Wheel Chair | Assistive Devices | Hearing Impaired | Speech Impaired | Visually Impaired | Legally Blind | Blind |
| Male | 292 | 277 | 295 | 90 | 172 | 162 | 0 |
| Female | 6 | 11 | 20 | 3 | 6 | 4 | 10 |
| Total | 298 | 288 | 315 | 93 | 178 | 168 | 10 |

Elderly Offenders

It is generally accepted in correctional health care to consider incarcerated individuals 10-15 years older physiologically than their chronologic age. TDCJ Health Services consider an offender patient that is 55 years old or older as being geriatric, as opposed to the 65 year old standard generally used for the free world population.

Geriatric offenders can be placed in general population or specialized housing. Those offenders who have conditions that impair their ability to perform daily

functions, such as dressing, eating and bathing, to the level that they require assistance with these activities or special nursing care are placed in special housing. Elderly offenders who are able to perform all daily activities, but have conditions that require a more protective environment, are assigned to dorms designated for sheltered housing. There are housing areas at various units designated for geriatric offenders with less severe limitations but who still require some accommodations. The 60-bed facility at the Estelle Unit in Huntsville is the only sheltered housing facility for offenders with more significant medical/physical issues. Some geriatric offenders may also be assigned to infirmaries.

The chart below summarizes the population of elderly offenders in TDCJ as of March 31, 2010.

| | 55 - 60 years | 60 - 65 years | 65 years or older | Total |
|--------|---------------|---------------|-------------------|--------|
| Male | 11,633 | 5,350 | 2,236 | 19,210 |
| Female | 531 | 213 | 80 | 724 |
| Total | 12,164 | 5550 | 2,316 | 19,934 |

Terminally Ill

Terminally ill offender patients are those expected to live less than one year due to an illness. They require medical and nursing services to provide comfort, relief from pain, and special counseling and support due to the anticipation of death from their illness.

As of April 13, 2010, there were 16 offender patients enrolled in inpatient hospice. Although inpatient hospice is available to female offenders patients at the Carole Young Regional Medical Facility, all 16 hospice offender patients were male.

Although not enrolled in hospice, there are a number of offenders with serious medical conditions that will likely cause death within the next 1-5 years. As of April 13, 2010, there were 131 offender patients undergoing active treatment for cancer and another 569 offender patients having completed therapy that are now on cancer surveillance. In addition to cancer, there are other conditions likely to become terminal in the late stages of the disease such as heart failure, atherosclerosis, pulmonary hypertension, AIDS, and viral hepatitis. Offender patients with these non-cancer conditions are enrolled in chronic care clinics and managed as outpatients when stable, and are hospitalized when exacerbations of their diseases require acute care.

Seriously Mentally Ill

The seriously mental ill offender patients include those with psychiatric disorders or mood disorders, self mutilators, the aggressive mentally ill and suicidal offenders.

All 112 TDCJ units provide mental health screening and evaluation services, 83 units provide psychiatric and psychological services to offenders with mental illness. These services may include psychiatric medication, counseling, group therapy and

monitoring. Offenders on units without mental health staff are moved to full service units if screening and evaluation indicate a need for such services.

As of March 31, 2010, 21,406 offenders were enrolled in outpatient mental health services. This service primarily helps with medication management. Of those 18,799 were male and 2,627 were female.

Offenders who present a significant and imminent danger to themselves are moved to Crisis Management care (CM), either at one of the psychiatric hospitals or at the Clements unit or Mt. View unit. In Crisis Management, offenders are kept safe from self-harm. Offenders who have mental health needs that cannot be met on an outpatient level are moved to one of three hospitals: Jester IV, Montford or Skyview. The inpatient facilities are designed and staffed to provide more intensive diagnostics, treatment, and monitoring and to manage more acute mental illness for less than \$1 a day.

The following chart is a summary of seriously mentally ill offender patients at TDCJ receiving inpatient psychiatric services as of March 31, 2010.

| | Male | Female | Total |
|-------------|------|--------|-------|
| Jester 4 | 466 | 10 | 476 |
| Montford | 529 | 0 | 529 |
| Skyview | 454 | 48 | 502 |
| Mt. View CM | 0 | 17 | 17 |
| Clements CM | 14 | 0 | 14 |
| Grand Total | 1463 | 75 | 1538 |

Specialized psychiatric treatment programs for offender patients assigned to high security that do not require acute care inpatient psychiatric therapy have been instituted at the Clements Facility. The Program for the Aggressive Mentally Ill Offender (PAMIO) at the Clements unit provides evaluation and treatment of mentally ill offenders whose aggressive behavior has resulted in administrative segregation. The Stepdown Program at the Clements unit is staffed to provide housing and care to high security offenders who do not currently require inpatient care, but cannot tolerate the stress of an outpatient facility. As of March 31, 2010, 363 offender patients were part of PAMIO and 52 participated in Stepdown.

Developmentally Disabled

The Developmental Disabilities Program (DDP) cares for offenders with developmental disabilities that result in impaired cognitive and adaptive functioning. DDP provides sheltered housing, rehabilitation, and programming designed to increase functioning within the limitations of the offenders' conditions, all while paying special attention to physical safety in the correctional environment.

TDCJ offers DDPs at two facilities, one for males and the other for females. As of March 31, 2010, 600 male offender patients were housed at the Hodge unit and 87

female offender patients were housed at the Crain unit.¹⁰⁶

Special Education Program with TDCJ

The Windham School District (WSD) provides an adult literacy (academic) program that leads to the attainment of a high school equivalency certificate (GED). The typical WSD student dropped out of school in the 9th or 10th grade and functions at the 5th or 6th grade level.

Offenders who enroll in WSD literacy programs are likely to have had a pervasive history of negative school experiences and academic failure. Many are substantially deficient in academic skills, lack self-confidence, and exhibit poor attitudes about education. A majority of WSD students have a history of learning and/or behavioral problems that contributed to their academic failure in public school coupled with a history of substance abuse; some have suffered head injuries that significantly interfere with their ability to learn or retain information.

The Windham School District provides special education services to eligible students in accordance with all applicable federal regulations, state laws, State Board of Education rules, and Texas Education Agency rules. As in public schools, a comprehensive referral and assessment process is used to identify students who may be in need of Special Education services.

Special instruction is provided for students with learning disabilities, emotional disturbance, mental retardation, vision and/or hearing impairments, orthopedic impairments, other health impairments, traumatic brain injury, and speech impairments.

Given the range of individual needs, learning styles, prerequisite skills, and interests of their students, certified Special Education teachers employ a variety of instructional strategies and provide differentiated instruction to accommodate a wide spectrum of learners. Special Education teachers promote workplace competencies and learning in meaningful contexts. Employment skills, such as personal qualities, cultural sensitivity/tolerance, teamwork, decision-making, and problem solving are addressed. Special computer equipment is used to meet the unique needs of students who have significant visual impairments.

Special Education programs are located at 36 TDCJ facilities and transfer requests are initiated, if needed, for offenders to access a Special Education program. In order to address the unique educational needs of each Special Education student, the class size is limited to 16.

In addition to the typical Special Education classes that are available to general population offenders who typically have learning disabilities, Special Education classes are also provided at facilities that have designated programs for offenders with special needs.¹⁰⁷

Medically Recommended Intensive Supervision (MRIS)

The MRIS program provides for the early parole review and release of certain categories of offenders who are mentally ill, mentally retarded, elderly, terminally ill, under long-term medical care, or physically handicapped. The purpose of MRIS is to release offenders who pose minimal public safety risk from incarceration to more cost effective alternatives. TCOOMMI screens offenders who may qualify for this program and provides that information to the Texas Board of Pardon and Paroles (BPP) who makes the final decision whether an offender will be released.

House Bill 1670, enacted during the 78th Legislative Session, made the following changes to the MRIS program, which is effective to date:

- Excludes offenders sentenced to death
- Established that offenders with aggravated convictions may only be considered if a medical condition of terminal illness or long-term care has been diagnosed
- Establishes a parole panel to be composed of the presiding officer of BPP and two members to make release determinations on eligible offenders and those under pending deportation proceedings
- Establishes that qualified offenders determined to be non-U.S. citizens, not a threat to public safety, and eligible for deportation may be released to immigration authorities
- Directs TCOOMMI to present relevant information to the parole panel concerning the potential release of eligible offenders
- Repeals the section requiring offender placements being limited to one skilled nursing facility, thus allowing for expanded placement options

House Bill 1670 excluded sex offenders from MRIS eligibility. The 80th Legislative Session, however, enacted House Bill 2611 allowing MRIS consideration for those offenders if “in a persistent vegetative state or being with an organic brain syndrome with significant to total mobility impairment”. Also enacted during the 80th Legislative Session was House Bill 431, which allows MRIS consideration for defendants convicted of a state jail felony.¹⁰⁸

While recent changes have helped to focus on the type of offenders that are released by MRIS, the actual amount of offenders released has declined dramatically between 2005 and 2009. While terminally ill offenders continue to be released at a steady level, offenders who require long term medical care have dropped considerably. Another interesting fact when reviewing the total number of releases is that only 4 offenders who are mentally ill have been released during this period. Appendix A shows a breakdown of cases that have been brought before BPP.¹⁰⁹

TDCJ Parole Division

The Parole Division utilizes a number of policies, procedures and programs to identify offenders with special needs in order to divert this population from, and provide alternatives to, incarceration. The Special Needs Offender Program (SNOP) caseload provides continuity of care and aids in providing uninterrupted essential services to offenders placed on the SNOP caseload, and assists in identifying offenders with special needs. Offenders released due to Medically Recommended Intensive Supervision are also placed on the SNOP caseload, unless the offender is a sex offender or Super Intensive Supervision Program (SISP) caseload. There are three different categories of SNOP depending on the type of special needs of the offender: Mentally Impaired, Mentally Retarded, and the Terminally Ill/Physically Handicapped.

The Mentally Impaired (MI) category

- Designed to provide community-based treatment alternatives for offenders with a mental illness upon release to the community
- Provides appropriate supervision of offenders with documented mental health disorders to increase their ability to successfully complete the terms of their supervision
- Placements on the SNOP-MI caseload include mentally impaired offenders that have a history of hospitalization or medication involving Schizophrenia and other Psychotic Disorders, Mood Disorders, or Delirium, Dementia, Amnesic, and other Cognitive Disorders.
- Offenders with mental disorders not identified or who are in remission are considered for the SNOP caseload on an individual basis.

The Mentally Retarded (MR) category

- Seeks to maximize the potential of offenders with a diagnosis of mental retardation that are released from prison to supervision
- Offenders placed on the SNOP-MR caseload have an IQ of 70 or below, based on valid psychological testing
- Must have demonstrated "Adaptive Behavior Deficits" before the age of 18; or participated in the TDCJ-CID Developmental Disabilities Program while incarcerated

The Terminally Ill/Physically Handicapped (TI/PH) category

- Designed to provide appropriate supervision to offenders with a documented terminal illness or a severely disabling physical handicap
- Utilizes a network of community providers and support systems including, but not limited to, nursing homes, hospitals, intermediate care facilities, hospice agencies, advocacy groups, and Human Service Specialists
- Placement on the SNOP-TI/PH caseload includes offenders who have either documentation of a terminal illness that is incurable and will inevitably result in death within one year or less, regardless of the use of life-sustaining

treatment, or a medical condition requiring 24-hour nursing care or specialized medical support services

- Offenders who are deaf or hard of hearing and received services for their impairment while in prison are placed on the SNOP caseload for a minimum of six months.

If an offender with special needs is placed in the revocation process, additional steps are taken to determine if this is an appropriate course of action. The SNOP Program reviews each case individually prior to a parole officer scheduling a hearing and provides a recommendation for an appropriate course of action. Staffing cases assist in determining appropriate sanctions for offenders. Offenders with special needs are provided an attorney and may not waive their due process hearing unless the attorney is present and is in agreement with the decision to waive their hearing.¹¹⁰

Specialized programs within the Texas Youth Commission

Youth with identified special needs require more intensive and specialized treatment at the Texas Youth Commission (TYC). Specialized residential treatment includes programs designed specifically for the treatment of youth with alcohol and other drug dependencies, youth with mental health impairments, and youth with mental retardation/illness. Youth committed to TYC are assessed for specialized treatment needs, and subsequently their eligibility for specialized treatment programs. Each of the specialized treatment programs is cognitively based and their purpose is to promote successful youth reentry and to reduce the risk to the community by addressing individual specialized treatment needs through programs that are shown to reduce their risk of re-offending.

The number of youth committed to TYC with severe mental health problems has increased greatly in recent years. The severity and complexity of these problems has also increased. Youth who are diagnosed with severe mental health problems and/or illnesses may receive specialized treatment in a Mental Health Treatment Program (MHTP). The MHTP provides enhanced psychiatric and psychological assistance along with smaller case manager-to-youth ratios.

Youth with mental illnesses who are a danger to themselves or others receive care at the Corsicana Stabilization Unit. The immediate goal for this group is treating the basic mental health problem or illness by allowing the youth to regain control over their behavior or emotions. Once this is accomplished, the offending youth is better prepared to benefit from the services provided to address additional treatment needs. The ultimate goal is to reintegrate the youth with their family and community in a program that addresses their mental health and other risk reduction needs.

Many youth do not require a specialized residential mental health treatment program, but do have mental health issues that require attention by a psychiatrist to prescribe psychotropic medication, or by a psychologist for support regarding mental health issues. This support can occur in individual or group settings. TYC

staff at all facilities are trained in Trauma Focused Cognitive-Behavioral Therapy and continue to work toward a trauma informed system of service delivery.

Special Education Services support all programs designed by the Admission, Review, and Dismissal (ARD) committee to meet the individual needs of the youth with disabilities on their campus. The continuum of services include: regular classrooms with accommodations and/or modifications determined by the ARD committee, in-class supports from a special education teacher or aide, out-of-class supplemental supports to students who need an alternative setting for additional services, and resource classrooms for direct instruction by a special education teacher. Special Education Liaisons provide consultation and support to campus staff.

Educational Services are also available to accommodate those students with special needs such as hearing or visual impairments. The division contracts with experts to provide additional support to those youth whose impairments impact their educational performance.

Approximately 38% of youth committed to TYC exhibit emotional disturbances and mental health needs; the Positive Behavioral Interventions and Support (PBIS) program guides troubled youth toward positive behaviors which will enhance their ability to learn. External behavior coaches and support staff oversee the evaluation of PBIS. Each facility is developing a leadership team charged with oversight and monitoring the fidelity of implementation. Instruments are currently being developed that would monitor facility-wide benchmarks of quality.

TYC has a safe housing policy and a related tool to assess a youth's vulnerability to physical and sexual assault and make appropriate housing and supervision assignments in high restriction facilities. This information is tracked daily on a dorm census form. Each facility and halfway house also has facility safety plans in place to further protect vulnerable youth as necessary, without impeding their rehabilitation and daily programming. In addition, youth are placed according to age (a youth younger than 15 may not be assigned to the same dormitory with youth aged 17 or older) and treatment needs. Factors such as gang affiliation, danger to others, and vulnerability to assault or predation by others, are also considered during housing placement. Because these factors change over time, youth are routinely re-assessed by the multi-disciplinary team for progress and changes in needs. As risk factors are lowered and protective factors increase, youth may qualify to transfer to less restrictive programs, including step-down programs, and ultimately back to the community on parole status. Central oversight is critical to ensuring that assessments and case planning accurately reflect current needs and that youth are moved seamlessly through the system to program placements which best meet those needs.

Appendix B provides a chart by the Texas Youth Commission that breaks down the number of Youth with special needs by demographics and program type.¹¹¹

ENHANCING ALTERNATIVES TO INCARCERATION

While the state of Texas has implemented many programs and policies to cover a wide array of special needs, individuals with a mental illness and the elderly are two categories of special needs offenders where the most improvements remain to be made.

Texas's criminal justice system, through the coordination of TCOOMMI, has procedures and programs in place to identify and treat individuals with mental illness. At the beginning of the process, arresting officers are required to complete specialized training to identify and properly deal with the complexities that may be presented during the initial interaction. Once booked, individuals are checked through the Department of State Health Services to see if they received mental health care. At the booking facility, guards are trained in the same techniques required of the arresting officer. Many counties in Texas have protocol in place to divert these individuals at booking to local mental health authorities.

Individuals with a mental illness who are being supervised in the community have the ability to enter into mental health courts with the ability to have their conviction adjudicated. There are also other special considerations such as specialized community supervision officers to monitor their progress.

Juvenile offenders under the care of the Texas Youth Commission who are diagnosed with severe mental health illnesses may receive specialized treatment in a Mental Health Treatment Program, which provides enhanced psychiatric and psychological assistance along with smaller case manager-to-youth ratios. Youth with mental illnesses who are a danger to themselves or others receive care at the Corsicana Stabilization Unit.

If an individual with a mental illness becomes incarcerated, necessary accommodations must be made. All 112 TDCJ units provide mental health screening and evaluation services, 83 units provide psychiatric and psychological services to offenders with mental illness. Offenders on units without mental health staff are moved to full service units if screening and evaluation indicate a need for such services. Crisis Management care is provided to offenders who present a significant and imminent danger to themselves.

Once paroled from TDCJ, the Special Needs Offender Program caseload provides continuity of care and aids in providing uninterrupted essential services to offenders with mental illnesses. This program provides appropriate supervision of offenders with documented mental health disorders to increase their ability to successfully complete the terms of their supervision.

While the structure to deal with individuals with mental illnesses is in place, it is vital that these programs maintain proper funding to be successful. Programs designed in a community setting can be more cost effective and allow the individual to receive treatment in the least restrictive environment. It is vital that the state of Texas properly fund these strategies in order to avoid the much higher cost

associated with incarceration.

Another area where improvements can be made are accommodations and policy changes for geriatric offenders. Most elderly offenders require more supervision and medical care, as well as special diets, mobility aids, and special housing. According to the Correctional Managed Healthcare Committee, offenders 50 years of age or older account for nearly half of the total cost for off-site and sub-specialty costs. Off-site and sub-specialty costs are services that are not readily available in the correctional facility. While offenders who are 50 years of age or older only account for 16% of the population, the total number of offenders who are in this age group has increased by 50% in the last 5 years.¹¹²

With the rising cost of healthcare combined with an increase in elderly offenders within our prison system, this issue may be one of the largest cost drivers for years to come. One possible solution to this problem is to re-examine how the Medical Release Intensive Supervision (MRIS) program works and whether it is reaching its intended output. The purpose of MRIS is to release offenders who pose minimal public safety risk from incarceration to more cost effective alternatives. TCOOMMI screens offenders who may qualify for this program and provides that information to the Texas Board of Pardon and Parole (BPP) who make the final decision whether an offender will be released.

In FY 2009, the MRIS program released 59 offenders. This is a dramatic decline from recent years. Of the 59 released, 34 were terminally ill and 24 required long term care. The remaining person's diagnosis for release was elderly. In fact, during the years of FY 2005 and FY 2009 only 5 offenders were released for this reason.¹¹³

The Board of Pardons and Paroles makes the final decision of who is released by the MRIS program, therefore, strategies should be developed to increase this program. Whether or not an individual constitutes a threat to public safety is the largest roadblock. By mandating specific information that must be presented and considered when deciding who is released, the Board may feel more confident in increasing their MRIS release approvals at ease. One possible solution is to require a new risk assessment as part of the presentation to BPP. If the goal is to find a more cost effective alternative to incarceration, having this information present during the decision making process could have a dramatic effect.

CONCLUSION

Because an offender has a special need does not change the fact that this person committed a crime and should be held accountable for their actions. It is important that all offenders who are under the care or supervision of Texas' criminal justice system receive appropriate and necessary accommodations. While Texas' criminal justice system has many programs and procedures in place for individuals with special needs, there is always room for improvement. Identifying those who need services earlier in the process allows for suitable alternatives to become an alternative to incarceration. By continuing to search for best practices and

appropriate cost savings within the system, Texas can not only operate cost effective programs, but ones that continue to protect public safety.

COMMITTEE WORK

To gain a better understanding of the programs and needs of special needs offenders, the Committee met with a wide array of stakeholders. Committee and their staff undertakings included:

- A Committee hearing devoted to Interim Charge # 4 was held on April 28, 2010. The meeting lasted 6 hours 49 minutes and received testimony from 34 different witnesses.
- The Committee took testimony from state agencies, local CSCDs, and regional mental health authorities as well as various advocacy groups, both statewide and local. Public testimony was expended to all individuals who wished to address the committee.
- Toured TDCJ facilities including the Mt. View Crisis Management center, Hospital Galveston, a male geriatric wing at the Estelle Unit, and the Developmentally Disabled program at the Crain Unit.
- Meetings with staff of various agencies who interact with offenders with special needs.
- Discussions with various advocacy groups to have concerns or recommendations for how to address issues regarding offenders, both adult and juvenile, with special needs.
- Conducted Research on how other states assist special needs populations while incarcerated or on community supervision.

RECOMMENDATIONS

Reexamine the method and criteria for which the Texas Board of Pardons and Paroles considers offenders with special needs for MRIS taking into account cost efficiency while still protecting public safety.

Require county jails, as part of the monthly population report already required by counties, report the number of CARE/CCQ inquiry request and matches to the Texas Commission on Jail Standards.

Update TCOOMMI membership to reflect current agencies and association participants.

CHARGE # 5

Review the range of services provided to females in the juvenile and adult criminal justice systems and recommend changes to ensure responsiveness to gender-specific issues. Review should include institutional and community supervision programs and utilization of correctional facilities that house non-adjudicated populations.

INTRODUCTION

According to the latest figures released by the Texas Department of Criminal Justice, women represent 7.76% of offenders currently incarcerated in TDCJ. Women also account for 20% of individuals placed on direct supervision by a local community supervision corrections department.¹¹⁴ The Texas Youth Commission reported housing a total of 330 females out of a total population of 1265.¹¹⁵ The Texas Juvenile Probation Commission counted females as 27,000 of their overall population for the fiscal year 2009.¹¹⁶

Females account for a small but growing percentage of the correctional population and their needs vary greatly from their male counterparts. Studies show that gender-specific programs and policies throughout our criminal justice system best equip Texas to address the unique issues facing females on community supervision, parole and in prison. These initiatives can offer the best potential to assist in the prevention and treatment of the underlining causes of womens' involvement in the Texas Criminal Justice System.

AGENCIES THAT PROVIDE SERVICES TO FEMALES IN THE CRIMINAL JUSTICE SYSTEM

There are three state agencies that provide services for females in the criminal justice system. While offenders under community supervision are overseen by local juvenile probation departments, The Texas Juvenile Probation Commission coordinates with these local departments to provide assistance to them. If the female offender is sentenced as a juvenile, the Texas Youth Commission is responsible for confinement.

While the Texas Department of Criminal Justice's Criminal Justice Assistance Division (TDCJ-CJAD) implements public policy relating to supervision procedures, actual supervision is the responsibility of local Community Supervision and Corrections Departments. Adults sentenced to confinement in prisons and state jails are the responsibility of the Correctional Institutions Division of TDCJ.

Texas Juvenile Probation Commission

The Texas Juvenile Probation Commission (TJPC) works in partnership with 165 local juvenile boards and juvenile probation departments to support and enhance juvenile probation services throughout the state. This assistance includes:

- Providing funding, technical support, and training
- Establishing and enforcing standards
- Collecting, analyzing and disseminating information
- Facilitating communications between state and local entities.

As of December 31, 2009, TJPC received 97,375 referrals for juveniles to be placed on community supervision. Twenty seven thousand of these referrals were for females, compared to 70,375 referrals of male juveniles. Females constituted 28%

of all referrals in 2009. The percentage of females referred to TJPC has remained steady for the past five years. Of the females referred to TJPC in 2009, Latinos were the largest ethnic population with 12,404 (46% of female referrals). White females had the next largest amount with 7,423 (27%), followed by African Americans with 6,810 referrals (25%); 363 (1%) females were classified ethnically as "other."

Although the actual programs are decided upon and run by local juvenile probation departments, TJPC provides grants to help fund these programs. Below is a list of programs that serve juvenile female offenders in the community.¹¹⁷

Juvenile Justice Community-Based Programs for Female Offenders

| Department | Program Name | Program Type | # Served |
|-------------------|--|---------------------|-----------------|
| Bexar | Female Peer Group | Female | 25 |
| Bexar | Girls Mental Health Court Crossroads | Mental Health | 11 |
| Bexar | Joven Anger Management | Anger Management | 2 |
| Bexar | Mental Health Court Kaps | Family Preservation | 12 |
| Bexar | Residential Services Aftercare Support Group | Mental Health | 6 |
| Bexar | Southwest Key Girls Aftercare Services | Other | 6 |
| Bexar | VIP Female Group Mentoring | Mentoring | 52 |
| Brazos | Counseling | Counseling | 2 |
| Collin | Educational | Educational | |
| Comanche | Why Try? | Runaway/Truancy | 2 |
| Coryell | Girls Circle | Female | 20 |
| Denton | Smart Girls Speak | Female | 24 |
| Denton | Woman Enough Program | Female | 2 |
| Fannin | Counseling With Jan Snow | Counseling | 2 |
| Gregg | Brief Strategic Family Therapy | Family Preservation | 2 |
| Guadalupe | D.R.E.A.M. (Female Group) | Female | 4 |
| Hardin | Teen Suicide Prevention | Class Counseling | 3 |
| Hopkins | Star Program | Day Program | 3 |
| Hutchinson | Stars Program | Day Program | 2 |
| Jefferson | Empowering Phenomenal Teens | Female | 4 |
| Johnson | Voices Girls First Offender Program | Early Intervention | 37 |
| Kerr | Juvenile Firesetter Intervention Program | Early Intervention | 2 |
| Lubbock | Apple Program | Family Preservation | 7 |
| Lubbock | LCYC Long Term Program | Other | 4 |
| Midland | Girl's Circle | Female | 57 |
| Midland | Standing On Your Own | Female | 11 |

| | | | |
|------------|--|------------------|----|
| | (SOYO) | | |
| Midland | Voices | Female | 49 |
| Navarro | Love & Logic | Counseling | 3 |
| Polk | Why Try | Other | 18 |
| Potter | Girls Group | Female | 12 |
| Red River | Community Healthcore Star Program | Counseling | 2 |
| Tom Green | Success By 6 | Life Skills | 2 |
| Van Zandt | C - Heart - Female Program | Educational | 5 |
| Van Zandt | C- Battering Intervention Prevention Pro | Anger Management | 10 |
| Van Zandt | Networks Program | Other | 2 |
| Wichita | Female Issues Group | Female | 10 |
| Wichita | Texas Workforce Investment Act | Vocational | 4 |
| Williamson | Starry Program | Day Program | 2 |

Texas Youth Commission

The Texas Youth Commission (TYC) provides a range of services including secure institutions, halfway houses, contract placement, and parole. If a youth is between the ages of 10 and 17, he or she can be committed to TYC for felony offenses or violations of felony probation. Youth may remain under the custody of the agency, in a residential or parole setting, until their 19th birthday, depending on the type of commitment and individual progress.

In 2009, 127 females were sent to TYC facilities, which is 9% of the total commitments for the year. In this same year, females account for 8% of the average daily population, or 330 female juvenile offenders.¹¹⁸

Assessing Treatment Needs for Female Juvenile Offenders

Females are received at the Ron Jackson State Juvenile Correctional Complex Unit I in Brownwood, Texas. Each youth goes through the Orientation & Assessment stage, which includes a comprehensive screening and assessment of their medical and mental health, chemical dependency, behavioral issues, educational background, family history, and criminal history. Information is also gathered from court records, existing data bases, assessment and screening tools, and interviews with the youth.

The Positive Achievement Change Tool (PACT) is used specifically for female populations. It was implemented in FY 2009 and is the basis for creation and multi-disciplinary management of individualized case plans. Female offenders are also assessed by the UCLA Post Traumatic Stress Disorder Index Scale. Conducted upon entry to the facility, this instrument measures the level of trauma an offender has experienced. Information obtained through the assessments assists TYC in managing the services for female youth.¹¹⁹

Below is a chart that shows risk factors as well as treatment assignments. These numbers show that females were sexually abused at three and one half times the rate of males and reported physical abuse twice as often as males. Females also had greater incidences of inadequate supervision, neglect, and abandonment. The most often occurring risk factor for females was a history of running away from home. Based on history of chemical dependency and violent behavior, treatment needs were similar between males and females. The chart also shows that females had a higher rate of need for mental health treatment than males.

Risk Factors and Treatment Assignments of
TYC Population by Gender in 2009

| | Percent of Females < 18 (N=408) | Percent of Males < 18 (N=4267) |
|---|---|--|
| Risk Factors | | |
| History of Running away from Home | 65% | 36% |
| History of Sexual Abuse | 37% | 10% |
| History of Inadequate Supervision | 31% | 23% |
| History of Emotional Abuse | 26% | 15% |
| History of Physical Abuse | 26% | 14% |
| History of Running away from Placement | 18% | 7% |
| History of Abandonment | 15% | 10% |
| History of Medical Neglect | 9% | 5% |
| History of Neglect | 13% | 8% |
| Identified Gang Member | 29% | 42% |
| Family History of Chronic Poverty | 56% | 61% |
| Need for TYC Specialized Treatment | | |
| Chemical Dependency Treatment | 68% | 72% |
| Sex Offender Treatment | 2% | 13% |
| Mental Health Treatment | 58% | 38% |
| Capital & Violent Offender Treatment | 54% | 47% |

Treatment Settings for TYC Females

TYC operates a system of correctional institutions and community residential programs in 21 locations statewide to provide community-based aftercare services.

Secure Institutions: Females are placed in one of two secure institutions based upon their assessment and treatment needs. The Ron Jackson State Juvenile Correctional Complex Unit I operate as the main campus for females. The Corsicana Regional Treatment Center house female offenders needing more comprehensive treatment. This unit also houses the Crisis Stabilization Unit.

Halfway House: TYC operates one halfway house for females, the Willoughby House in Fort Worth.

Specialized Parole Caseloads: TYC's Houston, Dallas, and San Antonio district offices incorporate specialized female caseloads. Parole officers provide group counseling, meetings for young mothers, mentoring assignments, family-type celebrations such as holidays, birthdays, or special occasions. TYC matches females at Ron Jackson I to mentors, many of whom continue to work with them through parole.

Specialized Institutional Treatment Programs

Chemical Dependency Treatment Program: This program is offered in special dorms dedicated for this purpose at the Ron Jackson facility. In FY 2009, the average daily population (ADP) of females in specialized chemical dependency treatment was 25. This treatment uses the evidence-based "Pathways to Self Discovery and Change" curriculum. The program addresses both the underlying emotional symptoms that fuel delinquent behaviors and their effects on the family and victims. Individual counseling and group counseling sessions are provided. They center on the following areas:

- Relapse prevention
- The relationship between addiction and criminal behavior
- Self-esteem
- Personal responsibility
- Family and victim issues
- Relationships
- Chemical dependency education

The program is designed to be completed in six to nine months. Youth must demonstrate the ability to prevent a relapse prior to being considered for release to a less restrictive setting.

Mental Health Treatment Program: Female offenders with mental health diagnoses can participate in basic treatment programs within TYC institutions. The Mental Health Treatment Program at Corsicana Residential Treatment Center provides services to those youth with serious mental health diagnoses, which require more specialized care that is generally not available at most other facilities. This includes intensive psychiatric monitoring, psychological consultation, specialized counseling and specially trained dorm staff.

A very small group with major mental health diagnoses are treated in the Corsicana

Stabilization Unit or moved to a state psychiatric hospital for care. These are youth that, because of their diagnoses, might be in danger of hurting themselves or others and require the most intensive and restrictive of treatment settings. In FY 2009, the ADP of females in the mental health treatment program was 23, or 14% of TYC's female population.¹²⁰

Special Services for Females

Volunteer Programs and Initiatives - TYC coordinates with community groups that provide volunteer services to female youth at Ron Jackson Unit I. A few examples of services led by volunteers include:

- Music classes
- Arts and Crafts
- Faith-Based Services
- Dance and Acting lessons
- Family and Parenting Skills
- Girl Scouts
- Guitar Lessons
- Small Group Bible Study
- Talent Shows
- Tutoring
- Youth Choir
- Weekly Worship

Education and Vocation – Females participate in a variety of educational and vocational programs at the Ron Jackson Unit I. In addition, several females are participating in dual and/or college credit courses. Many females work on solidifying their employment options by obtaining vocational certifications in fields such as horticulture, food services, cable, construction, and cabinet-making.

Trauma-Focused Cognitive Behavioral Therapy – This evidence-based treatment approach for assisting children, adolescents, and their caretakers helps youth to overcome trauma-related challenges. It is designed to reduce negative emotional and behavioral effects following child sexual abuse and other traumatic events. In secure facilities, case manager's parental calls serve as a follow-up to educate and inform parents, discuss information gleaned from treatment including youth and parents activities that have a bearing on issues.

Girls Circle - A nationally-recognized support group for females that focuses discussions on gender-specific topics and is designed to promote resiliency and self-esteem.

Medical Care - In addition to medical services provided to all TYC offenders, females also receive a pregnancy test and a 'well woman' exam during orientation and assessment, which includes a Pap smear, and a breast exam. Subsequent 'well woman' exams are provided for all female annually.¹²¹

Contract Residential Settings:

- *Women in Need of Greater Strengths (WINGS) for Life* is a contracted residential program that provides a minimum-security parenting-oriented program for pregnant females and females with children under the age of three. During FY2009, eight females were pregnant at the time of commitment. Pregnant females were assigned to either Ron Jackson or WINGS.
- *Specialized Alternatives for Youth* is a contracted service that provides foster care homes and associated services for TYC youth in the Dallas/Forth Worth area.
- *Texas MENTOR* is a licensed child placing agency that provides foster care placement for males and females in the Harris County area.

Transitioning to the Community: Parole and Aftercare

Upon being released from an institutional environment, youths may then be placed in halfway houses, community-based parole, or other contracted residential programs. TYC operates one halfway house, Willoughby House in Fort Worth, which is dedicated to serving females who are moving from an institutional to a non-secure residential setting. On an average day in FY 2009 the Willoughby House had 11 females at the facility. In 2009, the Willoughby House housed 89 females.

During FY 2009, 315 female juveniles were on parole monitored by TYC. An average day saw 89 females under the age of 18 on parole. Of those, an average of 11 were receiving specialized aftercare treatment services; eight for mental health services and three for chemical dependency. Case Managers and parole officers coordinate with treatment professionals, families, schools, and others to ensure that youth have the ability to succeed. Education liaisons assist parole officers in identifying educational and vocational programs that will support the youth. A parole officer monitors each youth's progress in these programs through attendance reports and visits with the youth.¹²²

Texas Department of Criminal Justice

Gender Specific Programs for Female Offenders on Community Supervision

Texas currently has 43 community corrections facilities (CCFs) with a total of 3,559 beds. CCFs are residential facilities established by a judicial district with the purpose to confine persons placed on community supervision and provide services and programs to modify criminal behavior, protect the public, and restore victims of crime. Twenty one of these facilities have a collective total of 923 beds for female offenders, with 14 offering some gender specific programming. Listed below are the different types of CCFs available to female offenders.

Court Residential Treatment Centers (CRTCs) - CRTCs provide offenders with substance abuse treatment as well as educational, cognitive, and life skills training. Most include some type of employment during the final phase of the program. Some facilities also provide treatment and services for offenders with emotional/family problems. There are currently seven CRTCs and two of these have beds for female offenders, located in Tom Green and Uvalde County. Of the 771 CRTCs beds available, 192 are designated for female offenders.

Substance Abuse Treatment Facilities (SATFs) - SATFs are designed specifically to provide cognitive-based substance abuse treatment. These facilities also provide educational and life skills training in addition to 12-Step or modified therapeutic community treatment programs. Of the 1,750 total SATF beds, 531 are female-designated. 11 of the SATF facilities house females, with 9 of them offering some gender-specific programming.

Restitution Centers (RCs) - Restitution Centers handle offenders who are having problems maintaining employment and paying court ordered obligations, but do not demonstrate serious substance abuse problems. Programming provided in RCs usually includes cognitive correctional intervention programs, community service restitution, education, and life skills training. Five RCs have beds for female offenders, located in Collin, El Paso, Jefferson, San Patricio, and Taylor counties. Of the 439 RCs beds statewide, 114 are female-designated.

Intermediate Sanctions Facilities (ISFs) - These facilities give the courts an incarceration option, other than revocation of probation, for supervision violators. Programming provided in ISFs usually includes community service restitution, education-related, cognitive and life skills programs. Only one ISF currently has beds available for females. Located in Collin County, this facility only has 6 female designated beds, and offers no gender-specific programming. To compensate for the lack of beds for females in this specific type of public institutional facility, there are currently 96 female ISF beds in private facilities contracted for by the Texas Department of Criminal Justice.

Mentally Impaired Offender Facilities (MIOFs) - MIOFs provide the courts with a sentencing alternative for offenders diagnosed with mental health issues such as major depression, schizophrenia, and bi-polar disorder. Programming in the MIOFs include a broad range of mental health, substance abuse and life skills services for offenders with mental impairments, in a residential setting. Three MIOFs have beds for female offenders, located in Bexar, Dallas, and Harris counties, with two of these offering gender-specific programming. There are 80 female beds out of a total of 190 MIOF beds statewide.¹²³

Gender Specific Programs for Female Offenders in Prison or State Jail

The Texas Department of Criminal Justice (TDCJ) manages offenders in state prisons, state jails and private correctional facilities that contract with TDCJ. The agency also provides funding and certain oversight of local community supervision corrections departments and is responsible for the supervision of offenders released

from prison on parole or mandatory supervision.

At the end of the fiscal year 2010, TDCJ had a population of 154,799. Of that, 12,025 were females, representing roughly 7.8 % of that total population. During incarceration, female offenders have many gender-specific programs and initiatives available to them.¹²⁴

Female Special Medical Programs and Services

Carol Young Female Sheltered Housing (Dickinson, Texas) - There are approximately 310 sheltered female housing beds at the Carol Young Unit. All females offenders in this unit are classified as general population, but require special protective housing because of their medical condition. Forty-seven cell spaces accommodate female wheelchair offenders. In anticipation of delivery at Hospital Galveston, pregnant offenders in their last trimester are transferred to this facility. Carol Young also houses all female offenders needing dialysis, with a current capacity of 15 beds.

Carol Young Southern Region Medical Facility (Dickinson, Texas) - An inpatient hospice designated solely for female offenders.

The Love Me Tender Program (Hospital Galveston) - This program allows female offenders and their infants to spend time together in an environment other than a traditional correctional facility. A secure visitation room allows for mothers and babies to visit, feed, and bond. Babies are brought to their mothers Monday through Friday from 12:30 p.m. to 2:30 p.m. by nursing staff.

Baby and Mother Bonding Initiative (BAMBI) (Houston, Texas) - House Bill 199, passed during the 80th Legislature, required TDCJ to implement a residential infant care and parenting program for female offenders. This initiative mirrors, to the furthest extent possible, the Federal Bureau of Prison's MINT (Mothers and Infants Together) program being used in Fort Worth. TDCJ collaborates with the University of Texas Medical Branch (UTMB) and local foundations to provide a bonding program for new mothers in a residential setting and targets offenders serving a term of no more than two years. The women are transferred to the Carol Young Complex in the third trimester of their pregnancy, where they will begin participation in UTMB's "Love Me Tender Program." They also receive phase one of the new curriculum "Baby Basics." After delivery the mother and infant transition into the residential community phase, where they remain until the offender completes their sentence. The Baby and Mother Bonding Initiative allows mothers and their newborns time to form a healthy attachment in a secure setting, and is coupled with a training and education program for the mothers. These new moms receive substance abuse education; life skills training; infant first aid and CPR; nutrition advice; and cognitive, anger, and time management counseling. The Santa Maria House in Houston operates the program, which currently has 13 women and 14 infants.¹²⁵

Inpatient Mental Health Services - The co-gender Skyview unit in Rusk, Texas

houses all female offenders in need of chronic inpatient care in addition to receiving and evaluating offenders for crisis management. Jester IV, a co-gender unit located in Richmond, Texas, houses female offenders needing crisis management services, as does the female-only Mountain View unit.

Developmentally Disabled Program - The Crain Unit Valley Satellite housing area is home to the Developmentally Disabled Program. There are 84 female offenders currently participating. This facility provides a sheltered, protective housing environment in which female offenders with low to borderline intellectual functioning capacity will receive additional treatment if needed and participate in programs and activities such as special education classes teaching basic life skills.¹²⁶

Programs available in the Windham School District

Academic Programs - A variety of adult education classes are currently offered, ranging from basic reading for those functioning below the sixth grade level to secondary-level education for inmates seeking a high school equivalency certificate. Based on an individual assessment, students are assigned to beginning (Literacy I), intermediate (Literacy II) or advanced (Literacy III) level classes. Literacy classes are non-graded, competency-based, and operated year-round. Students with significant reading difficulties may be enrolled in Literacy I—Reading, a special program providing intensive reading instruction.

A comprehensive referral and assessment process is used to identify offenders who may require Special Education services. Specialized instruction is provided for students with learning disabilities, emotional disturbances, mental retardation, vision and/or hearing impairments, orthopedic impairments, speech impediments, traumatic brain injury, and other health issues. Certified Special Education teachers employ a wide variety of instructional strategies and materials to address each student's individual learning style.

Windham also provides an English as a Second Language (ESL) program for eligible students who exhibit limited English proficiency. Certified ESL teachers provide intensive instruction in English language development, reading, and writing.

Life Skills Programs - The Middle Way Parent Education Program serves as the curricular foundation for the 30-day parenting workshop used at select facilities. It is a communication-based, interactive program that fosters the development of healthy family relationships. At female facilities, the program is facilitated and delivered through a mother's perspective. Women's Health is offered in conjunction with the parenting program at many female facilities.

Career and Technical Education (CTE) - CITE courses are established based upon the labor market's demand for higher-skill, higher-wage occupations. Any curriculum used for these courses are required to meet accepted industry standards of specific skills and capabilities needed for an individual to succeed in the

workplace. Teachers must be industry-certified and knowledgeable of current industry standards and practices. This program provides an offender with the opportunity to earn a Windham School District certificate of completion in addition to an occupational certificate or license.

Windham School District provides a combination of traditional and non-traditional vocational courses for females. The following 600-hour vocational courses are currently offered at female facilities:

- Automotive Specialization—Brakes
- Business Computer Information Systems
- Business Image Management and Multimedia
- Computer Maintenance Technician
- Construction Carpentry
- Custodial Technician
- Diversified Career Preparation: Food Production, Management & Services
- Landscape Design, Construction, and Maintenance
- Painting and Decorating
- Personal and Family Development
- Piping Trades/Plumbing

Cosmetology is under consideration as an additional vocational program for female offenders. Windham is currently coordinating with TDCJ to locate an available building for this course.¹²⁷

Programs under the Rehabilitation Division

The Rehabilitation Division coordinates across the various divisions of the TDCJ, and has broad-based responsibilities that encompass every division within the agency to ensure programs and services are administered efficiently and consistently.

All units offer faith-based volunteer classes that include gender-specific teachings. Most of these occur on a rotating basis throughout the year. Included in this type of activity are Women of Power, Women of Wisdom, Sarah's Daughters, Women's Aglow, Marvelous Moms, Day with Mom and the like. The following is a list of programs, divided by unit, that are female gender specific.

Henley Unit (Dayton, Texas)

- In-Prison Therapeutic Community (IPTC) - a cognitive-based substance abuse treatment program.
- Yoga – teaches relaxation techniques, self-awareness, impulse control

Plane State Jail (Dayton, Texas)

- Bonding Visits - Allows for time set aside for visitation between mothers and their children during weekdays, in addition to regularly scheduled visits, so they

can spend time doing activities such as reading, homework, talking, and playing games together.

- Girl Scouts Beyond Bars
- PRI (Prisoner Reentry Initiative) – Offers life skills training to soon to be released inmates and follows up with mentoring services in local communities.
- Reentry Life Skills/Distance Learning – Provides life skills instruction and facilitates current topical discussions to participants via satellite technology. Topics discussed range from HIV/AIDS awareness and prevention, to healthy body/hygiene issues, to nutrition and health.
- State Jail Substance Abuse Program – Facilitates discussions about substance abuse, domestic violence, and related issues.
- Texas SKIP (Supporting Kids with Incarcerated Parents) – Provides “hands-on” parenting education as well as support to caregivers. This program can continue for an offender after their release through the Teeter Totter Village in Houston.
- Through the Fire - Facilitates emphatic group discussions to help heal traumatic events.
- Women’s Storybook – Allows mothers to record themselves reading children's books and then have the tapes and books sent to their children by volunteers.
- WrapAround - Helps offenders meet specific needs upon release for those who will release to Harris County.
- Yoga classes

Carole Young Medical Facility (Dickinson, Texas)

- Baby Basics – A nationally recognized curriculum focused on childhood development.
- Cancer Survivor Group
- Sisterhood of Ruth – Bible study geared toward helping women understand and utilize their unique strengths.
- Women’s Storybook
- Women to Women Peer Education – An HIV/AIDS, STD, etc. curriculum provided to offenders, who in turn teach other offenders. The female version includes the female reproductive system, making healthy choices and emotional well-being.

Crain Unit (Gatesville, Texas)

- (Hackberry Satellite Unit) Substance Abuse Felony Punishment Facilities (SAFP) - A cognitive based substance abuse treatment program.
- Caring for the Female Body (Developmentally Disabled Offenders)
- Domestic Violence
- Healing Emotional Hurts
- Women to Women Peer Education

Halbert SAFP (Burnet, Texas)

- Mother/child Bonding
- SAFP
- IPTC

-
- Triad Women's Project (Recovery, Survival, Empowerment) – This curriculum covers domestic violence, abuse, trauma, and other life experiences many female offenders have endured. Time Out for Me, which is part of the Triad program, teaches women to take time for themselves to be better equipped to handle stress.

Hilltop Unit (Gatesville, Texas)

- Challenge Opportunity Understanding Respect Acceptance Growth Education Program (COURAGE) - Formerly known as the Youthful Offenders program, COURAGE provides a vehicle of positive change for youthful offenders through targeted programs, supervision, and management in a safe restorative environment.
- Families in Crisis – Helps in identifying issues within families, due to incarceration as well as underlying issues that may have led to incarceration. Also focuses on breaking the cycle of intergenerational incarceration.
- Girl Scouts Beyond Bars
- Sex Offender Treatment Program

Hobby Unit (Marlin, Texas)

- Mother/child Bonding
- Breaking Intimidation – Teaches women personal worth and value, and to recognize unhealthy partner choices
- Healing the Angry Heart – Biblical study dealing with anger issues

Mountain View Unit (Gatesville, Texas)

- Women's Storybook

Murray Unit (Gatesville, Texas)

- Faith-Based Dorms
- Sisters Taking a New Direction

Woodman State Jail (Gatesville, Texas)

- Untying the Lies That Tie – Biblical study related to changing one's behavior for the better.
- Women's Health – Conveys information about breast cancer and how to self-exam, as well as how to protect oneself from STDs.
- Women's Storybook
- Women to Women Peer Education

Lockhart Unit (Lockhart, Texas)

- Truth Be Told – A volunteer program designed to help women “speak up” for themselves by telling their own story and showing empathy to others as they tell their story.

Dawson Unit (Dallas, Texas)

- Faith-Based Dorms
- Resolana – A volunteer program that uses arts, dance, and creativity to provide positive “channels” to participants as they learn to embrace and accept their past.¹²⁸

MOTHERHOOD

According to the Bureau of Justice Statistics, the number of children under the age of 18 with a mother in prison has more than doubled in the last 20 years. Nationwide, 41% percent of mothers in state prisons have at least one child and many reported having more than one child. Of these, almost a quarter of state inmates have children who are the age of 4.¹²⁹ Female inmates with children are more likely to be sentenced for drug or property crimes rather than violent crime. In fact, females sentenced for these reasons were more likely to have children than their male counterparts.¹³⁰ 40% of mothers held in state prison reported living with their children in a single-parent household in the month before their arrest; 52% identified themselves as the primary financial support for their children.¹³¹ Eleven percent reported that their children were in a foster home or under the care of a state agency, while another 42% identified the child's grandmother as the primary care giver and 23% reported their child currently living with a relative.¹³²

Due to the fact that TDCJ does not document whether female offenders are mothers, it is difficult to know exactly how many offenders have a child or children. 11,954 females are incarcerated in prison, state jail, or Substance Abuse Felony Punishment (SAFP) program accounting for 7.7% of TDCJ's total population. If the 41% figure given by the Bureau of Justice Statistics (BJS) hold true, then 4,901 female offenders in TDCJ secure facilities are mothers. At the same time, 73,552 women are on direct supervision placement, representing 26.6% of the total. Using the same BJS figure, 30,156 of the females under direct supervision are mothers with at least one child.¹³³

Mothers who are either in prison or on probation have a wide array of programs available to them. Love Me Tender, Texas SKIP, Women's Storybook, and others are designed to educate mothers on proper parenting techniques as well as provide bonding opportunities for the mother and child. It must be noted, however, that not all of these programs have undergone full-scale evaluation of their effectiveness or use of evidence-based practices.

Motherhood is much less prevalent within TYC, where only 8 individuals were pregnant at the time of their commitment during all of 2009. These individuals are

sent to a residential setting where they participate in the WINGS program, which allows female inmates to be with their child until they are 3 years of age.

MENTAL HEALTH AND SUBSTANCE ABUSE

According to the Bureau of Justice Statistics, 73% of female state prisoners nationwide have been diagnosed with a mental health problem or had exhibited signs of a mental health problem. Similarly, 75% of females in local jails exhibit mental health problems.¹³⁴ Of the female inmates showing signs of a mental illness, 39% reported that a parent or guardian had abused alcohol, drugs or both while they were growing up. A majority of those polled, 52% reported that a family member had been incarcerated in the past. Another alarming statistic shows that those with mental health issues were twice as likely to report past physical or sexual abuse.¹³⁵

The costs of incarcerating an individual with a mental illness can be three times as expensive. That number is important to note, as inmates with mental health issues average spending 5 months longer in prison than those without mental health problems. A major contributor to these longer prison stays is that offenders with mental health issues tend to have more rule infractions concerning verbal or physical assaults on correctional staff or another inmate.¹³⁶

Within TYC, 15% of female offenders receive mental health treatment. Some youth with mental health diagnoses participate in the agency's basic treatment program through each individual TYC institution. In addition, the Mental Health Treatment Program at Corsicana Residential Treatment Center provides services to both male and females who have serious mental health diagnoses and require specialized care that is not available at most other facilities. A very small group with major mental health diagnoses are treated in the Corsicana Stabilization Unit or moved to a state psychiatric hospital for care. These are youth that, because of their diagnoses, might be in danger of hurting themselves or others and require the most intensive and restrictive of treatment settings.¹³⁷

Almost three-fourths of females in the criminal justice system with a mental health problem have a dependence of alcohol, drugs, or both. In a nationwide study, offenders with a mental health problem surveyed reported 62% were dependent on or abused drugs, while 52% reported an addiction to alcohol. In fact, a third of inmates who had mental health problems reported having been under the influence of drugs or alcohol at the time of their arrest.¹³⁸

State agencies and other stakeholders within the criminal justice system have implemented a variety of programs, most of which are evidence-based, seeking to combat the substance abuse problem that plagues many of our inmates and parolees. By fully utilizing these programs, female offenders have a better opportunity to live a drug-free life.

CONCLUSION

By addressing the specific needs of the female population through proper assessment and specialized programming, Texas can help to reduce our prison and probation populations and minimize recidivism rates. More importantly, these programs can give women an opportunity to correct past mistakes and seek to live a happy and productive life, both for themselves and for their children.

COMMITTEE WORK

To gain a better understanding of the programs and needs of female offenders, both juvenile and adult populations, the Committee met with a wide array of stakeholders. Committee undertakings included:

- A Committee hearing devoted to Interim Charge # 5 was held on January 28, 2010. The meeting, which lasted 8 hours and 40 minutes, took testimony from 41 different witnesses.
- The Committee heard from TDCJ, TYC, TJPC, UTMB, and the Texas Department of Family and Protective Services regarding how their agencies structure their policies and programs to address the needs of the female populations in which they interact. The Committee also received testimony from various advocacy groups, both statewide and local. One panel that spoke consisted of women who had either served time in prison or state jails or those who were currently on community supervision or parole. This panel was able to give the Committee a firsthand account of issues women face in prison and community supervision. Finally, public testimony was expended to all individuals who wished to address the committee.
- Tour of TDCJ facilities that house female offenders in Gatesville, Texas. This tour included visits to classes in the Windham School, the PAWS program, a Special Needs IPTC program vocational training and the crisis management dorm in the Hilltop Unit.
- Tour of Hospital Galveston's "Love me Tender" Program.
- Meetings with staff of various agencies who interact with female offenders in the criminal justice system.
- Discussions with various advocacy groups to have concerns or recommendations for how to address female gender specific issues.
- Researched conducted how other states are responding to the needs of female offenders.

COMMITTEE RECOMMENDATIONS

TDCJ should consider providing more treatment to females due to high level of substance abuse and mental illness of those incarcerated.

TDCJ should incorporate more gender specific assessment and needs tools to properly identify female populations with special needs.

Programs offered to women should incorporate more evidence based practices so that effectiveness can be properly determined.

TDCJ should track stats on women incarcerated who are mothers at intake.

Female populations in TYC and TDCJ should be included on the LBB's "Current Correctional Population Indicators: Adult and Juvenile Correctional Populations Monthly Report."

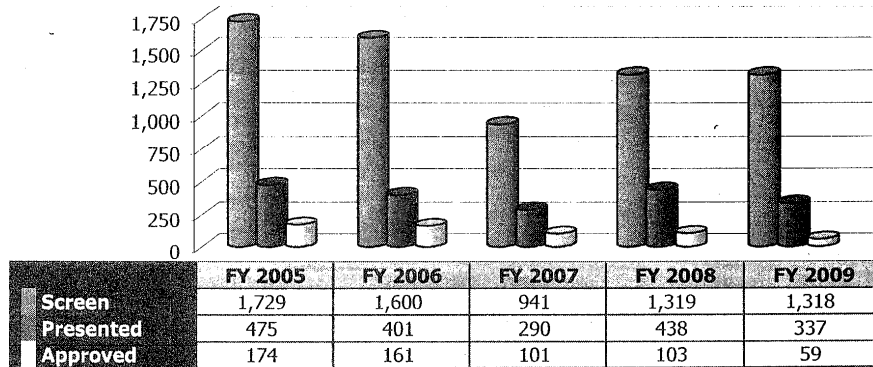
APPENDIX A

MEDICALLY RECOMMENDED INTENSIVE SUPERVISION (MRIS)

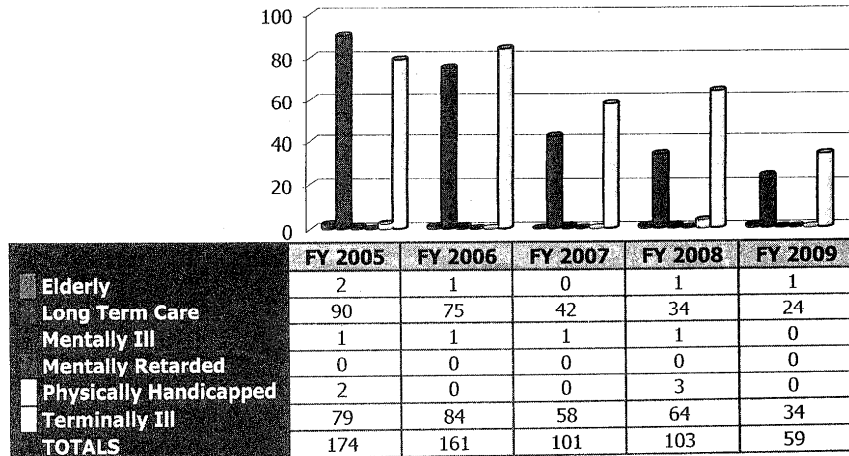
Upon review of any eligible offender who qualifies for release to Medically Recommended Intensive Supervision (MRIS), the MRIS panel bases its decisions on the offender's medical condition and medical evaluation, and whether the offender constitutes a threat to public safety.

Offenders shall comply with the terms and conditions of the MRIS program and abide by a Texas Correctional Office for Offenders with Mental or Medical Impairments (TCOOMMI) approved release plan. Offenders remain under the care of a physician and in a medically suitable placement.

MRIS Data Comparison



MRIS Approval Rates by Diagnosis



APPENDIX B

TEXAS YOUTH COMMISSION SPECIAL NEEDS AND DEMOGRAPHICS BY PROGRAM TYPE

| | | PROGRAM TYPE | | | | | | | | TOTAL | |
|--------------------------------------|---|--------------|--------|---------------|--------|----------|--------|--------|--------|-------|--------|
| | | INSTITUTION | | HALFWAY HOUSE | | CONTRACT | | PAROLE | | N | % |
| | | N | % | N | % | N | % | N | % | | |
| MAJOR MENTAL HEALTH DIAGNOSIS | ATTENTION DEFICIT/HYPERACTIVITY DISORDER | 179 | 11.0% | 13 | 8.8% | 11 | 9.2% | 138 | 9.4% | 341 | 10.1% |
| | DEPRESSIVE DISORDER | 172 | 10.6% | 15 | 10.2% | 1 | 0.8% | 117 | 8.0% | 305 | 9.1% |
| | MOOD DISORDER | 174 | 10.7% | 14 | 9.5% | 9 | 7.6% | 105 | 7.1% | 302 | 9.0% |
| | BIPOLAR DISORDER | 89 | 5.5% | 6 | 4.1% | 3 | 2.5% | 57 | 3.9% | 155 | 4.6% |
| | POST TRAUMATIC STRESS DISORDER | 35 | 2.1% | 1 | 0.7% | 0 | 0.0% | 24 | 1.6% | 60 | 1.8% |
| | DYSTHYMIC DISORDER | 22 | 1.4% | 2 | 1.4% | 1 | 0.8% | 10 | 0.7% | 35 | 1.0% |
| | OTHER MAJOR MENTAL HEALTH DISORDER | 17 | 1.0% | 1 | 0.7% | 1 | 0.8% | 15 | 1.0% | 34 | 1.0% |
| | INTERMITTENT EXPLOSIVE DISORDER | 16 | 1.0% | 2 | 1.4% | 0 | 0.0% | 12 | 0.8% | 30 | 0.9% |
| | ANXIETY DISORDER | 15 | 0.9% | 3 | 2.0% | 1 | 0.8% | 9 | 0.6% | 28 | 0.8% |
| | DELUSIONAL OR PSYCHOTIC DISORDER | 5 | 0.3% | 0 | 0.0% | 1 | 0.8% | 2 | 0.1% | 8 | 0.2% |
| | SUBTOTAL | 724 | 44.4% | 57 | 38.8% | 28 | 23.5% | 489 | 33.2% | 1298 | 38.6% |
| SUBSTANCE ABUSE DIAGNOSIS | YES | 1072 | 65.8% | 101 | 68.7% | 91 | 76.5% | 1042 | 70.8% | 2306 | 68.5% |
| SPEECH IMPAIRMENT | YES | 29 | 1.8% | 2 | 1.4% | 2 | 1.7% | 23 | 1.6% | 56 | 1.7% |
| HEARING IMPAIRMENT | YES | 6 | 0.4% | 1 | 0.7% | 0 | 0.0% | 8 | 0.5% | 15 | 0.4% |
| MENTALLY RETARDED | YES | 28 | 1.7% | 3 | 2.0% | 0 | 0.0% | 13 | 0.9% | 44 | 1.3% |
| LEARNING DISABLED | YES | 346 | 21.2% | 32 | 21.8% | 27 | 22.7% | 317 | 21.5% | 722 | 21.4% |
| SEX OFFENDER | YES | 324 | 19.9% | 33 | 22.4% | 8 | 6.7% | 139 | 9.4% | 504 | 15.0% |
| ETHNICITY | AFRICAN-AMERICAN | 649 | 39.8% | 41 | 27.9% | 41 | 34.5% | 511 | 34.7% | 1242 | 36.9% |
| | HISPANIC | 620 | 38.1% | 61 | 41.5% | 52 | 43.7% | 698 | 47.5% | 1431 | 42.5% |
| | ANGLO | 344 | 21.1% | 44 | 29.9% | 24 | 20.2% | 256 | 17.4% | 668 | 19.8% |
| | OTHER | 16 | 1.0% | 1 | 0.7% | 2 | 1.7% | 6 | 0.4% | 25 | 0.7% |
| SEX | FEMALE | 143 | 8.8% | 14 | 9.5% | 9 | 7.6% | 117 | 8.0% | 283 | 8.4% |
| | MALE | 1486 | 91.2% | 133 | 90.5% | 110 | 92.4% | 1354 | 92.0% | 3083 | 91.6% |
| AGE | 11 | 1 | 0.1% | 0 | 0.0% | 1 | 0.8% | 0 | 0.0% | 2 | 0.1% |
| | 12 | 1 | 0.1% | 0 | 0.0% | 1 | 0.8% | 0 | 0.0% | 2 | 0.1% |
| | 13 | 7 | 0.4% | 0 | 0.0% | 5 | 4.2% | 1 | 0.1% | 13 | 0.4% |
| | 14 | 85 | 5.2% | 1 | 0.7% | 4 | 3.4% | 11 | 0.7% | 101 | 3.0% |
| | 15 | 206 | 12.6% | 12 | 8.2% | 12 | 10.1% | 70 | 4.8% | 300 | 8.9% |
| | 16 | 471 | 28.9% | 29 | 19.7% | 38 | 31.9% | 207 | 14.1% | 745 | 22.1% |
| | 17 | 545 | 33.5% | 71 | 48.3% | 48 | 40.3% | 517 | 35.1% | 1181 | 35.1% |
| | 18 | 239 | 14.7% | 32 | 21.8% | 10 | 8.4% | 613 | 41.7% | 894 | 26.6% |
| | 19 | 44 | 2.7% | 2 | 1.4% | 0 | 0.0% | 25 | 1.7% | 71 | 2.1% |
| | 20 | 30 | 1.8% | 0 | 0.0% | 0 | 0.0% | 27 | 1.8% | 57 | 1.7% |
| | TOTAL | 1629 | 100.0% | 147 | 100.0% | 119 | 100.0% | 1471 | 100.0% | 3366 | 100.0% |

ENDNOTES

- ¹ TJPC Written Testimony provided to the Corrections Committee on September 29, 2010.
- ² Ibid.
- ³ Ibid.
- ⁴ Ibid.
- ⁵ Ibid.
- ⁶ Ibid.
- ⁷ Ibid.
- ⁸ Ibid.
- ⁹ CJAD Brochure.
- ¹⁰ Community Supervision in Texas - Presentation to the House Committee on Corrections on March 16, 2010.
- ¹¹ CJAD Brochure.
- ¹² TDCJ-CJAD Website
- ¹³ Ibid
- ¹⁴ TDCJ Brochure
- ¹⁵ Code of Criminal Procedure (Volume 4, Section 509.003, Standards and Procedures)
- ¹⁶ CJAD Brochure.
- ¹⁷ Community Supervision in Texas - Presentation to the House Committee on Corrections on March 16, 2010.
- ¹⁸ Community Supervision in Texas - Presentation to the House Committee on Corrections on March 16, 2010.
- ¹⁹ Data received via email from Jason Clements of TDCJ-CJAD.
- ²⁰ Community Supervision in Texas - Presentation to the House Committee on Corrections on March 16, 2010.
- ²¹ Data received via email from Jason Clements of TDCJ-CJAD.
- ²² Community Supervision in Texas - Presentation to the House Committee on Corrections on March 16, 2010.
- ²³ Data received via email from Jason Clements of TDCJ-CJAD.
- ²⁴ Community Supervision in Texas - Presentation to the House Committee on Corrections on March 16, 2010.
- ²⁵ Data received via email from Jason Clements of TDCJ-CJAD.
- ²⁶ *Ten Strategies to Sustaining More Effective Practices in a Probation Department*, Council of State Governments - Justice Center, March, 2009.
- ²⁷ Ibid
- ²⁸ Community Supervision in Texas - Presentation to the House Committee on Corrections on March 16, 2010.
- ²⁹ Ibid.
- ³⁰ Ibid.
- ³¹ Graph provided by TDCJ-CJAD for use in the committee's interim report
- ³² Report to the Governor and Legislative Budget Board on the Monitoring of Community Supervision Diversion Funds, December 2009.
- ³³ Texas Drug Courts fact sheet found at <http://www.tdcj.state.tx.us/publications/cjad/publications-cjad-fs-tx-drug-courts.htm>.
- ³⁴ Information found at <http://www.nadcp.org/learn/find-drug-court>.
- ³⁵ Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates. Olympia, WA: Washington State Institute for Public Policy.
- ³⁶ To treat or not to treat: Evidence on the prospects of expanding treatment to drug-involved offenders. Washington, DC: The Urban Institute.
- ³⁷ "Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court". Council of State Governments Justice Center and the Criminal Justice/Mental Health Consensus Project.
- ³⁸ Problem-Solving Courts: A Brief Primer". Center for Court Innovation.
- ³⁹ Information found at <http://www.nadcp.org/learn/find-drug-court>.
- ⁴⁰ *Defining Drug Courts: The Key Components* (NADCP, 1997)
- ⁴¹ Report to the Governor and Legislative Budget Board on the Monitoring of Community Supervision Diversion Funds, December 2009.
- ⁴² Graphs provided by TDCJ-CJAD for use in the committee's interim report
- ⁴³ Report to the Governor and Legislative Budget Board on the Monitoring of Community Supervision Diversion Funds, December 2009.
- ⁴⁴ Adult and Juvenile Correctional Population Projections Fiscal Years 2005–2010, Legislative Budget Board, Released January 2005.
- ⁴⁵ This figure is based upon the daily cost of incarceration plus the average cost of medical care. Due to the differences in level of medical need, a low estimate is \$8 a day.
- ⁴⁶ Legislative Budget Board. Criminal Justice Uniform Cost Report, Fiscal Years 2006-2008. Released January 2009.
- ⁴⁷ Texas Department of Criminal Justice, Fiscal Year 2009 Statistical Report.
- ⁴⁸ Ibid.
- ⁴⁹ Ibid.
- ⁵⁰ Ibid.
- ⁵¹ Ibid.
- ⁵² Ibid.
- ⁵³ Ibid.

-
- ⁵⁴ Ibid.
- ⁵⁵ TDCJ, Reentry and Integration Division presentation to the House Corrections Committee on June 30, 2010.
- ⁵⁶ TYC Website, Parent's and Family Handbook.
- ⁵⁷ Data was obtained through information requests from the Committee.
- ⁵⁸ "Parole in Texas: Answers to Common Questions." TDCJ Website.
- ⁵⁹ Ibid.
- ⁶⁰ Ibid.
- ⁶¹ Ibid.
- ⁶² TYC Website, Parent's and Family Handbook.
- ⁶³ "Cultivating Success: The Re-entry & Reintegration of TYC Youth." Presentation to the House Corrections Committee on June 30, 2010.
- ⁶⁴ Ibid.
- ⁶⁵ Ibid.
- ⁶⁶ Ibid.
- ⁶⁷ Ibid.
- ⁶⁸ Ibid.
- ⁶⁹ Ibid.
- ⁷⁰ Ibid.
- ⁷¹ TYC Website. Parole Program Overview.
- ⁷² "Cultivating Success: The Re-entry & Reintegration of TYC Youth." Presentation to the House Corrections Committee on June 30, 2010.
- ⁷³ TCOOMMI Mission Statement. TDCJ Website.
- ⁷⁴ TDCJ - TCOOMMI Website.
- ⁷⁵ TCOOMMI/ MHMR matches
- ⁷⁶ TDCJ, Reentry and Integration Division presentation to the House Corrections Committee on June 30, 2010.
- ⁷⁷ Council of State Governments, *Report of the Re-Entry Policy Council*.
- ⁷⁸ Reentry Housing Options: A Policymaker's Guide. Prepared by the Bureau of Justice Assistance and the Justice Center: Council of State Governments.
- ⁷⁹ Texas Department of Criminal Justice, Fiscal Year 2009 Statistical Report.
- ⁸⁰ Information provided by TDCJ parole division.
- ⁸¹ Texas Workforce Commission - Project Rio presentation to the House Corrections Committee on June 30, 2010.
- ⁸² Testimony to the House Corrections Committee on June 30, 2010, by Regina Walker of Brigid's Hope.
- ⁸³ Testimony to the House Corrections Committee on June 30, 2010, by Bert Smith, CEO of the Prison Entrepreneurship Program.
- ⁸⁴ Testimony to the House Corrections Committee on June 30, 2010, by Shelia Savannah of the HDHHS Community Re-Entry Network.
- ⁸⁵ Ventana del Soul Website.
- ⁸⁶ HB 1711, Enrolled Summary.
- ⁸⁷ HB 1711 Implementation Report. Submitted September 1, 2010.
- ⁸⁸ Statewide Criminal Justice Recidivism and Revocation Rates, Presented by the LBB on January 1, 2009.
- ⁸⁹ TCOOMMI/ MHMR matches
- ⁹⁰ fiscal note for SB 1473
- ⁹¹ TCJS Written Testimony provided to the Corrections Committee on April 28, 2010.
- ⁹² ibid
- ⁹³ Texas Occupations Code, Section 1701.404
- ⁹⁴ TCOOMMI Website
- ⁹⁵ ibid
- ⁹⁶ ibid
- ⁹⁷ ibid
- ⁹⁸ ibid
- ⁹⁹ *Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice*, Council of State Governments - Justice Center, 2009
- ¹⁰⁰ *Outcome Evaluation of Mental Health Initiative*, TDCJ-CJAD, May 2005
- ¹⁰¹ Information provided by TDCJ
- ¹⁰² TDCJ Written Testimony provided to the Corrections Committee on April 28, 2010.
- ¹⁰³ "Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court." Council of State Governments Justice Center and the Criminal Justice/Mental Health Consensus Project.
- ¹⁰⁴ Problem-Solving Courts: A Brief Primer". Center for Court Innovation.
- ¹⁰⁵ TYC Written Testimony provided to the Corrections Committee on April 28, 2010.
- ¹⁰⁶ TDCJ Written Testimony provided to the Corrections Committee on April 28, 2010.
- ¹⁰⁷ ibid
- ¹⁰⁸ ibid
- ¹⁰⁹ Texas Board of Pardons and Parole Annual Report FY 2010.

-
- ¹¹⁰ TDCJ Written Testimony provided to the Corrections Committee on April 28, 2010.
- ¹¹¹ TYC Written Testimony provided to the Corrections Committee on April 28, 2010.
- ¹¹² *ibid*
- ¹¹³ Texas Board of Pardons and Parole Annual Report FY 2010.
- ¹¹⁴ Texas Department of Criminal Justice, Statistical Report Fiscal Year 2009, Released in March 2010.
- ¹¹⁵ TYC Interim Update on Gender Equity: Facilities, Services and Treatment for Females. January 2010.
- ¹¹⁶ Texas Juvenile Probation Commission House Corrections Hearing Packet, presented on January 28, 2010.
- ¹¹⁷ Texas Juvenile Probation Commission House Corrections Hearing Packet, presented on January 28, 2010.
- ¹¹⁸ TYC Interim Update on Gender Equity: Facilities, Services and Treatment for Females. January 2010.
- ¹¹⁹ *ibid*.
- ¹²⁰ *ibid*.
- ¹²¹ *ibid*.
- ¹²² *ibid*.
- ¹²³ *ibid*.
- ¹²⁴ Texas Department of Criminal Justice, Statistical Report Fiscal Year 2009, Released in March 2010.
- ¹²⁵ TDCJ Written Testimony on Interim Charge 5. Presented January 28, 2010.
- ¹²⁶ *ibid*.
- ¹²⁷ *ibid*.
- ¹²⁸ *ibid*.
- ¹²⁹ Bureau of Justice Statistics. Special Report, "Parents in Prison and their Minor Children." Released 8-2008, Revised 3-30-2010.
- ¹³⁰ *ibid*.
- ¹³¹ *ibid*.
- ¹³² *ibid*.
- ¹³³ Texas Department of Criminal Justice, Statistical Report Fiscal Year 2009, demographics highlights - community supervision, Released in March 2010.
- ¹³⁴ Bureau of Justice Statistics. Special Report, "Mental Health Problems of Prison and Jail Inmates." Released 9-2006, Revised 12-14-2006.
- ¹³⁵ *ibid*
- ¹³⁶ TYC Interim Update on Gender Equity: Facilities, Services and Treatment for Females. January 2010.
- ¹³⁷ *ibid*.
- ¹³⁸ Bureau of Justice Statistics. Special Report, "Mental Health Problems of Prison and Jail Inmates." Released 9-2006, Revised 12-14-2006.