



Behavioral Health: Criminal Justice System Improvement

Position Statement approved by One Voice: February 9, 2007

Issue/Concern: Over the next few years, Texas will be considering ways to deal with an overcrowded prison and jail population. The Texas Department of Criminal Justice, the second largest prison system in the United States, has exceeded operational capacity. Texas will have to address this issue by either increasing its capacity or finding ways to reduce incarceration.

Many offenders have mental health and substance abuse issues that are not adequately being addressed prior to, during, or post incarceration. According to a recent study by the Department of Justice, 64% of local jail inmates, 56% of state prisoners and 45% of federal prisoners have symptoms of serious mental illnesses.¹ Further, 84% of all Texas prisoners were involved with alcohol and/or drugs at the time of their offense.² When issues are not properly addressed, offenders often recommit or violate parole: the national three-year re-arrest rate is two-thirds³ and state revocation was 46% in the first year after incarceration (49% in Harris County) in 2003.⁴

Specific Policy Recommendation(s):

- ★ In accord with the TCOOMI funding request, increase funding for jail diversion for mentally ill defendants by \$5 million each year for the biennium.
- ★ Reestablish substance abuse treatment in the state jail system.
- ★ Lower the maximum period of community supervision to five years for non-violent felony offenders and three years for non-violent state jail felonies.
- ★ Increase funding for post-incarceration reintegration initiatives that include treatment, employment, housing, counseling, and case management services.

How does this issue/recommendation relate to prevention and early intervention or maximizing federal funds for health and human services? As previously stated, many offenders have symptoms of serious mental illnesses. Article 17.032 of the Texas Code of Criminal Procedures allows magistrates to release defendants with mental illness or mental retardation on bond when the defendant is competent and non-violent. Jail diversion programs for these offenders need to be available in order for defendants to be released.

State jail offenses are primarily drug related offenses yet substance abuse treatment is not mandated for these offenders while incarcerated or upon release, and after release these typically non-violent substance abusers are unsupervised. Proper treatment can reduce revocation, which addresses both the issue of overcrowding and also recidivism.

The current maximum period of community supervision for non-violent felony offenders is ten years and five years for state jail felonies. Lowering the maximum period would reduce the number of technical revocations that contribute to an overcrowded system while not prematurely absolving ex-offenders of their debt to society. Further, this change would provide significant cost-savings: SB 1266 (79-r), a bill filed to this effect in 2005, would have had a positive impact of almost \$49 million to general revenue over a two year biennium.

Community-based treatment for the previously incarcerated has been shown to be valuable: model re-entry programs can deliver 20% - 30% reductions in recidivism⁵. Model programs are also cost-effective: nation-wide, the benefit-to-cost ratio has been shown to be \$1.56 for case management and \$3.30 for treatment, whether community-based or in prison.⁶ A California substance abuse diversion program has saved taxpayers \$1.4 billion since 2000.⁷ Oklahoma recently invested in treatment and diversion of first-time offenders and saved taxpayers \$46.6 million over a four-year period.⁸ Other programs have shown similar positive fiscal results.

Adoption
Asian American Family Services
Avondale House
Bering Omega Community Services
Care for Elders
Career and Recovery Resources, Inc.
Catholic Charities of the
Archdiocese of Galveston-Houston
ChildBuilders
CHILDREN AT RISK
Christ the Good Shepherd Catholic Church
Coalition of Behavioral Health Services
Collaborative for Children
Council on Alcohol & Drugs Houston
Communities In Schools
Cypress Creek Hospital
DePelchin Children's Center
Family Services of Greater Houston
Fort Bend Regional Council on
Substance Abuse, Inc.
Gateway to Care
Good Neighbor Healthcare Center
Gulf Coast CHIP Coalition
Harris County Healthcare Alliance
Healthcare for the Homeless-Houston
Houston Area Association for the
Education of Young Children
Houston Area Women's Center
Houston Endowment
Houston Food Bank
IntraCare Hospitals
Jewish Family Service
Justice for Children
Legacy Community Health Services, Inc.
MHMRA of Harris County
Memorial Hermann Healthcare System
Mental Health Association of
Greater Houston
Montrose Counseling Center
NAMI Metropolitan Houston
Neighborhood Centers Inc.
Northwest Assistance Ministries
Rockwell Fund
San Jose Clinic
SEARCH
South County Community Clinic,
DBA The Community Clinic
Spaulding for Children
Target Hunger
Texas Children's Hospital
The Arc of Greater Houston
The Arrow Project
The Center for Success and
Independence
The Menninger Clinic
The Women's Home
United Way of Greater Houston
Wesley Community Center
West Oaks Hospital
YMCA of Greater Houston

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Legislative Outcome: The Texas Department of Criminal Justice received \$205 million for increased capacity to provide substance abuse treatment to prisoners, probationers, and parolees, including \$5.8 million for treatment in the state jails. Other funding increases include: \$10 million for outpatient substance abuse treatment for community adult probation; \$32.25 million for 800 residential treatment beds for community adult probation; \$63 million for 1,500 additional treatment beds for substance abuse felony punishment; \$21.7 million for 1,000 additional slots for in-prison therapeutic community program; \$10 million for 500 additional slots for DWI treatment beds, which includes aftercare in transitional treatment centers and outpatient counseling; and \$5.5 million for 300 additional beds for parole halfway houses.

Supporting Facts/Research/Resources:

- ¹ D. James & L. Glaze, *Mental Health Problems of Prison and Jail Inmates*. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, NCJ 213600, 2006.
- ² The Center of Juvenile and Criminal Justice. *Texas Tough: An Analysis of Incarceration and Crime Trends in the Lone Star State*, 2002.
- ³ Patrick A. Langan and David J. Levin, *National Recidivism Study of Released Prisoners: Recidivism of Prisoners Released in 1994*, Washington, D.C., U.S. Department of Justice, Bureau of Justice Statistics, NCJ 193427, June 2002.
- ⁴ Texas Senate Criminal Justice Committee Interim Report to the 79th Legislature, 2004
- ⁵ S. Aos, P. Phipps, R. Barnoski, and R. Lieb, *The Comparative Costs and Benefits of Programs to Reduce Crime 4* (Olympia, Washington: Washington State Institute for Public Policy, May 2001).
- ⁶ Aos et al.
- ⁷ California Proposition 36: The Substance Abuse and Crime Prevention Act of 2000, 2006
- ⁸ The Oklahoma Criminal Justice Resource Center. *Analysis of Oklahoma Drug Courts: Fiscal Years 2002-2003*.

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