



WRITTEN TESTIMONY

**SUBMITTED BY SARAH V. CARSWELL, M.S.W.
PUBLIC POLICY CENTER
TEXAS CRIMINAL JUSTICE COALITION**

REGARDING INTERIM CHARGE:

Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol.

HOUSE COMMITTEE ON COUNTY AFFAIRS

APRIL 18, 2012

TEXAS CRIMINAL JUSTICE COALITION

The Texas Criminal Justice Coalition is committed to identifying and advancing real solutions to the problems facing Texas' juvenile and criminal justice systems. We provide policy research and analysis, form effective partnerships, and educate key stakeholders to promote effective management, accountability, and best practices that increase public safety and preserve human and civil rights.

Contact Information

Dr. Ana Yáñez-Correa, Executive Director
Phone: (w) 512-441-8123, ext. 109; (m) 512-587-7010
acorrea@criminaljusticecoalition.org

www.criminaljusticecoalition.org/public_policy_center/interim_charges

Dear Members of the Committee,

My name is Sarah V. Carswell. I am a policy researcher at the Texas Criminal Justice Coalition (TCJC). I appreciate this opportunity to provide written testimony on the committee's interim charge to "Conduct a general study of issues facing county jails."

As supplemental reading to this testimony, please see TCJC's 2010 online report, "[Costly Confinement and Sensible Solutions: Jail Overcrowding in Texas](#)."¹ It offers more than 60 front-end and corrections-level solutions to help system stakeholders identify smart-on-crime strategies that will reduce populations among Texas' 246 jails.

INTRODUCTION

In 2011, Texas jails housed an average of almost 70,000 jail inmates per day; about 40% in one of the largest six counties in Texas.² Harris County alone, the third largest jail in the country, books and releases about 400 people every day.³ Over half of all individuals housed in Texas County jails are not convicted of their offense – they are still awaiting trial.⁴ At an average of \$62.79 per person per day, and 12% of their annual budget, counties in Texas are spending millions on confinement each year.⁵ Figure 1 shows the vast amount of resources ten Texas counties spend on jails, including some of the counties the members of this committee represent. These expenditures are oftentimes unjustified, considering the fact that many jail inmates are low-risk, nonviolent individuals; about half of the Texas jail population is incarcerated for something other than a felony, including misdemeanors, parole violations, bench warrants, etc.⁶

Figure 1: County Resources Allocated to Jails⁷

County	Average Daily Population ⁸	County Budget	Jail Budget	Percentage of Budget	Cost per Person per day ⁹
Harris	8,842	\$1,605,686,875	\$167,651,594	10.44%	\$51.95
Dallas	6,452	\$438,743,215	\$95,677,626	21.81%	\$40.63
Tarrant	3,340	\$387,471,681	\$66,575,786	17.18%	\$54.61
Travis	2,364	\$655,140,525	\$77,383,529	11.81%	\$89.68
El Paso	1,581	\$262,666,815	\$53,379,500	20.32%	\$92.50
Collin	980	\$169,804,106	\$18,790,939	11.07%	\$52.53
Williamson	596	\$244,490,884	\$19,610,083	8.02%	\$90.14
Henderson	255	\$33,506,398	\$4,079,057	12.17%	\$43.83
Angelina	199	\$33,494,555	\$3,804,706	11.36%	\$52.38
Orange	187	\$48,459,269	\$4,290,302	8.85%	\$62.86

In recent years, policy-makers have begun implementing programming and other policy changes to safely reduce jail populations. These programs, in conjunction with smart-on-crime prison reduction strategies, population increase and a falling crime rate, have significantly lowered the jail incarceration rate by 46% in the last five years.¹⁰ Policy-makers should reinforce these trends that have so greatly benefited Texas, and in doing so, provide vulnerable populations the tools they need to make positive life choices. Specifically, decision-makers should target individuals dealing with homelessness, substance abuse, and/or mental illness who commit low-level, nonviolent crimes.

HOMELESSNESS AND JAILS

The Texas Interagency Council for the Homeless estimated that in 2000 there were 20,000 individuals (about 1% of Texas' population) living without shelter in Texas;¹¹ the number of individuals in jail who do not have a home is 15.3 times higher than this.¹²

The majority of homeless detainees are incarcerated for petty, nonviolent crimes such as panhandling, trespassing, public intoxication, and failure to provide identification, acts often undertaken as a means of survival.¹³ Homeless arrestees are less likely than their housed counterparts to be jailed for felonies and violent crimes.¹⁴ Despite the levels of these crimes, statistics show that homeless individuals have a much higher re-incarceration rate than their domiciled counterparts. A large majority of homeless detainees (an estimated 80%) are considered "frequent flyers," who have been incarcerated at least once before.¹⁵

Homelessness is indeed a complex issue that policy-makers should address. Costly incarceration, however, is a poor public safety choice that wastes resources in an already stressed economic situation. According to a University of Texas two-year study of homeless individuals, each person cost taxpayers \$14,480 per year, primarily for jail costs.¹⁶ Figure 2 indicates the high annual costs of incarcerating homeless individuals in Texas counties.

Figure 2: Cost of Jailing Homeless Individuals¹⁷

County	Average Daily Population	Estimated Homeless Jail Population	Cost per Person per Day	Annual Homeless Cost
Harris	8,842	1,353	\$51.95	\$25,650,646
Dallas	6,452	987	\$40.63	\$14,638,677
Tarrant	3,340	511	\$54.61	\$10,186,095
Travis	2,364	362	\$89.68	\$11,839,680
El Paso	1,581	242	\$92.50	\$8,167,064
Collin	980	150	\$52.53	\$2,875,014
Williamson	596	91	\$90.14	\$3,000,343
Henderson	255	39	\$43.83	\$624,096
Angelina	199	30	\$52.38	\$582,120
Orange	187	29	\$62.86	\$656,416

The homeless population is an essential group to provide diversion and programming to, with the goal of helping them become self-sufficient, reducing county jail populations, and county expenditures.

SUBSTANCE ABUSE AND JAILS

Similar to homelessness, drug and alcohol abuse histories are much more prevalent inside jails than out. About 68% of the jail population experiences alcohol or drug abuse or dependence,¹⁸ compared to up to 18.4% of the general U.S. adult population.¹⁹ The risk of alcohol dependence is higher among inmates from rural areas; one study showed that 82% of inmates from rural areas suffer from alcohol dependence.²⁰

Further, like the homeless population in jails, individuals with substance abuse issues are much more likely to have committed non-violent offenses such as burglary, drug possession, and driving while intoxicated. Specifically, according to the Bureau of Justice Statistics, 88% of convicted jail inmates with substance abuse or dependence committed a non-violent crime.²¹

Texas is not immune to this phenomenon which costs our taxpayers millions. The city of Houston alone arrests 19,000 people per year for public intoxication, resulting in \$4-6 million in jail costs.²² Figure 3 estimates the annual cost of incarcerating individuals with alcohol or drug addiction.

Figure 3: Cost of Jailing Individuals with Substance Abuse Issues²³

County	Average Daily Population	Estimated Substance Abuse Population	Cost per Person per Day	Annual Substance Abuse Cost
Harris	8,842	6,013	\$51.95	\$114,003,084
Dallas	6,452	4,387	\$40.63	\$65,060,786
Tarrant	3,340	2,271	\$54.61	\$45,271,534
Travis	2,364	1,608	\$89.68	\$52,620,800
El Paso	1,581	1,075	\$92.50	\$36,298,060
Collin	980	666	\$52.53	\$12,777,839
Williamson	596	405	\$90.14	\$13,334,856
Henderson	255	173	\$43.83	\$2,773,759
Angelina	199	135	\$52.38	\$2,587,200
Orange	187	127	\$62.86	\$2,917,405

Policy-makers should consider the vast amounts of resources being leveraged to manage individuals who suffer from addiction, and support diversion programs that safely reduce jail populations while addressing the root causes of criminality. Substance abuse is a treatable public health issue and should be viewed as such.

MENTAL ILLNESS AND JAILS

The number of individuals with mental illness in jails and prisons has been on the rise since the 1980s. Eight times as many individuals with mental illness are admitted into prisons and jails as mental hospitals,²⁴ and those in state hospitals are now more likely to have criminal records than in the past.²⁵ Between 25% and 40% of all Americans with mental illness will pass through the criminal justice system at some point, many of those will serve time in county jails without treatment.²⁶ According to a report by the Bureau of Justice Statistics, 64% of jail inmates nationally suffer from a mental illness,²⁷ oftentimes such individuals are considered “frequent flyers.”²⁸ A team of researchers in Florida identified that the 97 individuals who most frequented the Miami-Dade Jail all suffered from schizophrenia; together they were arrested almost 2,200 times and cost taxpayers \$13 million in a five-year period.²⁹

Like other places in the country, Texas counties are spending vast resources to incarcerate individuals with mental illness. Until very recently, the Harris County Jail was the largest mental health care provider in the state.³⁰ According to Travis County Sheriff Greg Hamilton, the average stay of a person with mental illness in the county jail is about 50-100 days.³¹ Just one individual with mental illness costs Travis County taxpayers up to \$8,968³² annually. Because of the minimal access

to treatment and subsequent probable return to jail, this cost to taxpayers is likely to be recurrent. Figure 4 shows the high cost of warehousing individuals with mental illness in county jails.

Figure 4: Cost of Jailing Individuals with Mental Illness³³

County	Average Daily Population	Estimated Mental Illness Population	Cost per Person per Day	Annual Mental Illness Cost
Harris	8,842	5,659	\$51.95	\$107,297,020
Dallas	6,452	4,129	\$40.63	\$61,233,681
Tarrant	3,340	2,138	\$54.61	\$42,608,503
Travis	2,364	1,513	\$89.68	\$49,525,459
El Paso	1,581	1,012	\$92.50	\$34,162,880
Collin	980	627	\$52.53	\$12,026,201
Williamson	596	381	\$90.14	\$12,550,453
Henderson	255	163	\$43.83	\$2,610,596
Angelina	199	127	\$52.38	\$2,435,012
Orange	187	120	\$62.86	\$2,745,793

In addition to the high prevalence of acute mental illness, jail inmates have an extremely high occurrence of treatable Axis II personality disorders (60%).³⁴ Policy-makers should consider bolstering programming for individuals with mental health issues, instead of relying on costly incarceration.

MULTIPLE NEEDS

In county jails, there is much overlap between homelessness, substance abuse, and mental illness. Here are some examples:

- 16% of homeless arrestees have been hospitalized due to mental illness; this rate is 2.5 times that of domiciled arrestees,³⁵ and about 18 times that of the general national population.³⁶
- Homeless individuals are much more likely to use harder street drugs such as crack cocaine, methamphetamine, and heroin, than their housed counterparts.³⁷
- Among jailed individuals who suffer from depression, almost 82% meet criteria for alcoholism.³⁸
- 44% of jail inmates have co-occurring disorders. The most common of these are antisocial disorder, alcoholism, drug use disorders, and depression.³⁹ The most common combination is antisocial disorder and alcoholism.⁴⁰

Many risk factors, including mental disorders, substance abuse, and chronic unemployment are treatable and should be included in a treatment plan.⁴¹ Policy-makers should keep these multiple needs in mind when making decisions intended to help counties reduce jail populations.

POLICY RECOMMENDATIONS

(1) Save valuable taxpayer dollars by promoting strategies that address the root causes of homelessness, substance abuse, and mental illness for people accused or suspected of committing low-level crimes.

As mentioned above, every day, Texas counties waste valuable resources booking and jailing low-risk, non-violent individuals who are arrested for petty crimes such as panhandling, public intoxication, trespassing, etc. When peace officers spend their time arresting and booking people for low-risk, nonviolent crimes, they are unavailable for high priority calls. Paying officers to arrest just one panhandler costs taxpayers an estimated \$20.76 to \$60.56;⁴² this is on top of the \$62.79 it costs to house a detainee for one night. Whereas the cost of arresting and booking an individual in an urban county in Texas can reach upwards of \$120 per person per day, shelter and case management⁴³ is only \$25.⁴⁴ Scarce county resources should be reserved to address the root causes of petty crimes such as homelessness, substance abuse and mental illness.

Incarcerating vulnerable populations also carries a heavy social cost for counties. Individuals with criminal records are more likely to face employment and social service eligibility barriers. Studies show that involving families and loved ones in an individual's recovery plan is an effective way to support new behaviors.⁴⁵ Strategic family therapy is much easier to incorporate in the community than inside jails. County jails should divert low-risk individuals pre-booking, thereby increasing their chances of finding a job and housing, and reinforcing familial and community bonds.

In addition to the individual benefits of community-based programming, investing in programming over incarceration is a smart-on-crime solution for the entire State of Texas. Studies show that an increase in admissions to substance abuse treatment is associated with a reduction in crime.⁴⁶ One study showed that individuals who participate in community-based drug treatment programming have a 78% reduction in drug selling, 82% decline in shoplifting, 64% reduction in arrest, and 48% reduction in engaging in illegal activities.⁴⁷ Despite this evidence, Texas has one of the lowest drug treatment admission rates, and one of the highest incarceration rates in the country.⁴⁸ Texas should increase resources for substance abuse treatment to prevent criminal behavior as a result of addiction.

In tandem with bolstering programming, policy-makers should give peace officers the tools they need to appropriately screen and place individuals suffering from homelessness, mental illness, and/or substance abuse in community programming, instead of arresting and jailing such individuals.⁴⁹ The following is a list of model programs policy-makers should consider as options for reducing the number of people booked and jailed for low-level crimes:

- The **Crisis Intervention Team⁵⁰ (CIT) in Williamson County** is a team of licensed professionals in areas of mental health, crisis intervention, first aid, and/or CPR, who are also licensed peace officers. The CIT provides professional and immediate assistance in obtaining proper care for issues related to mental health. This program is saving Williamson County an estimated \$1 million each year through diversions to appropriate programming. In an interview about a similar program in Louisiana, peace officers

attested to the success of this program, stating that it made their jobs easier and freed them up to deal with other, potentially dangerous, matters in the community.⁵¹

- The **Houston Sobering Center**⁵² at the **Star of Hope Mission** will place individuals accused or suspected of low-level offenses such as public intoxication into a safe shelter where they can sober up and be offered an opportunity for long-term treatment with appropriate social service agencies. The program is slated to open by the end of 2012.
- **Seattle's Downtown Emergency Service Center**⁵³ is a 75-unit short-term detoxification and referral facility designed to address the needs of chronically homeless individuals suffering from alcoholism. The center provides both short-term shelter and permanent housing and treatment solutions. The city of Seattle saved \$4 million in the first year in costs associated with the population, spending \$13,440 per program participant rather than the \$86,000 per person cost while the individuals were homeless and cycling in and out of the criminal justice system.

(2) Increase public safety by implementing solutions to divert individuals dealing with substance abuse and homelessness.

Treatment is a more effective solution than incarceration for individuals who suffer from substance abuse in terms of criminality, recidivism, and cost.⁵⁴ This is true for both prison and jail populations. Jail diversion programs that offer community-based supervision and programming are effective in reducing both substance use and recidivism.⁵⁵ According to an in-depth study of the Delaware criminal justice system, intensive supervision with treatment-oriented programs produced a 16.7% reduction in recidivism, whereas in-jail drug treatment programs saw only a 4.5% drop in recidivism.⁵⁶ An essential component of community-based substance abuse treatment is case management.⁵⁷ Studies show that case management has a positive impact on the process of recovery from alcohol and substance abuse, producing an increase in employment and a decrease in criminality among individuals with case managers.⁵⁸ In terms of the financial benefits of treatment, one analysis found that court supervised treatment for individuals with co-occurring disorders would save the state \$1.73 for every \$1 spent.⁵⁹

Policy-makers should encourage practitioners to identify evidence-based practices such as twelve-step facilitation, motivational therapy, cognitive-behavioral therapy, and strategic family therapy to support diverted individuals in remaining sober.⁶⁰ Below are two programs that may provide direction for policy-makers willing to safely implement substance abuse diversionary treatment.

- The **Alternative Incarceration Center**⁶¹ in **Smith County** is a day reporting center which emphasizes assessment, risk management, intervention and close supervision. The Center allows individuals to plead guilty to their charge and accept probation terms including: participation in substance abuse and/or mental health treatment, searching for or continuing employment, and reporting to the Center for a specified amount of time each day. The program has an 88% success rate, and produces a net savings of over \$3 million annually.

- The **Drug Offender Sentencing Alternative**⁶² is a statewide diversion program in **Washington** for individuals with a felony charge who committed drug offenses or drug-involved property offenses. A study of the program showed that every dollar spent providing treatment to individuals who committed drug offenses reaped \$7.25-9.94 in benefits to the community.

(3) Empower communities to solve local problems by implementing solutions to divert individuals dealing with mental illness and homelessness.

The burden of treating mental illness has largely fallen to the criminal justice system over the last thirty years. However, a corrections setting is not an effective treatment facility; policy-makers should begin shifting resources toward community mental health centers. Such centers have access to up-to-date treatment models and intervention strategies, and are better equipped to support individuals with mental illness. Community-based treatment is particularly effective for individuals with mental illness due to the proximity to family and friends, the availability of pharmaceuticals, and a culture of treatment and empathy that does not exist in jails. Further, outpatient treatment is far more cost effective than jail. The following is a list of model programs that support individuals with mental illness, reduce jail populations, and tighten local criminal justice budgets:

- The **Bexar County Crisis Care Center** and **MANOS Program**⁶³ are two of a three-pronged diversion strategy. The Center is a one-stop drop off destination that combines medical, psychiatric, and jail diversion resources. The MANOS Program utilizes intensive case management, outpatient medication management and counseling for individuals with mental illness. Participants of the MANOS Program have a modest 6.2% re-incarceration rate, compared to a 67% re-incarceration rate for individuals with mental illness who do not receive treatment. Bexar County's diversion initiatives combined save the County an estimated \$3.8 to \$5 million per year and eliminated the need to build a new 1,000-bed jail.
- **Harris County's Mental Health Unit**⁶⁴ is a collaboration that targets "frequent flyers" with mental illness, providing individualized treatment plans, case management, and programming. The program saved the Houston Police Department 768 manpower hours, and over \$500,000 within the first year.
- The **Jail Inreach Project** at **Healthcare for the Homeless**⁶⁵ in **Harris County** links people with healthcare, housing and community services upon release, reducing the likelihood of returning to the street without receiving needed care. The program has contributed to bringing Harris County Jail bookings and the total number of charges down by 57% and reduced average days in jail from 65 to 48.
- The **Tarrant County Mental Health Law Liaison Project**⁶⁶ uses emergency screenings to divert 40% of offenders from incarceration. The screened individuals are identified by a coalition of 40 law enforcement entities in Tarrant County that have partnered to divert individuals with mental illness.

(4) Increase efficiency by coordinating communication between county jail, community mental health, and judicial staff.

A study assessing effective programs for jail inmates with mental illness found that the most important element for a successful program is an employee who directly manages interactions between the correctional, mental health, and judicial staff.⁶⁷ Where resources are not available for additional staff, communication gaps could be bridged by making use of data-sharing software that records the most effective medications, treatment plans, and intervention models for individuals that frequent both mental health and jail facilities.⁶⁸

Similarly, jail staff should utilize resources in a way that facilitates communication beyond incarceration. For counties, this includes making use of assessment tools in a more efficient and helpful way. Currently, many jails do not properly perform assessments or deliver them to courts in a timely manner; this contributes to an unnecessarily high jail population. Ninety percent of Texas judges would like access to a mental health assessment prior to court disposition or final judgment.⁶⁹ Jails should be required to conduct and forward a mental health screening to the court within 72 hours of booking. This requires that the individuals within jails that regularly perform assessments be in regular communication with local judiciary. The Texas Commission on Jail Standards, which oversees and inspects county jails, should monitor compliance with this requirement. Further, judges must be properly trained to effectively utilize assessment tools.

The following is an example of an effective collaboration that promotes communication and continuity:

- The **Multnomah County Jail Diversion Program**⁷⁰ in **Portland, Oregon** includes a one-person County Department of Justice Services Recognizance Office, which hosts a social worker responsible for disposing charges for nonviolent defendants with mental illness. The social worker meets with these individuals to create a treatment plan that is transferred to community and state mental health services.

(5) Create tools for personal responsibility by expanding in-jail treatment programming, coupled with an inside-out reentry component.

Jail and incarceration should always be used as a last resort for non-violent individuals suffering from homelessness, substance abuse, and/or mental illness. However, when short-term incarceration is warranted, in-jail treatment programs must be prioritized. Treatment studies show that in-jail substance abuse treatment programs have a positive effect on health and behavioral problems during incarceration, substance use upon release to the community, and reductions in recidivism.⁷¹ Despite this evidence, Texas has one of the lowest rates of in-jail substance abuse treatment nationally.⁷²

While in-jail treatment is a step toward supporting healthy behaviors, research indicates that post-release community-based programming is by far the most effective method in working with individuals to avoid triggers, stay clean, and remain out of jail.⁷³ Transitional and aftercare programming has been shown to reduce re-arrest and new arrest rates, as well as drug use.⁷⁴

Further, policy-makers should prioritize continuity of care, meaning establishing inside-out treatment programs, meaning programs that span from during incarceration, through the process of reentry, until the individual is stable and functioning well in the community. Research shows that jail- or community-based treatment is unlikely to be effective if interventions are sporadic, inconsistent, and/or repetitive.⁷⁵

A successful post-release reentry component must provide basic needs, case management, and employment placement. A study of homeless individuals with substance abuse disorders in Houston found that a lack of referrals to treatment from the criminal justice system is one of the largest barriers for this population.⁷⁶ Additionally, employment placement is a key component to reentry; one team of researchers found that 44% of substance abusers with jobs had success returning from jail and staying sober, versus only 17% of unemployed individuals.⁷⁷ Below are some examples of programs that could be used when diversion is not an option:

- The **New Choices Substance Abuse Program**⁷⁸ in **Harris County** targets individuals who will be at the Harris County Jail for 6-12 months, and isolates them in a treatment-specified dorm. The program follows a three-part intervention model which includes: orientation and education, substance abuse treatment, and relapse prevention. New Choices has been extremely successful, supporting self-initiated behavioral changes among participants.
- The **Crime Prevention Institute**⁷⁹ (**CPI**), formerly located in **Travis County**, closed its doors in 2011, due to lack of funding. CPI utilized a twelve week evidence-based cognitive behavioral therapy curriculum inside the Travis County State Jail, provided case management, post-release supportive services, and employment-based cash incentives. The program yielded a 70% employment rate; of those who acquired employment, 75% remained employed, full-time, for 90 days. Of those who completed the program, only 12% recidivated; this is compared to a 33% recidivism rate for the general state jail population.⁸⁰ While this program was housed in a state jail setting, there is much overlap between the CPI clientele and county jail detainees.
- The **Allegheny County Jail Collaborative**⁸¹ in **Pittsburgh, Pennsylvania** screens every detainee to identify strengths and needs. The program develops an in-depth service plan for each individual within 120 days of release from jail and assigns participants to a Community Re-integration Specialist who is with the individuals as they are released to ensure a seamless transition from jail to the community.

(6) Stop the cycle of victimization by bolstering specialized programming for women, especially for women with mental illness.

Women in Texas jails make up 32% of the population; this is almost three times higher than the percentage of women in Texas prisons.⁸² Policy makers in Texas must take care to address the specific needs of the 19,000 women in jail.⁸³ Many women in jail have a history of physical abuse, psychiatric disorders and other mental health issues, and substance dependence.⁸⁴ These tendencies among women are much higher than among men. For example, it is widely reported that women have a much higher prevalence of depression and anxiety than their male counterparts.⁸⁵ Similarly, women in jail are far more likely to be unemployed and/or homeless.⁸⁶

Because gender affects treatment entry and engagement, jail interventions and diversionary programs must be gender-specific.⁸⁷ Many mental health experts argue for a trauma-informed care approach in treating women with mental illness and/or substance abuse histories.⁸⁸ Such an approach recognizes the importance of trauma in women's psychological development, avoids triggering trauma-based reactions, and supports coping capacities.⁸⁹ Significantly, one group of researchers found that women who receive gender-specific, trauma-informed care while incarcerated are 360% more likely to complete voluntary community-based treatment upon release and 67% less likely to return to prison than women who received gender neutral or male-based therapeutic care treatment.⁹⁰ Other researchers have discovered similar results using gender-specific treatment models.⁹¹

Despite the high-risk position of many women when arrested and detained, there are few programs in Texas that specifically target this population and include gender-appropriate intervention models. Policy-makers should stop the cycle of victimization by supporting treatment for women. Such strategies will effectively divert and curb recidivism, ultimately reducing jail populations and costs. The following are some examples of such programs:

- The **Dallas Police Department's Prostitution Diversion Initiative**⁹² targets women working as prostitutes at truck stops. Instead of arresting and jailing sex workers, which could further endanger women in vulnerable positions, the Initiative offers them a full health screening and a chance to commit to a comprehensive rehabilitation program. Participants are 65% more likely to remain abstinent and in supportive services with no subsequent re-arrests in Dallas County. The program has also been successful in diagnosing and preventing health issues such as sexually transmitted infections and HIV.
- The **Forever Free Program**⁹³ in **California** is a women-centered reentry program that includes twelve-step elements, cognitive-behavioral therapy, and a six month post-release residential community program. Participants are three times as likely to be employed and 25% less likely to use drugs or alcohol upon completion of the program. While this program targets women returning from prison, the gendered approach would have important implications for jail diversion programming.

* * *

Thank you for allowing me the opportunity to provide information on the need for improvements to Texas jails. As county leaders and other stakeholders examine strategies to address issues facing jails, they should take serious consideration of the problems posed by individuals dealing with homelessness, substance abuse and mental illness, keeping in mind that these issues overlap for many. In recent years, Texas has implemented innovative programs to reduce jail populations across the state. Local and state-wide policy-makers should continue this trend, providing people with the tools they need to make positive choices and become productive members of society, reducing jail populations, and their associated costs.

REFERENCES:

- ¹ The Texas Criminal Justice Coalition's (TCJC) "Jail Overcrowding" report can be accessed online at http://criminaljusticecoalition.org/tools_for_practitioners/jail-overcrowding-report; please contact TCJC for a hard copy of the report.
- ² Texas Commission on Jail Standards (TCJS), "Abbreviated Population Report," January-December 2011, data available upon request.
- ³ Brandi Grissom, "Out of Jail and Onto the Street, Alone, in the Wee Hours," *The New York Times*, August 28, 2011.
- ⁴ TCJS, *Abbreviated Population Report*, *supra* note 2.
- ⁵ Brandon Wood, Assistant Director of TCJS and Diana Spiller, Research Specialist with TCJS, in email correspondence to Sarah V. Carswell, TCJC, November 30, 2011.
- ⁶ 49% of the jail population is incarcerated for a third-to-first degree felony; all others include: misdemeanors, state jail felonies, parole violations, federal violations, and other miscellaneous offenses such as failure to pay child support. Brandon Wood, Assistant Director of TCJS and Anthony Mikesch, Program Specialist/Inspector with TCJS, in email correspondence to Sarah V. Carswell, TCJC, March 6, 2012. Also see TCJS, *Abbreviated Population Report*, *supra* note 2.
- ⁷ Brandon Wood and Diana Spiller, *supra* note 4.
- ⁸ The average daily population is based on FY 2011 daily population data for each month, minus contract detainees, since that cost is not a burden on the county. TCJS, *Abbreviated Population Report*, *supra* note 2.
- ⁹ The cost per person per day is based on the annual budget divided by the 2011 average daily population (minus contract detainees). Brandon Wood and Diana Spiller, *supra* note 4. Also see TCJS, *Abbreviated Population Report*, *supra* note 2.
- ¹⁰ In 2007, the jail incarceration rate was 413 jail inmates per 100,000 people in the state of Texas. In 2012, the rate was 224. The percent change is 46%. Tony Fabelo, "Managing Jail Population Growth in Texas: State and Local Challenges," Presentation to Jail Symposium: Crowding in Texas – Origins and Solutions, February 7, 2008, slide 19. Also see TCJS, "Incarceration Rate Report – Highest to Lowest," March 1, 2012, p. 9.
- ¹¹ Texas Interagency Council for the Homeless, "Sunset Commission Decisions," June 2000, <http://www.sunset.state.tx.us/77threports/homelessdecisions.htm>.
- ¹² Greg A. Greenberg and Robert A. Rosenheck, "Jail Incarceration, Homelessness, and Mental Health: A National Study," *Psychiatric Services*, 59, no. 2, February, 2008, p. 170, <http://ps.psychiatryonline.org/data/Journals/PSS/3837/08ps170.pdf>.
- ¹³ Matt DeLisi, "Who Is More Dangerous? Comparing the Criminality of Adult Homeless and Domiciled Jail Inmates: A Research Note," *International Journal of Offender Therapy and Comparative Criminology*, 44, no. 1, 2000, p.61. Also see Kevin M. Fitzpatrick, and Brad Myr Stol, "The Jailing of America's Homeless: Evaluating the Rabble Management Thesis," *Crime and Delinquency*, 57, no. 2, 2011, p. 289. Also see Greg A. Greenberg and Robert A. Rosenheck, "Jail Incarceration, Homelessness, and Mental Health: A National Study," *Psychiatric Services*, 59, no. 2, February, 2008, p. 170, <http://ps.psychiatryonline.org/data/Journals/PSS/3837/08ps170.pdf>.
- ¹⁴ Kevin M. Fitzpatrick, and Brad Myr Stol, "The Jailing of America's Homeless: Evaluating the Rabble Management Thesis," *Crime and Delinquency*, 57, no. 2, 2011, p. 271. Also see John Irwin, *The Jail*, (Berkeley, CA: University of California Press), 1985.
- ¹⁵ *Ibid.* at 283. Also see Greg A. Greenberg and Robert A. Rosenheck, "Jail Incarceration, Homelessness, and Mental Health: A National Study," *Psychiatric Services*, 59, no. 2, February, 2008, p. 170, <http://ps.psychiatryonline.org/data/Journals/PSS/3837/08ps170.pdf>.
- ¹⁶ Pamela Diamond, and Steven B. Schneid, "Lives in the Shadows: Some of the Costs and Consequences of a 'Non-System' of Care," Hogg Foundation for Mental Health, University of Texas, Austin, TX, 1991.
- ¹⁷ The annual homeless cost is based on a 15.3% homelessness rate in county jails, the average daily population for 2011 (minus contract detainees), and the cost of incarceration per person per year. Data available upon request. Also see TCJS, *Abbreviated Population Report*, *supra* note 2. Also see Brandon Wood and Diana Spiller, *supra* note 4.
- ¹⁸ Bureau of Justice Statistics (BJS), "Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002," U.S. Department of Justice, Office of Justice Programs, July 2005, p. 1, <http://bjs.ojp.usdoj.gov/content/pub/pdf/sdatj02.pdf>. Also see Matt DeLisi, "Who Is More Dangerous? Comparing the Criminality of Adult Homeless and Domiciled Jail Inmates: A Research Note," *International Journal of Offender Therapy and Comparative Criminology*, 44, no. 1, 2000, p. 64.
- ¹⁹ Alcohol abuse or dependency is its peak among adults age 18-24, at 18.4%, the rate is much higher than the rate of substance abuse or co-morbid disorders among individuals of any age. U.S. Department of Health and Human Services, "Alcohol Alert," no. 76, July 2008, <http://pubs.niaaa.nih.gov/publications/AA76/AA76.htm>.
- ²⁰ Thomas A. Powell, John C. Holt, and Karen M. Fondacaro, "The Prevalence of Mental Illness among Inmates in a Rural State," *Law and Human Behavior*, 21, no. 4, 1997, p. 435.

-
- ²¹ BJS, *Substance Dependence, Abuse, and Treatment*, *supra* note 18 at 7.
- ²² Scott Henson, "The Legacy of Otis Campbell and Houston's Proposed 'Sobering Center,'" *Grits for Breakfast*, March 1, 2012, <http://gritsforbreakfast.blogspot.com/2012/03/legacy-of-otis-campbell-and-houstons.html>.
- ²³ The annual substance abuse cost is based on an 88% substance abuse or dependence rate in county jails, the average daily population for 2011 (minus contract detainees), and the cost of incarceration per year. Data available upon request. Also see TCJS, *Abbreviated Population Report*, *supra* note 2. Also see Brandon Wood and Diana Spiller, *supra* note 4.
- ²⁴ Marc Levin, "Mental Illness and the Criminal Justice System," Texas Public Policy Foundation, May 2009, p. 1, <http://www.texaspolicy.com/pdf/2009-05-PP15-mentalillness-ml.pdf>.
- ²⁵ Harris Chaiklin, "Current and Prior Mental Health Treatment of Jail Inmates: The Use of the Jail as an Alternative Shelter," *Journal of Social Distress and the Homeless* 10, no. 3, July 2011, p. 256.
- ²⁶ National Alliance on Mental Illness (NAMI), "Spending Money in All the Wrong Places: Jails & Prisons," http://www.nami.org/Template.cfm?Section=Fact_Sheets&Template=/ContentManagement/ContentDisplay.cfm&ContentID=14593.
- ²⁷ Doris J. James and Lauren E. Glaze, "Mental Health Problems of Prison and Jail Inmates," U.S. Department of Justice Bureau of Justice Statistics, September 2006, p. 1, http://www.nami.org/Template.cfm?Section=Press_September_2006&Template=/ContentManagement/ContentDisplay.cfm&ContentID=38175.
- ²⁸ Over half of the prisoners in the country with mental illness report having served three or more sentences. *Ibid* at 1. Also see NAMI, *Spending Money in All the Wrong Places*, *supra* note 26.
- ²⁹ National Public Radio (NPR), "Nations Jails Struggle with Mentally Ill Prisoners," [npr.org](http://www.npr.org/2011/09/04/140167676/nations-jails-struggle-with-mentally-ill-prisoners), September 4, 2011, <http://www.npr.org/2011/09/04/140167676/nations-jails-struggle-with-mentally-ill-prisoners>.
- ³⁰ As of FY 2011, the largest mental health provider in Texas is Harris County Mental Health Mental Retardation Authority (MHMRA), due to the implementation of recent jail diversion programs and increased funding for MHMRA. MHMRA of Harris County, "Healthy Community: Annual Report 2011," available at <http://www.mhmraharris.org/documents/AnnualReports/2011AR/AR%20for%20Web.pdf>. Also see Healthcare for the Homeless Houston, "Jail Inreach Project," <http://homeless-healthcare.org/program/jail-inreach-project/>.
- ³¹ NPR, *Nations Jails Struggle*, *supra* note 29.
- ³² *Ibid*. Based on the per person per day Travis County Jail cost of \$89.68. Brandon Wood and Diana Spiller, *supra* note 4.
- ³³ The annual mental illness cost is based on a 64% mental illness rate in county jails, the average daily population for 2011 (minus contract detainees), and the cost of incarceration per year. Data available upon request. TCJS, *Abbreviated Population Report*, *supra* note 2. Also see Brandon Wood and Diana Spiller, *supra* note 4.
- ³⁴ According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), there is a distinction between Axis I, acute clinical disorders (schizophrenia, bipolar disorder, major depression, etc.) and Axis II personality disorders and mental retardation (antisocial, borderline, narcissistic personality disorder, etc.). The reason for this is that Axis II diagnoses tend to be generally stable over time and of long duration, so there is a greater likelihood that they will be overlooked by a mental health professional. Janet B. W. Williams, "Using the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*," in *Social Worker's Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 171-180.
- ³⁵ Fitzpatrick and Myr Stol, *The Jailing of America's Homeless*, *supra* note 14 at 290.
- ³⁶ About 0.9% of all people in the U.S. over the age of 18 (236,809,956) have experienced inpatient hospitalization, this is about 18 times less than 16% of the homeless jail population. United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Applied Sciences, "Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings," 2009, p. 148, <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf>. Also see United States Census Bureau, "State and County Quick Facts: Population, 2011 Estimate," and "Persons under 18 Years, Percent, 2010," <http://quickfacts.census.gov/qfd/states/00000.html>.
- ³⁷ Fitzpatrick and Myr Stol, *The Jailing of America's Homeless*, *supra* note 14 at 290.
- ³⁸ Karen M. Abram, "The Problem of Co-Occurring Disorders among Jail Detainees: Antisocial Disorder, Alcoholism, Drug Abuse, and Depression," *Law and Human Behavior* 14, no. 4, 1990, p. 338.
- ³⁹ *Ibid.*, at 334.
- ⁴⁰ *Ibid.*, at 338.
- ⁴¹ Albert R. Roberts and Marjorie Rock, "An Overview of Forensic Social Work and Risk Assessments with the Dually Diagnosed," in *Social Worker's Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 665-666.

⁴² Data calculated by average hourly police officer salary wage (Austin, Dallas, El Paso, Houston & San Antonio), and multiplied by estimated time used for arrest (1-2 hours). Harris County Sheriff's Department, in telephone conversation with Rebecca Bernhardt, TCJC, February 24, 2011; Dallas County Sheriff's Department, in telephone conversation with Rebecca Bernhardt, TCJC, March 1, 2011. Data available upon request.

⁴³ Case management is "a service that links and coordinates assistance from institutions and agencies providing [social services] for individuals in need of such services." Evelyn Roberts Levine, "Glossary" in *Social Worker's Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 831.

⁴⁴ Arjun Sethi, "Homelessness Treated as Criminals in America," *USA Today*, February 15, 2012. Also see TCJC, "Project Reconnect: A Model Reentry Program in Dallas," April, 2012.

⁴⁵ C. Aaron McNeece and Diana M. DiNitto, "Chemical Dependency Treatment," in *Social Worker's Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 602.

⁴⁶ Justice Policy Institute, "Substance Abuse Treatment and Public Safety," January 2008, p. 4, http://www.justicepolicy.org/images/upload/08_01_REP_DrugTx_AC-PS.pdf.

⁴⁷ *Ibid.*, at 9.

⁴⁸ *Ibid.*, at 7.

⁴⁹ Chaiklin, *Current and Prior Mental Health Treatment*, *supra* note 25 at 264.

⁵⁰ Information on this program taken from Williamson County, "Crisis Intervention Team," <http://www.wilco.org/CountyDepartments/SheriffsOffice/CrisisInterventionTeam/tabid/616/language/en-US/Default.aspx>. Also see Annie Burwell, "Williamson County Mental Health Task Force," handout, February 8, 2008.

⁵¹ "Crisis Intervention in Southwest Louisiana," City of Lake Charles, <http://www.youtube.com/watch?v=vQMSWkIsjtQ>.

⁵² Information on this program taken from Office of Mayor Annise Parker, "Mayor Parker Unveils Plan for Sobering Center: New Approach to Handle Inebriated Prisoners Expected to Provide Resources, Help Ease Jail Overcrowding," February 28, 2012, <http://www.houstongovnewsroom.org/go/doc/2155/1321087/>.

⁵³ Information on this program taken from Urban Institute Justice Policy Center, "Jail Population Management Initiative," p. 11. Also see TCJC *Jail Overcrowding*, *supra* note 1 at 29.

⁵⁴ Avinash Singh Bhati, John K. Roman, and Aaron Chalfin, "To Treat or Not to Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders," Urban Institute Justice Policy Center, April 2008, p. 5, http://www.urban.org/UploadedPDF/411645_treatment_offenders.pdf.

⁵⁵ Sheryl Pimlott Kubiak, Cynthia L. Arfken, and Erica Shifflet Gibson, "Departments of Corrections as Purchasers of Community-Based Treatment: A National Study," *Journal of Substance Abuse Treatment* 36, 2009, p. 420.

⁵⁶ Justice Policy Institute, *Substance Abuse Treatment*, *supra* note 46 at 12.

⁵⁷ *Supra*, note 43. Social Worker's Desk Reference.

⁵⁸ W. Patrick Sullivan, "Case Management with Substance-Abusing Clients," in *Social Worker's Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 495.

⁵⁹ Bhati, Roman, and Chalfin, *To Treat or Not to Treat*, *supra* note 54 at xvi.

⁶⁰ McNeece and DiNitto, *Chemical Dependency Treatment*, *supra* note 45 at 601. Also see David Grove, "Strategic Family Therapy," in *Social Worker's Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 269.

⁶¹ Information on this program taken from Community Justice Assistance Division, "Texas Progressive Interventions," pp.42-43. Also see TCJC *Jail Overcrowding*, *supra* note 1 at 27-28.

⁶² Information on this program taken from Steve Aos, P. Phipps, and R. Barnoski, "Washington's Drug Offender Sentencing Alternative: An Evaluation of Benefits and Costs," Washington State Institute for Public Policy, January 2005, p. 1, <http://www.wsipp.wa.gov/rptfiles/05-01-1901.pdf>.

⁶³ Information on this program taken from TCJC *Jail Overcrowding*, *supra* note 1 at 24. Also see Marc Levin, *Mental Illness*, *supra* note 24 at 4.

⁶⁴ Information on this program taken from Houston Police Department Special Support Services Command Mental Health Unit, "Chronic Consumer Stabilization Initiative: Pilot Project Final Report – Addendum," p. 3.

⁶⁵ Information on this program taken from Healthcare for the Homeless Houston, "Healthcare for the Homeless Houston," MDG Video Production, http://www.youtube.com/watch?feature=player_embedded&v=oalBAPdVOHc#!.

⁶⁶ Information on this program taken from Marc Levin, *Mental Illness*, *supra* note 24 at 3.

⁶⁷ Henry J. Steadman, "A Key Component for the Effective Interaction of the Justice and Mental Health Systems," *Law and Human Behavior* 16, no. 1, 1992, p. 76.

⁶⁸ One such secure data sharing software is ServicePoint from Bowman Systems. See <http://www.bowmansystems.com/products/servicepoint> for more information.

-
- ⁶⁹ Marc Levin, *Mental Illness*, *supra* note 24 at 2.
- ⁷⁰ Steadman, *A Key Component*, *supra* note 67 at 81.
- ⁷¹ Audrey L. Begun, Susan J. Rose, and Thomas P. Lebel, "Intervening with Women in Jail around Alcohol and Substance Abuse during Preparation for Community Reentry," *Alcoholism Treatment Quarterly* 29, 2011, pp.456-457.
- ⁷² Suzanne L. Wenzel and others, "Access to Inpatient or Residential Substance Abuse Treatment among Homeless Adults with Alcohol or Other Drug Use Disorders," *Medical Care* 39, no. 11, p. 1165.
- ⁷³ Justice Policy Institute, *Substance Abuse Treatment*, *supra* note 46 at 11.
- ⁷⁴ James A. Inciardi, Steven S. Martin, and Clifford A. Butzin, "Five-Year Outcomes of Therapeutic Community Treatment of Drug-Involved Offenders after Release from Prison," *Crime and Delinquency* 50, no.1, 2004, p.89.
- ⁷⁵ Bhati, Roman, and Chalfin, *To Treat or Not to Treat*, *supra* note 54 at xiii.
- ⁷⁶ Wenzel and others, *Access to Inpatient or Residential Substance Abuse Treatment*, *supra* note 72 at 1165.
- ⁷⁷ Benjamin Paul Bowser, David Lewis, and Derrick Dogan, "External Influences on Drug Treatment Interventions: East Palo Alto's Free-at-Last," *J. Addict Med* 5, no. 2, June 2011, p. 119.
- ⁷⁸ Information on this program taken from Kirk von Sternberg and Joseph P. Carbonari, "Project Care Final Report: An Evaluation of the 'New Choices' Substance Abuse Program in the Harris County Jail, Houston, Texas," University of Houston, March 14, 2000, <https://www.ncjrs.gov/pdffiles1/nij/grants/182364.pdf>.
- ⁷⁹ Information on this program from Laura E. Smith, former Executive Director of the Crime Prevention Institute, in email correspondence to Sarah V. Carswell, Policy Researcher with TCJC, April 3, 2012.
- ⁸⁰ Legislative Budget Board, "Statewide Criminal Justice Recidivism and Revocation Rates: Submitted to the 82nd Legislature," January 2011, p. 21, http://www.lbb.state.tx.us/PubSafety_CrimJustice/3_Reports/Recidivism_Report_2011.pdf.
- ⁸¹ Information on this program taken from Allegheny County Department of Human Services, "Offender Re-Integration Program/Jail Collaborative," <http://www.alleghenycounty.us/dhs/jail.aspx>.
- ⁸² Brandon Wood, Assistant Director for TCJS, in email correspondence to Sarah V. Carswell, TCJC, April 17, 2012. Also see Texas Department of Criminal Justice, "Statistical Report: FY 2010," http://www.tdcj.state.tx.us/documents/Statistical_Report_2010.pdf.
- ⁸³ *Ibid.*
- ⁸⁴ Ingrid A. Binswanger and others, "Gender Differences in Chronic Medical, Psychiatric, and Substance-Dependence Disorders among Jail Inmates," *American Journal of Public Health* 100, no. 3, March 2010, p. 476.
- ⁸⁵ 43.6% of jailed women have psychiatric disorders; 21.6% of jailed men have psychiatric disorders. *Ibid.*, at 479. Also see Nena Messina, Christina E. Grella, Jerry Cartier, and Stephanie Torres, "A Randomize Experimental Study of Gender-Responsive Substance Abuse Treatment for Women in Prison," *Journal of Substance Abuse Treatment* 38, 2010, p. 97.
- ⁸⁶ 17.4% of jailed women are homeless; 12.1% of jailed men are homeless. 45.8% of jailed women are unemployed; 26.7% of jailed men are unemployed. *Ibid.*, at 478. Also see Nena Messina, Christina E. Grella, Jerry Cartier, and Stephanie Torres, "A Randomize Experimental Study of Gender-Responsive Substance Abuse Treatment for Women in Prison," *Journal of Substance Abuse Treatment* 38, 2010, p. 97.
- ⁸⁷ *Ibid.*, at 480.
- ⁸⁸ Nena Messina, Christina E. Grella, Jerry Cartier, and Stephanie Torres, "A Randomize Experimental Study of Gender-Responsive Substance Abuse Treatment for Women in Prison," *Journal of Substance Abuse Treatment* 38, 2010, p. 98.
- ⁸⁹ *Ibid.*, at 98.
- ⁹⁰ *Ibid.*, at 103-104.
- ⁹¹ Begun, Rose, and Lebel, *Intervening with Women in Jail*, *supra* note 71 at 469.
- ⁹² Information on this program taken from Sgt. Louis Felilni, "Dallas Police Department's Prostitute Diversion Initiative: The Key to Unlocking a New Life," Presentation to 17th Annual Texas HIV/STD Conference, May 27, 2010, slides 11, 12, 34, 38.
- ⁹³ Information on this program taken from Michael L. Prendergast, "Prison-Based Therapeutic Community Treatment: The California Experience," UCLA Integrated Substance Abuse Program, Criminal Justice Research Group, slides 3, 4, 6, <http://www.saprp.org/PowerPointPres/Prendergast0304.pdf>. Also see Messina, Grella, Cartier, and Torres, *A Randomize Experimental Study of Gender-Responsive Substance Abuse Treatment*, *supra* note 88 at 98.