



**TEXAS CRIMINAL
JUSTICE COALITION**

Celebrating 20 Years

Building stronger families,
safer communities, and a
brighter future for Texas.

RESPONSE TO INTERIM CHARGE 6

TEXAS HOUSE COMMITTEE ON APPROPRIATIONS S/C ON ARTICLES I, IV, AND V

SUBMITTED BY

Douglas Smith, M.S.S.W.
Senior Policy Analyst
Texas Criminal Justice Coalition

(512) 757-1941 | dsmith@texascjc.org

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Dear Chairman Longoria and S/C Members:

On behalf of the Texas Criminal Justice Coalition, I am grateful for this opportunity to provide written testimony with respect to Interim Charge 6:

Examine the major cost drivers within and the impact of funding provided to the Correctional Managed Health Care program.

I also appreciate your work to conduct important oversight of state agencies during the COVID-19 crisis. This testimony and our recommendations are grounded in research and informed by the ongoing COVID-19 response within Texas prisons, as well as by impending revenue issues that will likely impact the incarcerated population.

The Texas Criminal Justice Coalition is a nonprofit, nonpartisan organization dedicated to researching and advancing policies to safely decrease prison populations while building more effective community-based services to prevent incarceration.

The Need for Parole Reform to Address Escalating Prison Health Care Costs

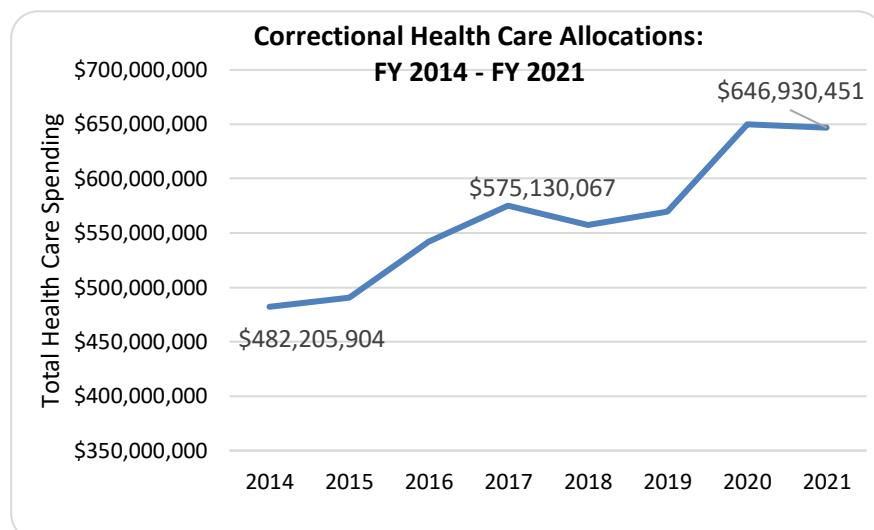
Since 2014, prison health care allocations have increased by 34.7 percent, a rate of increase that far outpaces increases in state spending over the same period.¹

The primary driver of correctional health care costs include:

1. The increasing length of sentences,
2. An aging incarcerated population, and
3. Parole approval rates below 50 percent.

Since 2005, the average length of sentence for people committed to TDCJ has increased by 35 percent.² During that same period, the number of incarcerated individuals sentenced to capital life increased from 1,791 to 2,010, and the number sentenced to life without parole increased from 0 to 1,287.³

Combined with a parole approval rate of approximately 40 percent,⁴ these factors have increased the average age of incarcerated individuals by 42 percent.⁵ Today, the average age of a person in



a Texas prison is 51.7. According to TDCJ, older individuals account for the largest portion of health care expenditures in prison.⁶

Additionally, the Texas Board of Pardons and Paroles (BPP) denies parole to nearly 50,000 parole eligible people each year,⁷ costing the state nearly \$1 billion annually.⁸ There are key reasons for low parole approval rates, high costs, and an aging population.

The BPP makes an individualized determination of parole in each case, but it has only a limited set of factors to consider.⁹ The parole guidelines, as set forth in statute, direct the BPP to contact the prosecuting attorney, review the person's criminal record, and evaluate prison disciplinary records. The BPP is not able to evaluate an individual's progress in certain rehabilitative programs when determining parole because only the BPP can place people in those programs – which, under current practice, comes *after* a person's parole review. Consequently, the BPP frequently denies parole to incarcerated individuals based on the nature of the crime committed, only to have the individual wait for several years – at state expense – before the Board decides to place the individual into rehabilitative programming that would decrease their risk to public safety.

Without significant reforms that would impact the length of time that people are expected to serve for certain offenses, correctional health care inflation will consume increasingly greater portions of general revenue each fiscal year.

Recommendation: A smart and less costly parole system would both dramatically reduce health care costs and improve rehabilitative outcomes. The system should:

1. Provide each incarcerated individual with a copy of their Individualized Treatment Plan (ITP) within 45 days of intake into a state prison.
2. Place individuals into appropriate rehabilitative programming – especially programming that is currently only accessible through BPP vote – *prior* to their first date of parole eligibility.
3. Allow the Rehabilitative Programs Division of TDCJ to be responsible for providing reports to the BPP on an incarcerated individual's progress, and allow the Division to revise the person's risk assessment following program completion.
4. Base parole decisions on a person's progress toward completing their ITP.

By adopting these common-sense reforms, the Texas Legislature will create a parole system that demands accountability, promotes rehabilitation, and reduces costs.

Citations on following page.

Citations

¹ Calculated by analyzing the amount allocated by the Texas Legislature to medical and mental health care in each state budget dating back to 2014.

² Calculated by averaging the length of sentence of the on-hand prison and state jail population in TDJC as of August 2005 and August 2020. The average only included the number of people sentenced; no life, capital life, death, or life without parole sentences were included.

³ Texas Department of Criminal Justice, *High Value Data Sets*, August 2005 and August 2020.

⁴ Legislative Budget Board, *Monthly Tracking of Adult Correctional Population Indicators (September 2020)*, https://www.lbb.state.tx.us/Documents/Publications/Info_Graphic/812_MonthlyReport_Sept.pdf.

⁵ Calculated by averaging the age of the on-hand prison and state jail population in TDJC as of August 2005 and August 2020.

⁶ Rich, Davis, "Prison health care costs are higher than ever in Texas. Many point to an aging prison population," *Texas Tribune*, November 25, 2019, <https://www.texastribune.org/2019/11/25/texas-prison-health-care-budget-parole/>.

⁷ The Texas Board of Pardons and Paroles, *Annual Statistical Report, FY 2019*, https://www.tdcj.texas.gov/bpp/publications/FY_2019_Annual_Statistical_Report.pdf.

⁸ Calculated by taking the average cost per day from the Legislative Budget Board's *Uniform Cost Report*, multiplying that by 50,000 (which comes from the Board of Pardons and Paroles FY 2019 Fact Sheet), and again by 365 days.

⁹ Section 509.152, Government Code.