



Representative

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**LSG Floor Report for Major State Calendar—Saturday May 04, 2013**

**HB 2289 By Rep. Price**

**Companion: SB 213 by Sen. Whitmire**

Caption: Relating to the continuation and functions of the Texas Board of Criminal Justice, the Texas Department of Criminal Justice, and the Windham School District and to the functions of the Board of Pardons and Paroles and the Correctional Managed Health Care Committee

Committee: Corrections

Analysis & Evaluation:

HB 2289 evaluates the Texas Department of Criminal Justice (TDCJ), Windham School District (WSD), Board of Pardons and Paroles (BPP) and Correctional Managed Health Care Committee (CMHCC) and enacts the recommendations from the Sunset Advisory Board until its next review in 2021. Critical changes are made in an attempt to ensure efficiency, transparency, and rehabilitation to offenders. Our concern is that the implementation of these programs will not be successful without adequate funding.

Currently, there are approximately 155,000 inmates and nearly 7,000 additional offenders being incarcerated each month. Texas state prisons are accustomed to operating beyond their capacity for short periods of time. There are an estimated 87,000 offenders on parole and around 1,490 parole officers, meaning that parole officers often have unmanageable caseloads. It is difficult for TDCJ employees to fulfill their current duties when they are at or above capacity.

TDCJ will have to heavily depend on community organizations to administer programing and there is no certainty that community organizations will be able to ensure that all offenders are provided with adequate services. Below is a synopsis of the new programs the Sunset Advisory Board has recommended. Many of these programs are evidenced based and will create cost saving benefits, because inmates will be placed in appropriate rehabilitation program.

***Case Management Committees***

This bill creates a case management committee, which must consist of members who classify offenses and may include individuals who focus on key areas of rehabilitation. The committee is required to create individualized treatment plans at the time of placement, to connect inmates with any department, including WSD, to provide the appropriate programs and services.

***Comprehensive Reentry and Reintegration Plan for Offenders***

This section is amended to require TDCJ to *adopt*, rather than develop, a plan for recidivism reduction. A risk and needs assessment instrument must be adopted to provide inmates with programs, transition services, and reintegration services. Additionally, TDCJ, WSD and BPP must establish the role of each entity in providing these services. To evaluate the effectiveness of these services, data must be collected and reported to the Governor, House of Representatives, and Senate on who received and refused services.

***Risk and Needs Assessment Instrument***

TDCJ is required to adopt a standardized assessment tool based on criminogenic factors, for each corrections and community supervision department to help assess the risk and needs of each inmate. Criminogenic factors are aspects of an individual's life that could predict the likelihood of recidivism. This approach is evidence based and when used appropriately is very effective. Although TDCJ uses an extremely effective assessment program, which helps them decide whom is appropriate for what program, they do not provide pre and post reentry services to offenders who are discharged – and are thus high risk. These programs are only provided to parolees, which is not evidence based practice.



### ***Reentry Task Force***

A reentry task force must be established and the membership should reflect the geographic diversity of the communities. This task force will address inmates' issues surrounding gaps in services after their release. This is extremely valuable as ex-offenders face unique challenges reintegrating back into society.

### ***Correctional Managed Health Care Committee (CMHCC)***

The CMHCC is assigned to help TDCJ develop procedures and implement a managed health care plan. Additionally, HB 2289 gives the Governor more power by allowing him to appoint several committee members.

The managed healthcare plan requires TDCJ to provide healthcare to inmates and evaluate and recommend new medical sites to the CMHCC. TDCJ may communicate with the Legislature, address issues and contract with *any* entity regarding healthcare. TDCJ is no longer limited to working with governmental entities, which creates competition and may lower the cost of services. However, this may result in an increased focus on profits rather than the healthcare of individuals. A report will be presented quarterly to the Legislative Budget Board (LBB) and the governor regarding cost savings for the healthcare of inmates.

### ***Board of Pardons and Paroles (BPP)***

BPP evaluates offenders who are eligible for release on parole or discretionary mandatory supervision. HB 2289 requires BPP to provide a written statement to the inmate that explains the reasoning for their decision to release an inmate on parole. Furthermore, BPP is no longer allowed to deviate from set guidelines of release and must establish and maintain a range of recommended parole approval rates. Additionally, a peer review board for BPP is created, which assesses the voting patterns of each office and board member to establish who may be deviating from the set guidelines of release. This could discourage a member or parole board from using their discretion and rating each case on an individual basis.

### ***Studies Regarding Performance-Based Funding***

A study reviewing the feasibility of adopting performance-based funding formulas will be conducted. Several agencies and collaborative organizations will be consulted and the findings of the study and recommendations will be reviewed with the LBB.

### **Recommendation:**

#### **Favorable with Concerns**

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