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INTERIM TESTIMONY 2014

## House Appropriations Subcommittee on Article I, IV, and V And Committee on Corrections

*Monitor the administration of the Correctional Managed Health Care system and examine forecasts for short and long-term criminal justice populations and health care cost trends.*

Dear Members of the Committees,

My name is Jennifer Carreon. I am a Policy Researcher for the Texas Criminal Justice Coalition. Thank you for allowing me this opportunity to present testimony on the administration of health care within the State's correctional system, especially as it pertains to specific populations.

### OVERVIEW

As costs for health care within the corrections system are expected to rise, the only effective tactic to lower expenditures is to safely reduce the overall population of incarcerated individuals. By right-sizing the system and opting to divert individuals with mental health or chemical dependency issues from state confinement, Texas can save money and appropriately meet the needs of individuals who remain incarcerated. Texas legislators should also be mindful of the complexities associated with the treatment needs of specialized populations, as well as the implications associated with their likely release into our communities.

### HEALTH CARE IN THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE: PERSPECTIVES FROM WOMEN AND YOUTHFUL INMATES

#### **WOMEN**

Compared to their male counterparts, women in prison face higher rates of medical, psychiatric, and substance dependency disorders.<sup>1</sup> According to the Bureau of Justice Statistics, 56.7% of female prisoners in the U.S. report having some type of medical problem as compared to 42.9% of male prisoners.<sup>2</sup> The prevalence of medical, mental health, and substance abuse issues found to be present within women, combined with their specific health care needs, demands greater attention from prison health care.

In early 2014, the Texas Criminal Justice Coalition conducted a survey of 421 women currently housed within the Texas Department of Criminal Justice (TDCJ). A portion of this survey focused specifically on medical and mental health treatment, as well as treatment for substance abuse. Below are key findings from this survey.

#### **KEY FINDINGS**

- **Women often enter the system with some type of medical, mental health, or substance abuse issue.**<sup>3</sup> Approximately 82% of women who responded to our survey indicated that they received treatment from a psychiatrist or a doctor prior to entering TDCJ; 75% indicated that they had been taking prescription medication for their condition; and 48% confirmed receiving substance abuse treatment prior to their incarceration.
- **Meeting the physiological and reproductive needs of incarcerated women varies greatly by institution.**<sup>4</sup> The chart on the following page illustrates how TDCJ is meeting these needs.

Physiology and Reproductive Health Needs	% of Respondents who Qualify	% of Respondents Receiving Care
Mammogram	72.2% <sup>5</sup>	52.20%
Pap Smear	97% <sup>6</sup>	72.9%
Pelvic Exam	97% <sup>7</sup>	32.6%
Feminine Hygiene Products*	100% <sup>8</sup>	36.50%

- **Women in prison frequently suffer from mental health problems (e.g., depression, post-traumatic stress disorder, and self-harm), which commonly co-occur with substance abuse.**<sup>9</sup> Unfortunately, less than half (44.8%) of the women who responded to our survey felt that TDCJ was meeting their substance abuse needs.
- **Women preparing to exit prison, like their male counterparts, have serious concerns about receiving medical, mental health, and substance abuse services upon reentering society.**<sup>10</sup> Approximately 57% of women who responded to our survey ranked physical health services as a matter of high priority; 33.9% indicated mental health services were of that same priority; and 40.8% expressed concerns about not receiving substance abuse treatment.

### YOUTHFUL INMATES

Though youthful inmates (18 or younger) make up only a small portion (less than 1%)<sup>11</sup> of TDCJ’s overall population, the specific health care needs of these individuals must not be overlooked. Given that the majority of youthful inmates will eventually return to our communities, it is critical to meet such needs.

In early 2013, the Texas Criminal Justice Coalition conducted a survey of youthful inmates who had been certified or transferred to TDCJ.<sup>12</sup> Though not all individuals fell into the “youthful” category at the time of their response, they were asked to answer questions about TDCJ’s service provision as compared to the services/treatment they received within the juvenile justice system. We then compared these responses to the findings from a similar survey we issued at Giddings State School, a state secure facility under the purview of the Texas Juvenile Justice Department. Below are key findings from these surveys.

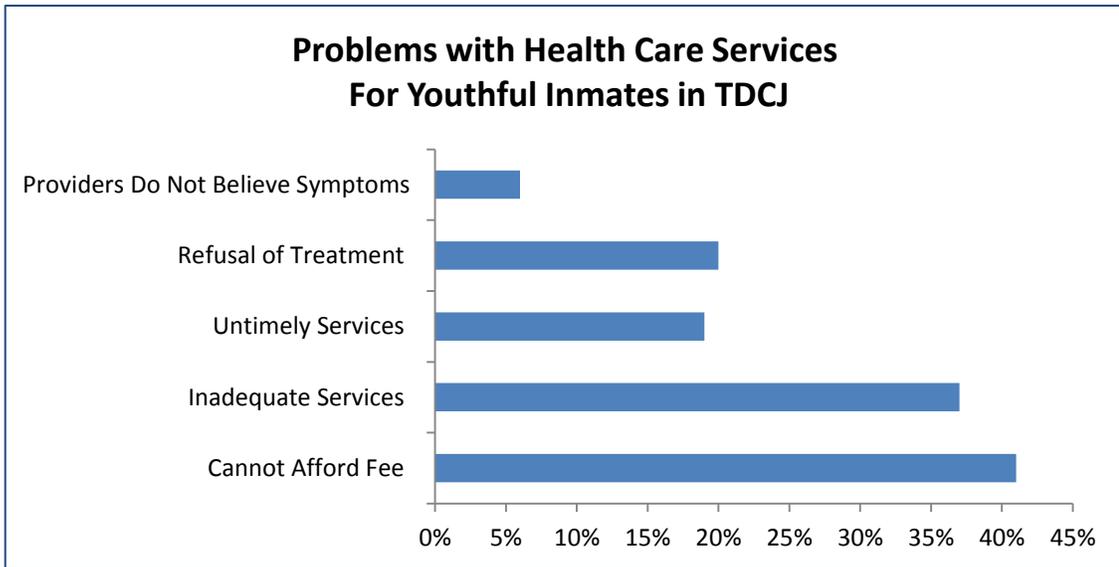
### KEY FINDINGS

- **Youth who are kept in the juvenile justice system feel they are provided with more adequate health care than their counterparts who serve time in the adult criminal justice system.** Approximately 52% of youthful inmates that responded to our survey indicated having problems receiving health care services while in TDCJ; this is notably higher than their counterparts in the juvenile justice system (27%). Given that the majority of youth in adult facilities will ultimately be released back into society, and that TDCJ prisons face high rates of infectious diseases (e.g., HIV/AIDS and Hepatitis C),<sup>13</sup> it is imperative that correctional health care services ensure this population receives adequate treatment.

*Note:* The chart on the following page highlights concerns regarding healthcare provision among youthful inmates in TDCJ.

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\* Only 36.5% of women indicated that they were provided with the necessary feminine hygiene products at all times. Approximately 54% indicated that they were sometimes given the necessary products.



**ADDITIONAL POPULATIONS OF CONCERN**

***PRISONERS WITH MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES***

Mental health and substance abuse issues have long plagued incarcerated individuals,<sup>14</sup> and Texas’ incarcerated population is no exception. According to TDCJ Executive Director Brad Livingston, approximately 83% of individuals housed in TDCJ have been diagnosed with a mental illness, while 62% have chemical dependency issues.<sup>15</sup>

Researchers have found a higher risk of recidivism among individuals with co-occurring disorders; they emphasize assessment prior to incarceration as instrumental in diverting individuals to appropriate placements (e.g., residential treatment centers).<sup>16</sup> This is also an enormous expense saver, as the cost of health care services required to treat prisoners with these issues,<sup>17</sup> on top of typical incarceration costs, are setting taxpayers back millions. These individuals should be dealt with in their communities, in appropriate settings that will actually aide in their rehabilitative process and eliminate unnecessary incarceration expenses.

***ELDERLY PRISONERS***

In 2012, geriatric prisoners comprised 4.3% of TDCJ’s overall population.<sup>18</sup> Though this number may seem nominal, the costs associated with providing health care to these individuals is not, given conditions such as diabetes, heart failure, cognitive impairment, and end-stage liver disease.<sup>19</sup> Overall costs for the disabilities that correspond with old age and the chronic illnesses that can ensue are approximately three times higher than that of a younger prisoner.<sup>20</sup> As Texas’ Legislature examines the costs associated with providing health care to incarcerated individuals, we encourage them to consider the minimal risks to public safety that these elderly prisoners pose and weigh them against the significant costs associated with keeping them incarcerated.

## COST-SAVING AND PUBLIC SAFETY-DRIVEN SOLUTIONS

- **Ensure that women and youth are receiving adequate health care to prevent recidivism and prolonged physical and mental health complications.** By emphasizing the needs of these populations, TDCJ can greatly aide in their rehabilitative process and cut long-term costs.
- **Right-size the current prison population** by ensuring that individuals who have been diagnosed with mental health and substance abuse issues are assessed, identified, and diverted to appropriate, cost-effective, community-based placements. We also recommend that TDCJ conduct an extensive cost-benefit analysis of all geriatric prisoners to determine if the risks they pose to society outweigh the costs of their health care.

## Citations

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- <sup>1</sup> Ingrid A. Bingswanger, Joseph O. Merrill, Patrick M. Krueger, Mary C. White, Robert E. Booth, and Joann G. Elmore. "Gender Differences in Chronic Medical, Psychiatric, and Substance-Dependence Disorders among Jail Inmates." *American Journal of Public Health* 100, 3 (2010): 476-482.
- <sup>2</sup> Bureau of Justice Statistics. "Medical Problems of Prisoners, Table 1. Prison inmates who reported a medical problem by gender and age (2004)," <http://www.bjs.gov/content/pub/html/mpp/tables/mppt01.cfm>.
- <sup>3</sup> Brenda J. Van den Bergh, Alex Gatherer, Andrew Fraser, and Lars Moller. "Imprisonment and women's health: Concerns about gender sensitivity, human rights and public health." *World Health Organization Bulletin*, 89 (2011): 689-694.
- <sup>4</sup> Van den Berg (2011).
- <sup>5</sup> National Cancer Institute at the National Institute of Health. "National Cancer Institute Fact Sheet: Mammograms," <http://www.cancer.gov/cancertopics/factsheet/detection/mammograms>. According to the National Cancer Institute mammograms are used to help "reduce the number of deaths from breast cancer among women ages 40 to 74." 72.2% of the women who responded to our survey fall within that age range.
- <sup>6</sup> U.S. Department of Health and Human Services, Women's Health.gov. Publications, "Pap Test," last modified on October 13, 2013, <http://www.womenshealth.gov/publications/our-publications/fact-sheet/pap-test.html>. According to the U.S. Department of Health and Human Services, women should begin receiving pap smears when they are 21. 97% of the women who responded to our survey are 21 and over.
- <sup>7</sup> Planned Parenthood. Health Info & Services, "Pelvic Exam," <http://www.plannedparenthood.org/health-topics/womens-health/pelvic-exam-4306.htm>. According to Planned Parenthood, women should receive pelvic exams on an annual basis and should receive their first when they are 21 years of age. 97% of the women who responded to our survey are 21 or older.
- <sup>8</sup> U.S. Department of Health and Human Services, girlshealth.gov. "Getting your period," <http://www.girlshealth.gov/body/period/index.html>. According to the U.S. Department of Health and Human Services, the average age at which a girl begins to menstruate is around 11 or 12 and typically no later than 16. All of the women who responded to our survey are above the age of 16.
- <sup>9</sup> World Health Organization. "Declaration on women's health in prison: correcting gender inequity in prison health," 2009.
- <sup>10</sup> Nancy G. Vigne, Lisa E. Brooks, and Tracy Shollenberger. "Women on the outside: Understanding the experiences of female prisoners returning to Houston, Texas." *Urban Institute Policy Center*, Research Report June 2009.
- <sup>11</sup> Texas Department of Criminal Justice. Public Resources, "High Value Data Set," last modified on December 2013: [http://www.tdcj.state.tx.us/tab1\\_public.html](http://www.tdcj.state.tx.us/tab1_public.html).
- <sup>12</sup> A total of 281 individuals responded to this survey, the majority of whom were certified to TDCJ.
- <sup>13</sup> Jacques Baillargeon, Sandra A. Black, Charles T. Leach, Hal Jenson, Jon Pulvino, Patrick Bradshaw, and Owen Murray. "The infectious disease profile of Texas prison inmates." *Preventive Medicine* 38 (2004): 607-612.
- <sup>14</sup> Paul M. Diamond, Eugene W. Wang, Charles E. Holzer III, Christopher Thomas, des Anges Crusier. "The prevalence of mental illness in prison." *Administration and Policy in Mental Health* 29 (2001): 21-40. R.H. Peters, P.E. Greenbaum, J.F. Edens, C.R. Carter, and M.M. Ortiz. "The Prevalence of DSM-IV substance abuse and dependence disorders among prison inmates." *American Journal of Drug and Alcohol Abuse* 24 (1998): 573-587.
- <sup>15</sup> Terri Langford and Cathaleen Qiao Chen, "Lawmakers to Examine Rehab of Mentally Ill, Addicted Inmates," *The Texas Tribune*, April 22, 2014: <https://www.texastribune.org/2014/04/22/mentally-ill-substance-abusing-inmates-toughest-re/>.
- <sup>16</sup> Adi Jaffe et al., "Drug-Abusing Offenders with Comorbid Mental Disorders: Problem Severity, Treatment Participation, and Recidivism," *Journal of Substance Abuse Treatment* 43(2012): 244.
- <sup>17</sup> The National Institute on Alcohol Abuse and Alcoholism. "Comorbidity of Alcoholism and Psychiatric Disorders," <http://pubs.niaaa.nih.gov/publications/arh26-2/81-89.htm>. Researchers have estimated the societal costs (e.g., productivity costs associated with alcohol-related morbidity and mortality, treatment costs, and costs associated alcohol-related crime) of alcoholism to be approximately be \$184.6 billion dollars per year.
- <sup>18</sup> Texas Department of Criminal Justice, "Statistical Report 2012," [http://www.tdcj.state.tx.us/documents/Statistical\\_Report\\_FY2012.pdf](http://www.tdcj.state.tx.us/documents/Statistical_Report_FY2012.pdf)
- <sup>19</sup> Brie A. Williams, Marc F. Stern, Jeff Mellow, Meredith Safer, and Robert B. Greifinger. "Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care." *American Journal of Public Health* 102, 8 (2012): 1475-1481.
- <sup>20</sup> I.A. Bingswanger, P.M. Krueger, and J.F. Steiner. "Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population." *Journal of Epidemiology and Community Health* 63, 11 (2009): 912-919.