TEXAS CIVIL COMMITMENT OFFICE

HOUSE CORRECTIONS COMMITTEE
FEBRUARY 23, 2017
Health and Safety Code § 841.007

The Texas Civil Commitment Office is responsible for providing appropriate and necessary treatment and supervision for sexually violent predators (SVPs) through the case management system.
Going Into the 84th Leg. Session

• New administration started 05/03/2014.
• Both of the office’s primary housing vendors provided notice in 2014 that they would not renew their contracts upon expiration in 2015.
• Two RFPs had been issued for housing without success, and from May 2014 to May 2015, the office’s administration visited, spoke with, or reviewed more than 130 options for housing.
• The office faced legal challenges surrounding the sufficiency of the treatment program and criticism from many that the program was broken because no one had ever completed the program or been released.
• Finally, the office was working to restore public trust and correct numerous findings from a scathing SAO audit report issued in January 2015.
Supervision and Treatment

• SVP clients are monitored 24/7 by real-time GPS tracking.
• TCCO employs Case Managers to provide supervision.
• Confined treatment facility provides additional security and supervision.
• SVPs are provided with sex offender treatment, undergo polygraph and plethysmograph examinations, have access to limited medical and mental health care, and are provided with other training such as life skills, AA/NA, substance abuse education and education.
Case Management

- Case Managers are stationed at confined treatment facility to provide supervision and case management to SVPs residing there.
- Case Managers are also assigned in DFW, Houston, Austin areas for Tier 5 clients or clients in supervised and assisted living.
- TCCO will need to locate staff to provide supervision and LSOTPs to provide treatment in the SVP’s last county of conviction. Numbers and locations are dependent on location of last county of conviction and progress of SVPs.
- Will need additional staff at confined treatment facility as population grows.
SVP Client Demographics

• Age range is 23 to 87 years old with an average age of 55 years.

• Population is 55.4% Caucasian, 24.46% African-American, 19.9% Hispanic, and 0.24% Native American.

• 65% of civilly committed sex offenders have only child victims, 16% have only adult victims and 19% have both adult and child victims.

• Of current SVPs: 133 have at least 1 family victim, 288 have at least 1 acquaintance victim, and 170 have at least 1 stranger victim.
TCCO Numbers

• 417 SVPs as of 02/16/2017
  – 152 in Prison
  – 265 in the community
• Of the 152 in TDCJ, 35 are currently scheduled to be released between now and the end of FY 2018.
• 3 civilly committed sex offenders that no longer had a behavioral abnormality that qualified them for commitment have been released by the court.
• 5 SVPs in Tier 5 independent living in the community.
S.B. 746, 84th Leg. Session

- Changed the agency’s name to the Texas Civil Commitment Office.
- SB 746 increased the board from 3 to 5 members.
- Changed from a solely outpatient program to a program allowing movement along a continuum from a total confinement facility to less restrictive alternatives based on the individual’s progress and behavior.
- SVPs being released to independent living must be released to last county of conviction for a violent sex offense.
- Trials take place in last county of conviction.
- TCCO makes decisions regarding a client’s housing and movement to less or more restrictive alternatives rather than the court.
- SB 746 was signed on 6/17/15 and implementation began immediately.
Treatment Program

• A contract was signed 7/31/15 for the Texas Civil Commitment Center (TCCC) in Littlefield, Texas. TCCC opened and accepted its first SVP residents on 9/1/15.
• TCCC housed 250 SVPs as of 02/16/2017.
• Tiers 1 through 4 take place at the TCCC and Tier 5 takes place in the community when the client has been released to his last county of conviction or is in community transitional housing.
• Tiered program based on individual progress in treatment and behavior. All are assessed upon arrival to determine proper tier, previous treatment taken into account.
• Tiers 1 through 4 receive: Six hours per week of group sex offender treatment, individual sessions at least once a month. Additional programming includes: Therapeutic study hall, community meetings, structured recreation, open recreation, AA/NA, life skills programming, education programming, and a therapeutic work program.
• The program at TCCC for Tiers 1 through 4 is a 100% increase in hours of sex offender specific treatment over the previous program, in addition to being a therapeutic community.
Projections and Caseload Growth

• Projected release dates dependent upon parole board votes and maximum sentence dates; more clients being released on parole than in the past.
• Prosecutorial and judicial discretion regarding commitment cases.
• TCCO has no control over the number of SVPs committed or released from commitment and is required to provide supervision and treatment for all SVPs following release from prison or a state hospital.
• Projecting higher numbers of commitments than under old system.
• As a small agency, even slightly larger caseloads will have a large impact on the agency.
• TCCO currently has SVPs from 97 different counties throughout the state and will have to arrange for supervision, treatment, housing and related services in each area as SVPs near readiness to transition to Tier 5.
• No set time for release from commitment by the court.
Last Counties of Conviction
Ongoing Operations

• As of 12/31/2015 TCCO fully implemented all recommendations from the 2015 SAO Report.
• TCCO has hired an internal auditor.
• In 2014, TCCO began the process of a systemic review of all contracts and has been undergoing procurement processes for needed services.
• TCCO issued RFPs for community sex offender treatment services and community transitional housing but did not obtain adequate results. TCCO has open enrollments published for clinical examiners, polygraphers, transport drivers, and community-based sex offender treatment providers.
• TCCO is currently drafting an open enrollment for substance abuse assessment and treatment services.
Looking into FY 2017 and Beyond: Challenges

• TCCO has begun renegotiating the TCCC contract, negotiations will continue through spring 2017. At the same time, TCCO is drafting an RFP for confined treatment in the event negotiations are not successful.

• Caseload will outgrow the TCCC capacity in FY 2019; will look at expanding at TCCC or issuing an RFP for a second location in FY 2019.

• Looking into the 85th Legislative Session and beyond, TCCO hopes to address: 1) challenges related to receiving appropriate mental health care for civilly committed sex offenders with severe mental illnesses that prevent them from effectively participating in the TCCO treatment program; 2) funding for the rising health care needs and expenses for the aging SVP population; and 3) locating community transitional beds and resources for clients reaching Tier 5.
The funding requested in this exceptional item will pay for the expected increase in the number of sexually violent predators (SVPs) that are civilly committed. SB 746 passed during the 84th Legislative Session shifted jurisdiction for prosecuting civil commitment cases from a centralized Special Prosecutions Unit and 435th District Court to cases being prosecuted by local District Attorneys in the SVP’s county of last conviction. TCCO projects the SVP caseload to reach 340 in FY 2018 and 409 in FY 2019. Caseload costs in this exceptional item include secured housing, extensive treatment, 24/7 GPS monitoring, clinical examinations, drug screening and testing, and limited healthcare. This exceptional item does not include any additional agency FTE’s or agency operating costs and it is projected at the lowest Littlefield facility contract rate, which is $97.98 per day.
2. Offsite Healthcare

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SVPs located at the Littlefield facility average 55 years of age. Many require considerable medical care and the vast majority do not have medical insurance. Our facility contract includes an on-site primary health care clinic and it covers the first $25,000 in off-site medical care for each SVP. The funds requested in this exceptional item will pay for off-site medical care above $25,000, and for necessary Hepatitis C treatment, which our contract specifically excludes. Currently there are 11 SVPs in need of Hepatitis C treatment which is estimated to cost $51,000 per treatment (Correctional Managed Health Care cannot be utilized due to their 340(b) status). The offsite healthcare cost projections in this exceptional item were developed by the HHSC Systems Forecasting Unit utilizing their experience and access to medical cost data as well as SVP factors such as age and caseload projections. The funds requested in this exceptional item will help ensure that catastrophic medical care costs do not fall on the local taxpayers, which could overwhelm their indigent care system.

3. TCCC Supported Living Unit

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This exceptional item is requested as an alternative should SB 613 fail to pass. Currently there are 3 SVPs in our Littlefield facility that have extensive psychiatric issues that keep them from participating in our treatment program. HHSC/DSHS have stated that they lack the statutory authority to provide inpatient hospitalization to these residents. Our Littlefield facility is not an inpatient mental health facility and it is not staffed or equipped to handle these residents. The funds requested in this exceptional item will establish a Supported Living Unit of 5 safe rooms and beds, and provide the staffing necessary to supervise and monitor SVPs with significant psychiatric needs. This will help mitigate risk to the state stemming from potential constitutional challenges that the state is warehousing SVPs that cannot progress through the civil commitment treatment program. This exceptional item does not include the cost of providing psychiatric care to SVPs, which is already funded through the Department of State Health Services.