

Overview of UTMB Correctional Managed Care (CMC) Mental Health Services

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Introduction

- UTMB, through its Correctional Managed Care (UTMB CMC) division, provides:
 - **Quality mental health and psychiatric care**
 - **Access to care,**
 - **Continuity of care, and**
 - **Comprehensive mental health and psychiatric services** for approximately 80% of the inmates incarcerated in TDCJ facilities

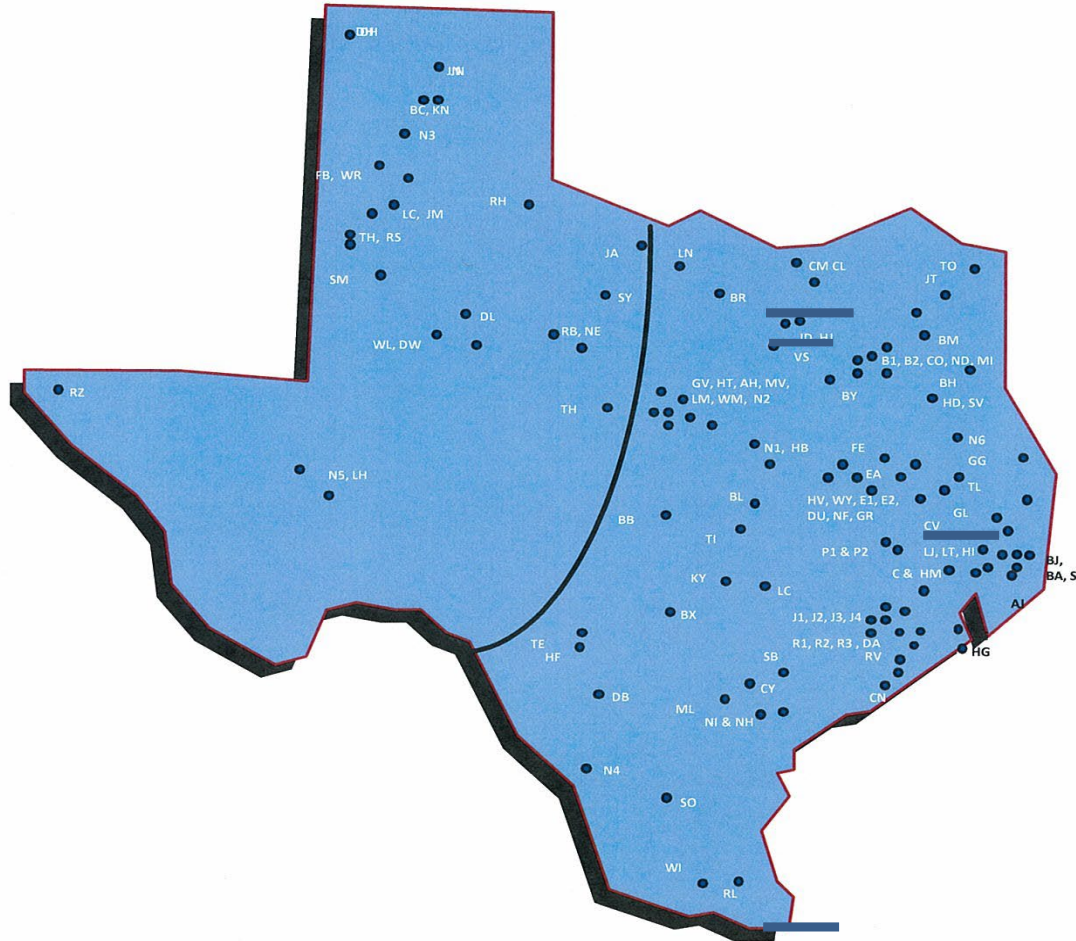
UTMB and Texas Tech Facilities

Geographic Areas of Responsibilities



FACILITIES

BC-Clements
DH-Dalhart
DL-Daniel
DW-Ware
FB-Formby
JA-Alfred
JN-Jordan
KN-Neal
LH-Lynaugh
N2-San Saba
N3-Tulia
N5-Ft. Stockton
RB-Robertson
RD-Rudd
RH-Roach
RZ-Sanchez
SM-Smith
SY-Sayle
JM-Montford
TH-Havins
WL-Wallace
WR-Wheeler



FACILITIES

AH- Hughes
AJ- Luther
AJ -Lynchner
B2- Powledge
BA- Leblanc
BB-Halbert
BH- Bradshaw
BJ- Gist
BL-Bartlett
B1- Beto
BM- B. Moore
BR- Bridgeport
BX- Dominguez
BY- Boyd
C- Central
CL-Cole
CM- C Moore
CN- Clemens
CO-Coffield
CV-Cleveland
CY-Connally
DA-Darrington
DB-Briscoe
Do-Diboll
DU-Byrd
E2-Estelle
EA-Eastham
E1- Ellis
EN-Segovia
FE-Ferguson
GC-Young
GG-Goodman
GL-Lewis
GR-Gorree
GV-Gatesville
HB-Hobby
HD-Hodge
HF-Ney
HG-Hospital
Galveston
HI-Hightower
HJ- Hutchins
HM-Kegans
HT-Hilltop
HV-Huntsville
J1- Jester 1
J2- Vance
J3-Jester 3
J4- Jester 4
JD-Dawson
JH- Hamilton
JT-Johnston
KY-Kyle
LC- Lockhart
LJ- Plane
LM- Murray
LN- Lindsey
LT- Henley
MI-Michael
ML-McConnell
MV-Mountain View
N1-Marlin
N4-Cottulla
N6-Duncan
ND-Gurney
NE-Middleton
NF- Holliday
N1-Garza E
N4-Garza W
P1-Pack1
R1-Ramsey
R2-Stringfellow
R3-Terrell
R1-Travis County
RV-Scott
SB-Stevenson
SO-Glossbrenner
ST- Stiles
SV-Skyview
T3- Torres
TI-Bridgeport
TL-Polunsky
To-Telford
VS-Estes
WI-Willacy Co
WM-Woodman
WY-Wynne

UTMB CMC: Scope of Mental Health Services

- Full range of outpatient, crisis management, inpatient, and special programs providing mental health (MH) care to **approximately 115,600*** TDCJ inmates in UTMB CMC sector
- Majority are males, with the total female inmate population just over **12,200**
- Crisis management and on-call psychiatric services are available **24 hours a day/7 days a week**

***Based on TDCJ census pre-COVID-19 pandemic (February 2020)
94,261 was the April 2022 unit census for UTMB CMC sector**

UTMB CMC: Scope of Mental Health Services

- **Mental health screening and triage services** are available at 80 TDCJ units upon request or referral
- Latest Mental Health/Psychiatric Caseload report (April 2022):
 - 1,015* inpatient/behavioral health facility MH census/caseload
 - 22,778* outpatient MH caseload
 - 19,011* of these are on psychotropic medication(s) and followed by a psychiatric provider

**As of 4-30-22*

UTMB CMC Mental Health Services

“Routine” Services:

- Intake Assessment- referral as needed
- Outpatient psychiatric evaluations/treatment
- Psychotropic medication management
- Psychological testing
- Individual and group psychotherapy
- Restricted Housing (Administrative Segregation)
- Mental Health Rounding

UTMB CMC Mental Health Services

“Routine” Services:

- Psychoeducation (education about psychiatric illness and its management) and skills building
- Case management services
- Mental Health Observation [formerly known as Psychiatric Observation (Psych Obs)] status
- Suicide and violence risk (homicidal ideation) assessments (these are clinical, not forensic)
- PREA (Prison Rape Elimination Act) generated mental health referrals

UTMB CMC Mental Health Services

Specialty Services:

- **Crisis Management and Treatment Tracks [Scott (formerly known as Jester IV), Skyview, Mountain View Units]**
- **DDP (Developmental Disabilities Program)**- services for inmates with intellectual disabilities
- **Neurocognitive Disorders Program (Scott (JIV) Unit)** inpatient services for inmates with dementia and other progressive “organic” impairments
- **TARPP (Treatment and Relapse Prevention Program)** case management program

UTMB CMC Mental Health Services

Specialty Services:

- **Death Row Inmates** (Polunsky & Mountain View Units)
- **SAFPF (Substance Abuse Felony Punishment Facility: Treatment Programs), Special Needs (9 months)** treatment programs [Estelle, Kyle, East Texas Treatment Facility (ETTF), Stringfellow, Glossbrenner, Halbert, Johnston, Hackberry (Crain Satellite) Units]
- **Youthful Offender Program (YOP)** (Ellis & Hilltop Units) established for both male & female juvenile inmates who have been certified (e.g., tried and sentenced) legally as an adult to TDCJ

UTMB CMC Mental Health Services

Additional Innovative Programs:

- **Weekend Telepsychiatric and Telepsychology Evaluations of TDCJ Inmates Awaiting Crisis Management Admission/Transfer**
- **These inmates are being monitored on Constant and Direct Observation (CDO)**
 - Initiated in December 2016 at seven (7) TDCJ units;
 - Expanded to 22 UTMB CMC facilities currently
 - Calendar Year 2021: 2,150 Assessments completed

UTMB CMC Mental Health Services

Additional Innovative Programs (cont.):

- **Suicide Risk Screening (conducted by unit based mental health or nursing staff) of TDCJ Inmates Placed in Pre-Hearing Detention (PHD) Status (awaiting disciplinary hearing/review)**
 - Initiated in December 2017 at three (3) TDCJ units as a pilot;
 - This process was expanded to all TDCJ facilities in UTMB CMC sector in May 2019.

Since then:

- UTMB health care staff have performed an average of 2,270 screenings per month

UTMB CMC Mental Health Services

Additional Innovative Programs (Cont.):

- **Suicide Risk Screening After Inmate Protection Investigation (IPI) Reviews –**
 - Initiated in December 2018 as a pilot at three (3) UTMB CMC sector TDCJ units –
 - Screening for suicide risk [after unit classification committee (UCC) investigate an alleged IPI case and the processes are concluded and prior to the inmate being returned to regular housing].
 - The process was then expanded to all UTMB CMC sector units in May 2019
 - A monthly average of 826 screenings have been completed with 274 identified as being in need of a full Suicide Risk Assessment by mental health staff (since May 2019)

UTMB CMC Mental Health Services

Additional Innovative Programs (Cont.):

- **Specialized Group Therapy Programming for Trauma for Female Inmates**
 - Initiated in Spring 2018 at several female TDCJ Units (e.g., Lane Murray, Woodman State Jail, Hobby, Marlin Units)
 - Plan to expand to other female units
- **Baby And Mother Bonding Initiative (BAMBI), Santa Maria Residential Program, Houston, Texas**
 - BAMBI provides eligible female inmates the opportunity to bond with their newborn baby, if the child was delivered during their sentence. The program houses the participants in a secure residential facility.

UTMB CMC Mental Health Services

Additional Innovative Programs (Cont.):

- **Baby And Mother Bonding Initiative (BAMBI) (cont.)**
 - The program began in early 2010 and allotted up to 15 residential beds for new mothers. It has since expanded to 22 beds.
 - A Mental Health Clinician facilitates psychoeducational group therapy and offers individual therapy.
 - Telepsychiatry services, case consultation, and clinical support is provided.

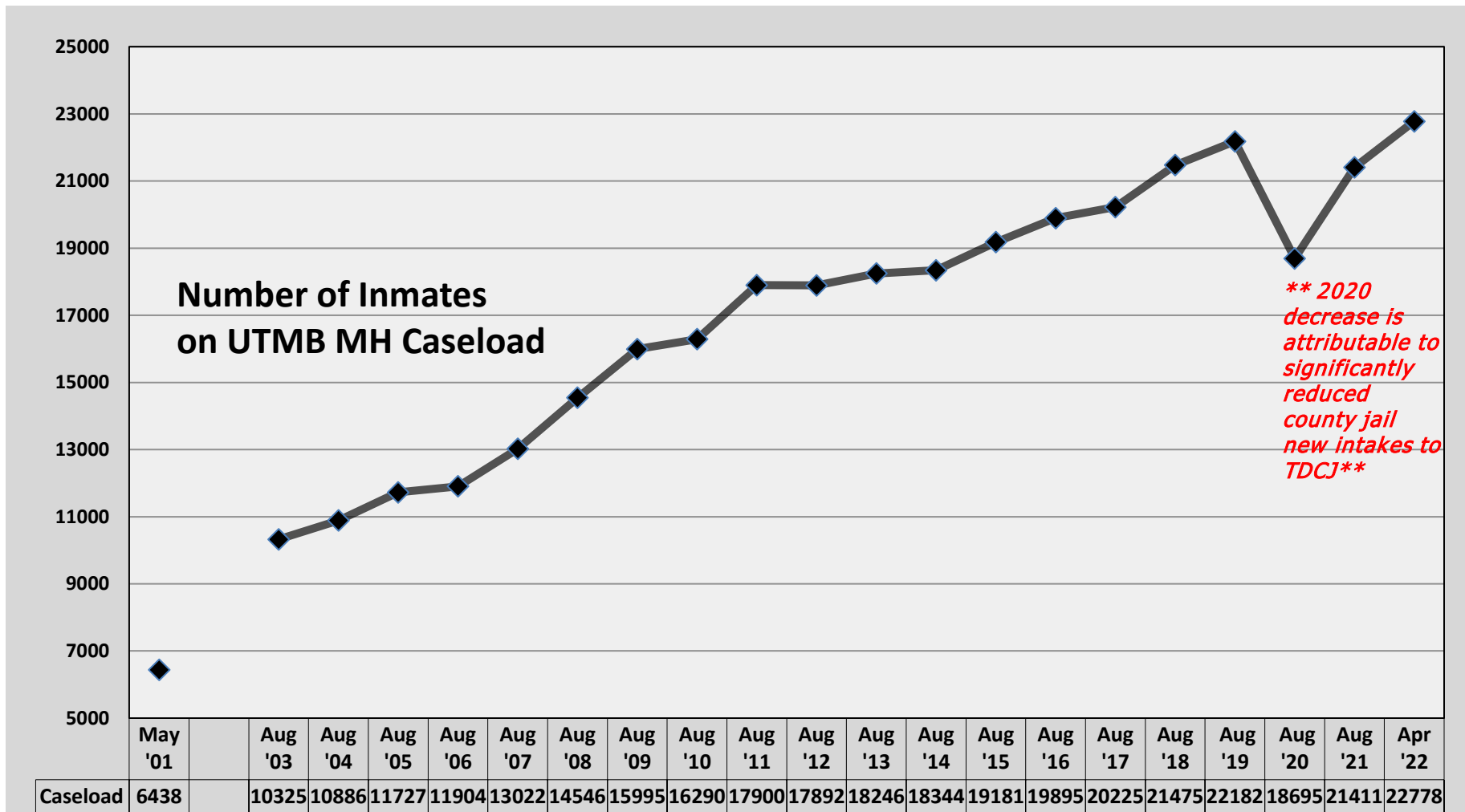
Treatment and Relapse Prevention Program (TARPP)

- **Case management program** developed to ensure that inmate patients with **serious mental illness (SMI)** receive a continuum of care throughout the system
- **↓↓ relapses, decompensation, and risks of recidivism**
- Case management and tracking regardless of where inmates are housed or their custody level
- Males and females
- Target patient population:
 - Inmates with a serious mental illness (SMI)
 - Require case management
 - **Ongoing monitoring**, and
 - **Continuity of care** including **discharge planning**

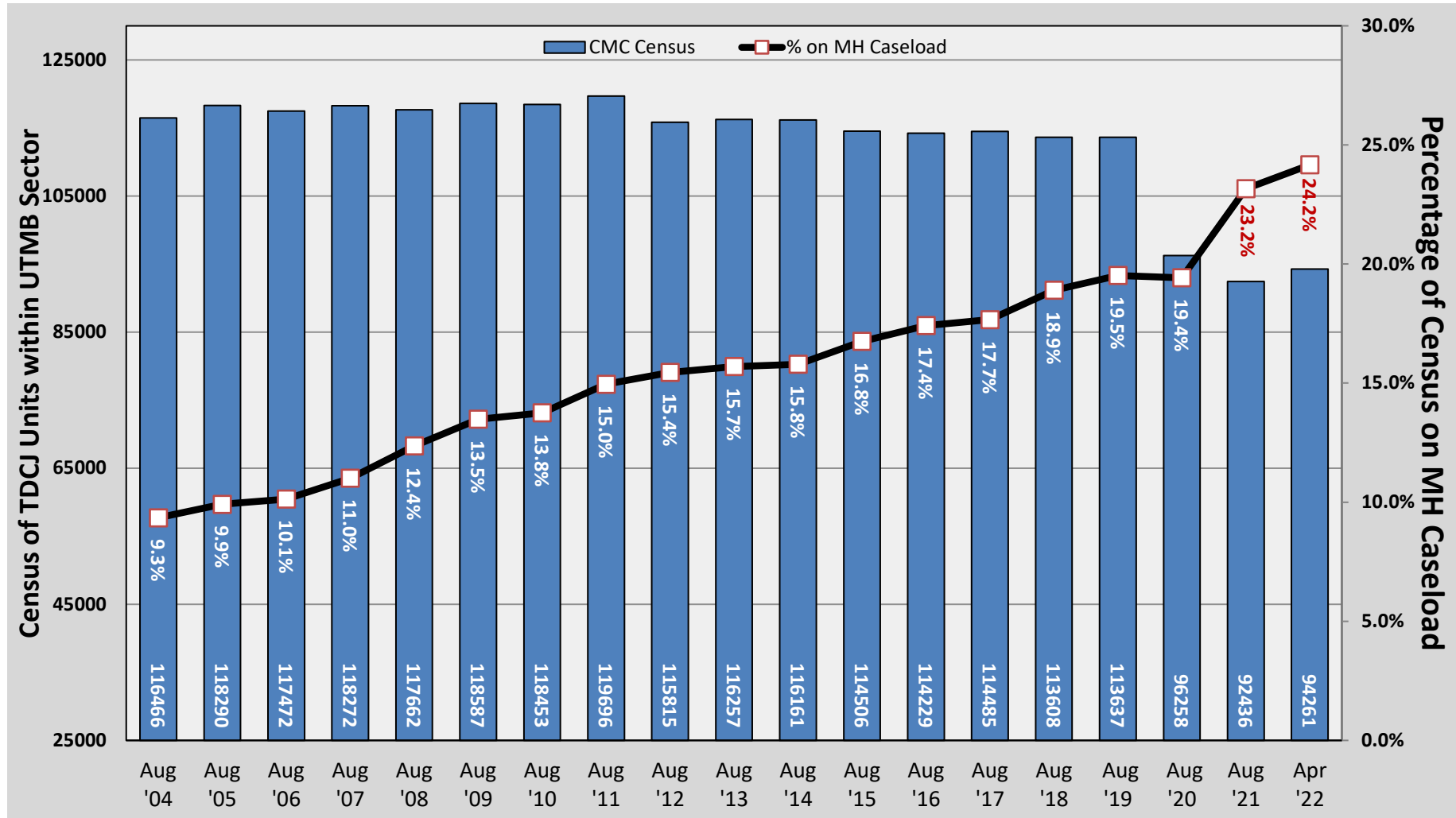
Mental Health Caseload

TDCJ Units within UTMB Sector

May 2001 – April 2022



Census of TDCJ Units within UTMB Sector and Percentage on MH Caseload August 2004 through April 2022



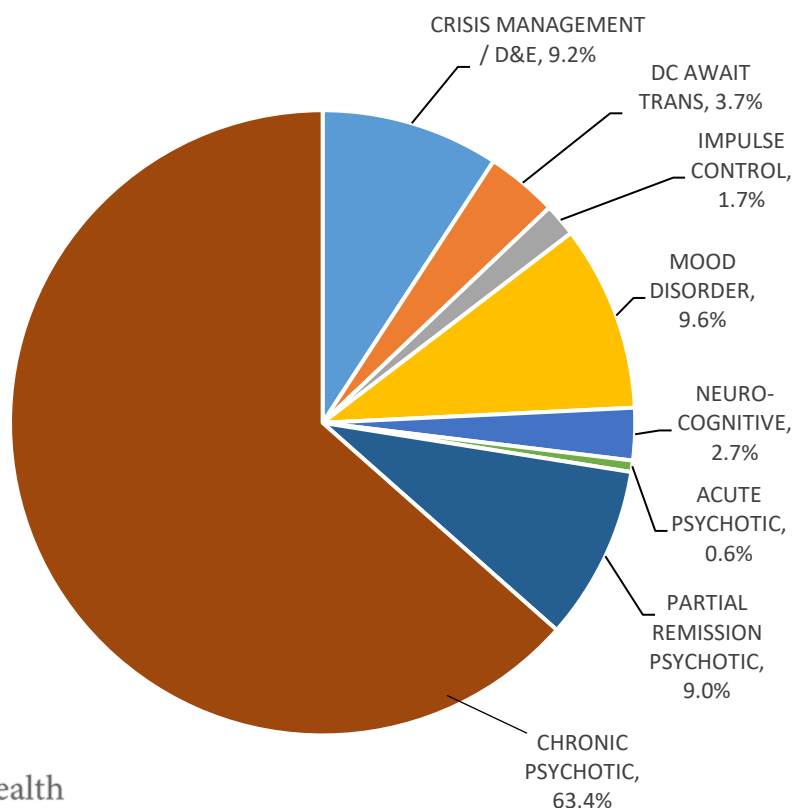
Behavioral Health Units (UTMB CMC Sector)

Facility Name	Location	Beds	Gender	Levels of Care
Skyview	Rusk (East Texas)	562	Co-ed	Crisis Management Diagnostic & Evaluation (D&E) Acute Care Partial Remission Psychotic Chronic Psychotic Mood Disorders Impulse Control Disorders Neurocognitive Disorders
Scott (previously Jester IV)	Richmond (Houston Area)	550	Male Some Females	Crisis Management D&E Acute Care Neurocognitive Disorders Program* Partial Remission Psychotic Chronic Psychotic Mood Disorders Impulse Control Disorders
Mountain View	Gatesville (Central Texas)	20	Female	Crisis Management

Behavioral Health Units Census of Treatment Tracks as of May 31, 2022

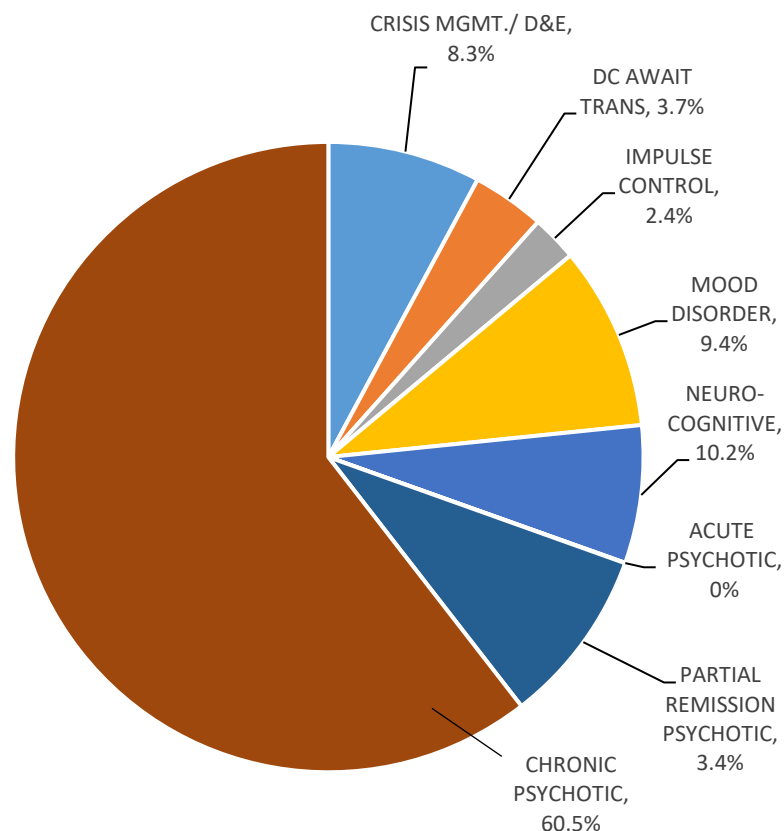
SKYVIEW

(Census = 488)

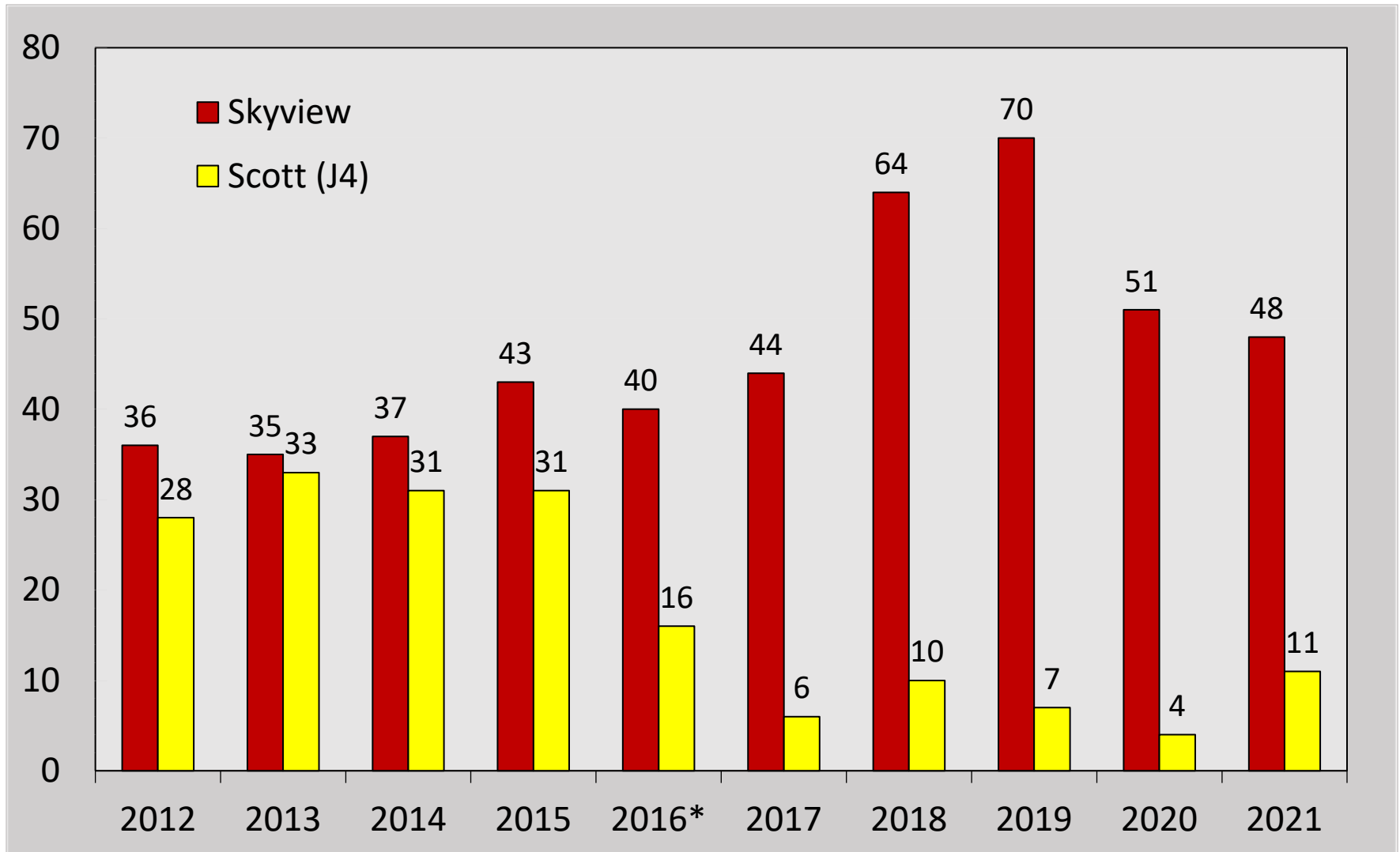


Scott (J4)

(Census = 509)



Number of Civil Commitments from Skyview & Scott (J4) 2012 through 2021



**April 2016 Fort Bend County, Richmond, Texas began providing court hearings for Scott (J4). Texas Tech also provides civil commitments out of their Montford facility, Lubbock, Texas*

Mission of the Developmental Disabilities Program (DDP) (Formerly known as the MROP)

- The mission is to provide **opportunities** to inmates with developmental disabilities to **acquire those skills** necessary to enable them to **function more successfully** within the **least restrictive environment**
- DDP Inmates are provided with access to a **variety of services** designed to **improve** their **functioning** and address situational and adjustment issues and co-morbid mental health conditions

Developmental Disabilities Program (DDP)

Target Patient Population:

- **Male and female inmates** with intellectual and other developmental disabilities requiring further evaluation, testing, and treatment services
- Structured programming includes **individual** and **group therapies**
- **Educational and vocational training** are available
- Overall goal/objective:
To assist DDP clients in improving their **adaptive behavioral skills** in order to live a **more productive and successful life** upon their release from the DDP Program and TDCJ

Developmental Disabilities Program (DDP) (cont.) Current Populations

TDCJ Hodge Unit, Rusk, Texas

- Males
- Capacity: 645
- Current population: 594*

TDCJ Valley Unit (Crain Satellite) Gatesville, Texas

- Females
- Capacity: 106
- Current population: 88*

** As of 5/31/22*

DDP Programming

- **Education Classes:** Windham School System staff evaluate each client in order to ensure that the client's deficits are identified and addressed
- **Job/Work Assignments :** When appropriate, every DDP client who is physically able to work will be referred for a job with consideration of their restrictions and TDCJ policies
- **Vocational Classes:** referred for Vocational Education classes in order to assist DDP clients in learning job skills that may lead to employment after release from TDCJ
- **Chaplaincy:** religious/spiritual counseling and guidance are available to DDP clients

DDP Programming (Cont.)

- **Individual Therapy:** DDP clients have access to individual psychotherapy by a QMHP
- **Group Therapy:** DDP clients have access to group psychotherapy to help them deal with specific problems. QMHP's and case managers are specially trained to provide group therapies to DDP clients
- **Case Management Services:** DDP clients are assigned a case manager to assist with case management needs (seen on a weekly to monthly basis as needed)
- **Psychiatric evaluation and psychotropic medication treatment** for co-morbid mental disorders

TDCJ Mental Health Therapeutic Diversion Program

TDCJ Alfred D. Hughes Unit; Gatesville, TX

MISSION STATEMENT

To effectively and efficiently provide for the mental health needs of TDCJ Restricted Housing inmates identified as requiring such services with the goal of assisting them to achieve the optimal level of functioning in a therapeutic diversion setting so they can successfully transition into a less restrictive housing assignment



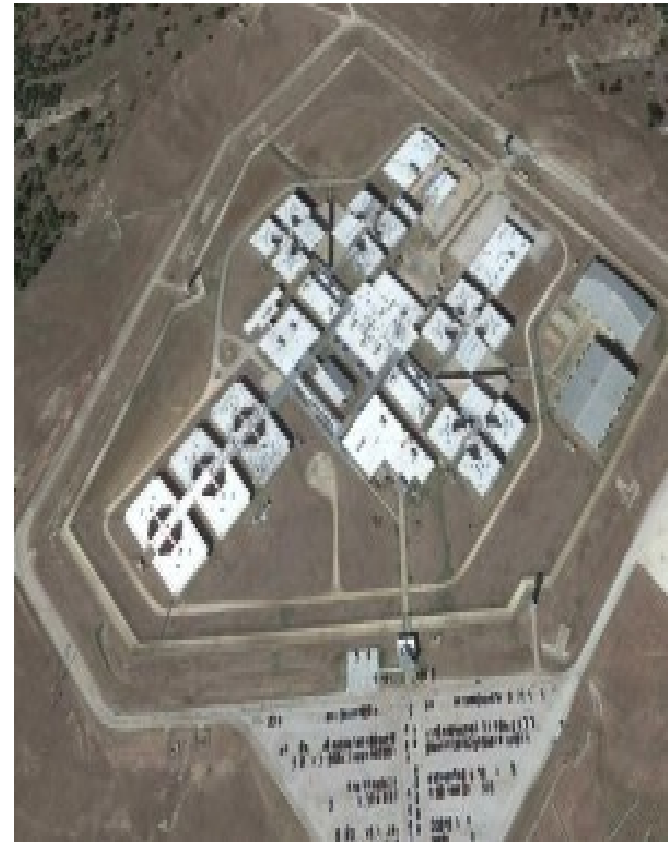
TDCJ Mental Health Therapeutic Diversion Program Alfred D. Hughes Unit; Gatesville, TX

- Program effective: 9-17-14
- Capacity: 420 male inmates [includes 100 Chronic Mentally Ill (CMI) beds]
- Current Census: 417 males* (99% of capacity)
- Treatment Programs: Individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment
- Successful Completions Total = **872***

**As of 5-31-22*

TDCJ Mental Health Therapeutic Diversion Program for Females

TDCJ Lane Murray Unit; Gatesville, Texas



TDCJ Mental Health Therapeutic Diversion Program for Females TDCJ Lane Murray Unit

- Program Effective: 2/15/19
- Initial Capacity: 44 females
- Future Capacity: 100 females
- Current Census: 32 females*
- Treatment Programs: Individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment
- Successful Completions Total = **32***

** As of 5-31-22*

TDCJ Mental Health Therapeutic Diversion Program

TDCJ Allan B. Polunsky Unit, Livingston, TX



TDCJ Mental Health

Therapeutic Diversion Program

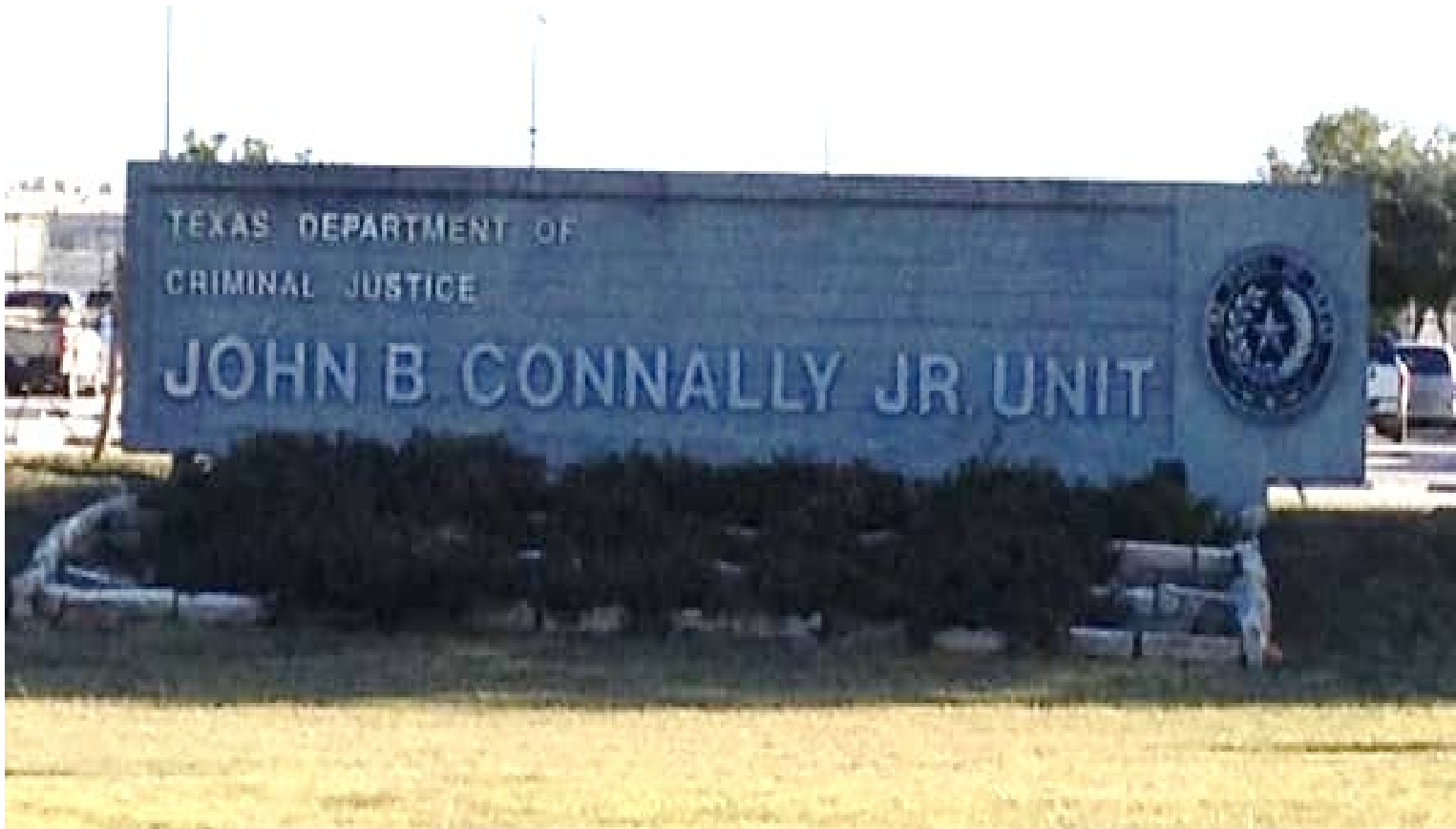
TDCJ Allan B. Polunsky Unit

- Program Effective: 1-31-22 (split from Michael Unit)
- Capacity: 168 male inmates
- Current Census: 167 males* (99% of Capacity)
- Treatment Programs: Individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment
- Successful Completions Total = ***Start-Up Process***

**As of 5-31-22*

TDCJ Mental Health Therapeutic Diversion Program

TDCJ John B. Connally Unit, Kenedy, TX



TDCJ Mental Health

Therapeutic Diversion Program

TDCJ John B. Connally Unit

- Program Effective: 2-17-22 (split from Michael Unit)
- Capacity: 252 male inmates
- Current Census: 42 males* (17% of Capacity)
- Treatment Programs: Individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment
- Successful Completions Total = ***Start-Up Process***

**As of 5-31-22*

Telepsychiatry and Telepsychology in Corrections



Rationale for Telepsychiatry

In the Correctional Environment

- National and statewide shortages of psychiatrists
- Challenges of recruiting staff to correctional units typically in rural remote sites
- Personal safety and public safety issues
- Improved use of psychiatric provider time (less time on the road driving from unit to unit)
- Lowers cost of transport (2:1 correctional officer staff) to off-site psychiatric services
- Less travel expenses for staff and programs
- “Hub” model fosters collegial group practice interactions and clinical supervision of psychiatric nurse practitioners (NP’s) and physician assistants (PA’s)
- Increased psychiatry specialty consultation (routine, newly discharged patients from inpatient, and crisis access)

Rationale for Telepsychiatry

In the Correctional Environment

- Having other clinical staff present during telepsychiatry clinics results in:
 - Increased objective information (medication compliance), ongoing multidisciplinary treatment efforts with unit MH staff, nursing, medical, correctional staff and lab studies
 - More timely information re: inmate's clinical progress and unit functioning
 - Less primary reliance on inmate patient's self report
 - Immediate treatment/case planning
- More timely psychiatric consultation
- Ability to use statewide at any correctional facility that has teleconferencing equipment/capabilities

Executive Summary/Current Challenges

- Number of inmates with mental disorders and serious mental illness (SMI) entering the TDCJ system continues to increase.
- Severity and comorbidity of mental illness among TDCJ inmates is significantly more complex than a decade ago.
- Additional behavioral health unit “inpatient” space and step-down “sheltered housing” needs for SMI patients
- Recruitment and retention of qualified psychiatric and mental health staff
- The majority of inmates diagnosed with a serious mental illness also suffer from a chronic medical condition such as Asthma, Diabetes, Hepatitis C, HIV Infection, Heart Disease, Hypertension, or Seizure Disorders.

Executive Summary/Current Challenges (cont.)

- Growing and aging population with more serious medical/psychiatric comorbidities (e.g., dementia and neurocognitive disorders, head injuries)
- Growing “Med Psych” patient population:
 - Sheltered geriatric/mobility/hearing/vision impairments/dementia
 - Dialysis dependent patient with SMI
 - Patient with active tuberculosis and SMI refusing TB treatment
 - Inmate patients that refuse medical or surgical treatments resulting in capacity/decision-making assessments by psychiatry/mental health staff
- Severe self-mutilating/self-harming (e.g., severe cutting, ingesting foreign bodies, eviscerating abdomen, inserting items) inmate patient population pose unique challenges

Executive Summary/Current Challenges (cont.)

- Maintaining continuity of care/access to care during a pandemic (COVID-19), staff fatigue and burnout during the COVID “marathon”
 - Staff and family exposures/medical isolation/restrictions
 - Custody staff and health care staff recruitment/retention issues
 - School closures/childcare needs
 - Reduced visitation and unit lockdowns
- Future unknowns of COVID-19 psychiatric disease burden (psychiatric and neuropsychiatric manifestations in COVID long term effects and “long haulers” cases)

- **Thank you for your time and attention**
- **Any questions?**

