

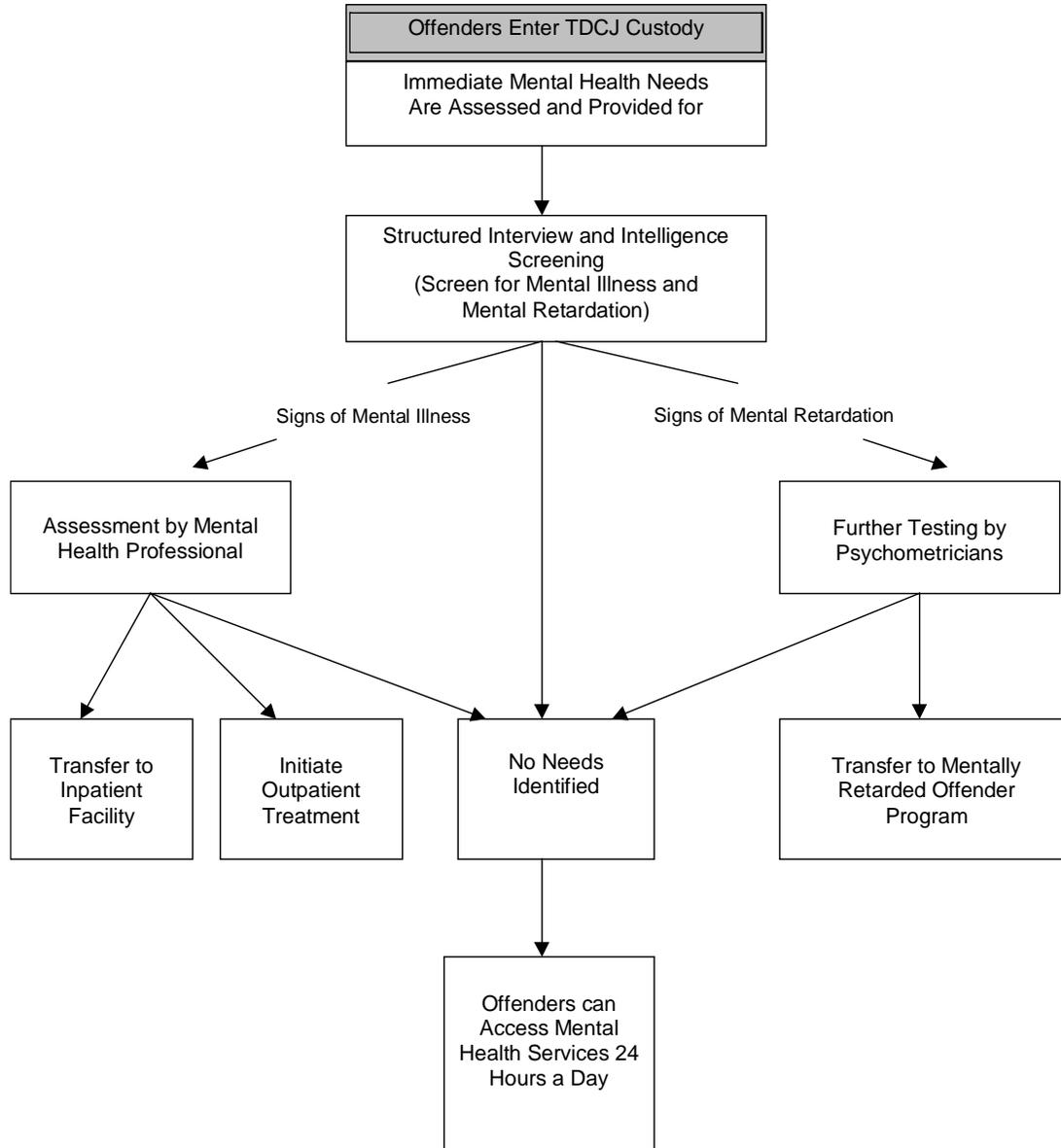
Mental Health Program and Services



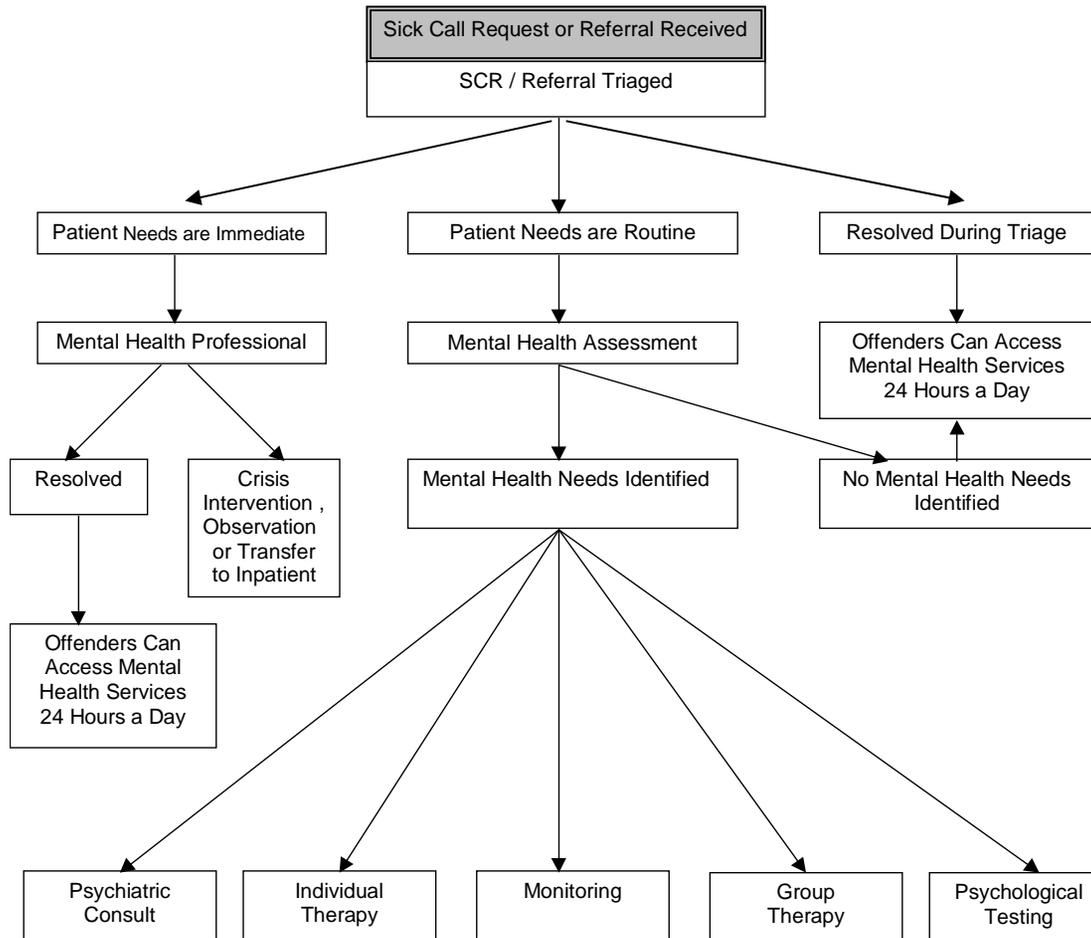
Scope of Mental Health Care Program

- Approximately 146,000 Offenders incarcerated within TDCJ. About 25,000 (17%) have a medical alert code indicating a current mental disorder or a history of a mental disorder
- On any given day, correctional health care staff are caring for about:
 - 1514 inpatient psychiatric inpatients,
 - 450 psychiatric patients enrolled in the Program for the Aggressive Mentally-ill Offender (PAMIO),
 - 725 Offenders in the Mentally Retarded Offender Program (MROP), and
 - 15,300 mental health outpatients.

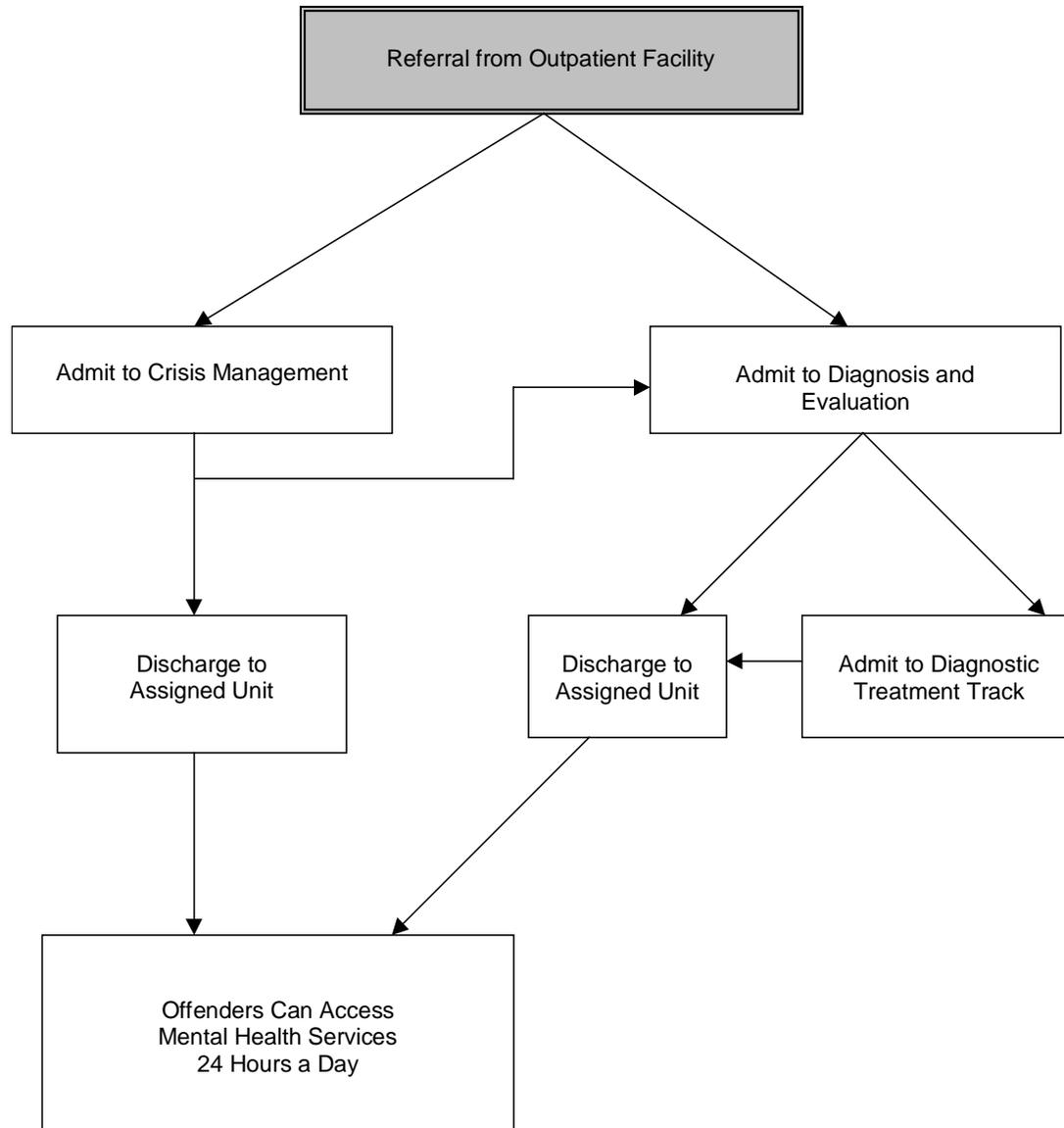
Mental Health Care Summary



MENTAL HEALTH OUTPATIENT CARE SUMMARY



MENTAL HEALTH INPATIENT CARE SUMMARY



TTUHSC Mental Health Program and Services



TTUHSC Mental Health Care Programs

Our mission is to provide comprehensive and state of the art psychiatric care for the offender population of TDCJ.

- The model is based on a family practice model to identify and treat uncomplicated cases through highly specialized care for complicated cases. Our care includes an emphasis on treatment of substance abuse disorders.
- Family practice model—the generalist is responsible for diagnosing and treating uncomplicated cases. The generalist will refer cases he/she is unable to manage for specialty care.
- Substance abuse treatment—90% of the mentally ill offender population has a diagnosable substance abuse/dependence disorder and this disorder must be treated in order to maximize outcomes.

Identification of Offenders with Mental Illness

- Identified when arriving from County Jails—they have a history of treatment there.
- Identified during the intake process through intake screening.
- Sick call requests to medical unit.
- Referrals from security staff who are trained to recognize possible symptoms of mental illness.
- Referrals from other offenders on behalf of mentally ill offenders.

TTUHSC: Outpatient Care

- **Smaller units:**
 - Medical staff is trained in the identification of psychiatric problems. They are expected to make the decision as to whether or not it is an emergent problem or can wait for mental health assessment.
 - The staff is supported by either a visiting mental health professional or by telepsychiatry.
 - If there is an emergency, the patient is immediately referred to the Montford Unit or Clements Crisis Management.
 - If the patient cannot receive treatment at the unit, but it is not an emergency, a request will be made to refer the patient to a unit with a full time psychiatric staff.

TTUHSC: Outpatient Care

- **Intermediate Units:**
 - Have a mental health professional on-site.
 - The mental health professional is supported by telepsychiatry, telepsychology and telephone consultation as necessary.
 - The unit staff have the same referral capabilities to the Montford Unit.
- **Larger Units:**
 - Have a full mental health staff, including a psychiatrist, a mid-level practitioner, psychiatric nurse, psychologists and social work.
 - May have on site capabilities for crisis management. If the problem cannot be treated by the staff, the offender is referred to the Montford Unit.
 - These units provide a whole array of mental health services.

TTUHSC: Specialized Services

- Specialized services are provided at
 - The Montford Unit
 - 550-bed male inpatient facility
 - The PAMIO Program
 - 450-bed male administrative segregation inpatients
 - The Ad-Seg Step-down program at the Clements Unit.
 - In cell programming at the administrative segregation units and the high security units.

Montford Psychiatric Unit

- Crisis stabilization
- Provisions for several levels of care within the hospital:
 - A Linehan treatment model for offenders with severe personality disorders.
 - An intensive nursing care unit for dementia and severe and persistent mental disorders.
- In addition to psychiatric care, the unit provides a full range of mental health treatment including psychological interventions, social work, and art, music and recreational therapy.

Clements Unit Mental Health Programs

- PAMIO—Program for the Aggressive Mentally Ill Offender.
 - Primarily for administrative segregation inmates and includes a behaviorally based program.
- Step-down for administrative segregation offenders
 - involves more intensive treatment for mentally ill offenders in administrative segregation to ease transition back to regular prison unit environment.
- Both are innovative and nationally recognized programs.

In Cell Programming

- Designed for administrative segregation, high security environments.
- All offenders are eligible. They are identified by health staff, mental health staff or by self referral.
- Involves modular learning and discussion of concepts with mental health staff.
- Treatment process includes:
 - Psycho-social treatment (life skills development)
 - Psycho-educational learning
 - Cell-side “group-like” treatment
 - Team treatment

TTUHSC: Development of Additional Psychological Tools

- Actively working on development of additional psychological tools specific to correctional environment
 - Instruments to screen for mental illness, which can be used by health staff.
 - Instruments which can accurately measure the level of acuity and level of treatment need by individual patients.
 - A suicide risk assessment questionnaire.

UTMB Mental Health Program and Services



Specialized Facilities

- **Inpatient Facilities**
 - **Skyview Psychiatric Facility-Rusk**
 - 528 beds, male and female patients
 - **Jester IV Psychiatric Facility-Sugarland**
 - 550 beds, male patients
- **Mentally Retarded Offender Program** -Residential program providing rehabilitative services to developmentally disabled and cognitively impaired Offenders.
 - **Hodge Facility, Rusk**
 - 731 beds, male offender/clients
 - **Gatesville-Valley Facility, Gatesville**
 - 106 beds, female offender/clients

Psychiatric Inpatient Program

- **Psychiatric Inpatient Program (PIP)**
 - Consists of four treatment tracks: Psychosis, Mood, Impulse Control and Organic Tracks.
 - Specified psychotherapeutic programs that liken to a college curriculum utilizing primarily group therapy. Group therapy recognized most effective with Offenders.
 - Offenders with Chronic Psychosis encouraged to remain in the inpatient program.

Psychiatric Outpatient Program

- **Psychiatric Outpatient Program**
 - Creates seamless continuity of care between the inpatient and outpatient treatment settings.
 - Treatment Tracks: Impulse Control, Mood, Psychotic, Adjustment, and Anxiety.
 - Utilizes standard format group therapies; all are welcome, not just discharged inpatients.
 - Stress Management, Sleep Hygiene, Depression Management, and Anger Control widely available throughout the state.

Administrative Segregation

- **Administrative Segregation treatment Program (AMP)**
 - Pilot program begun at the Gib Lewis High Security Facility in Woodville, TX.
 - Targets Mental Health patients who must remain in the Administrative Segregation Environment.
 - Novel self-study program combined with cognitive behavioral therapy to advance Offenders to less intensive security levels.

Outpatient Step-Down Program for Self Mutilators

- Newly developed outpatient “step-down program” for Offenders who self-mutilate is located at the Michael facility in Tennessee Colony, TX.
- Adds services for self-mutilators who are not close custody or administrative segregation security classification. Those Offenders have been treated by Texas Tech Mental Health Services to date.

After Care and Liaison

- TCOMI-the Texas Council for Offenders with Mental Illness is the primary resource for continuity of Offender care upon release from TDCJ.
- TDCJ, UTMB, TTUHSC and TCOMI work closely to develop after care mental health treatment, living arrangements, and case management.
- Open communication between TDCJ, UTMB, TTUHSC TCOMI, and MHMR is key.

Common Misconceptions

- ***Misconception: TDCJ offenders do not have access to newer generation medications.***
 - Offenders have access to a full range of medications, including most newer generation medicines. However, offenders mental health needs are addressed using different methodologies than TMAP which consider patient history, related diagnoses, side effect profiles, and response to treatment
- ***Misconception: No guidelines provide direction for the TDCJ mental health program.***
 - The correctional health care program has published and follows disease management guidelines that provide clinical direction for its providers.