



# INSTITUTE FOR HOMELAND SECURITY



**Sam Houston  
State University**

**An Evaluation of the Current Infrastructure for Treating Mental Illness  
In Texas Correctional Facilities**

**Institute for Homeland Security  
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## **Abstract**

The state of Texas spent over \$750 million on prisoner health care during the fiscal year of 2019. While this ranks among one of the highest in the country, correctional health care continues to experience several organizational problems, including overcrowding and inadequate staffing of medical professionals. One area that has been particularly understaffed with limited resources is psychiatry. While the right to health care assures that prisoners receive attention from a licensed physician (usually with a specialty in internal medicine), staffing of psychiatrists has been a struggle due to set market salaries in a generally undesirable working environment and rural settings where supply of licensed professionals is low. The increase in health care costs and mental health needs each year has led to the use of telemedicine, which allows physicians and/or health care professionals to treat prisoners remotely. However, the use of telepsychiatry as an effective mode of patient care delivery has not been evaluated extensively. This is particularly true of correctional facilities in Texas. As such, much is currently unknown about whether telemedicine can be used to strengthen the infrastructure and delivery of prisoner mental health care while saving Texas taxpayer dollars.

*Keywords:* Mental illness; corrections; telepsychiatry; prison; Texas

## **Introduction and Overview**

Texas has the nation's largest adult correctional population with approximately 213,800 serving time in a state or federal prison or local jail in 2022 (Prison Policy Initiative, 2023). With over half of the prison population estimated to have a diagnosable mental disorder, it is estimated that Texas leads the nation in the management of mentally ill offenders. Prisoners are guaranteed by law to see a certified health care provider and receive adequate medical care within 48 hours after submitting appropriate paperwork. In order to provide adequate coverage to the large population of inmates, the Texas Department of Criminal Justice (TDCJ) has partnered with two academic medical schools: Texas Tech University Health Sciences Center (TTUHSC) and the University of Texas Medical Branch (UTMB). Based on geographic location, TTUHSC serves prisons in West Texas, which houses approximately 22% of the inmate population, while UTMB serves the remaining 78% of the population in East Texas.

Over the past few decades, telemedicine has been adopted and used frequently by TTUHSC and UTMB health care providers contracted by the TDCJ to provide consistent and adequate care to inmates. While at first this modality was commonly used for physical health care, based on the pervasiveness of inmate mental illness, the demand for psychiatric care (i.e., telepsychiatry) has outpaced every other form of telemedicine. This approach has been lauded by the TDCJ and state lawmakers as a cost-effective way to deliver adequate care with savings to Texas taxpayers ranging from \$200 to \$1,000 per inmate every year for traveling to and from hospitals. The accessibility has also been an advantage where inmates can be seen by doctors faster when there is an issue that requires urgent attention. This can especially be the case for prisoners who experience sudden changes in mood, unexpected panic attacks, or suicidal thoughts. Taken together, the use of telehealth has revolutionized prisoner healthcare.

Based on the high prevalence of mental health problems among inmates, this form of health care delivery has the potential to not only save money, but strengthen the infrastructure for improving prisoner psychiatric care.

While telemedicine has been shown to help monitor and treat inmates suffering from mental illness and substance use disorders in the United States (Batastini & Morgan, 2016) and England (Edge et al., 2020), especially during COVID-19 (Bono et al., 2023; Watson et al., 2023), there are hurdles that stand in the way of having this practice have a widespread effect on strengthening the infrastructure for treating mental illness in Texas correctional facilities. In order for Texas to see a return on investment, over and above financial savings, telemedicine needs to be adopted widely across the entire state as well as type of correctional facility. Complicating this prospect, however, is the fact that local jails (who house around 58,000 inmates per year) do not fall under TDCJ oversight and may not have the same degree of political or financial support to adopt and implement such an approach. This may be especially challenging for jails located in rural areas that not only lack the finances and buy-in from local officials, but an ability to recruit qualified psychiatrists willing and able to serve a correctional population (Epstein, 2020).

### **Problem Statement**

Current estimates reveal that Texas ranks 48<sup>th</sup> in the nation with respect to the number of primary care providers per 100,000 individuals and 42<sup>nd</sup> in the number of active psychiatrists per 100,000. Texas was also recently ranked as the worst state in the country for mental health care due to having the second highest percentage of uninsured adults with mental illness (21.4%), the third highest percentage of adults with a mental health disorder not able to see a doctor due to cost (31.5%), and more than half of adults with mental illness (62.3%) not

receiving any type of treatment (Pal, 2024). With Texas serving the largest inmate population and having one of the biggest shortages of trained psychiatrists per capita to provide quality care, several questions begin emerge about whether telepsychiatry can be used to effectively strengthen the infrastructure for treating inmate mental illness in the state of Texas.

The following questions will be discussed in the current report to provide a better understanding of whether and to what extent telepsychiatry can offer a more efficient and effective way of providing mental health services to inmates. First, can or does telepsychiatry offer the same level of psychiatric care to prisoners as face-to-face visits? Second, can telepsychiatry improve treatment because of easier access to care from a licensed psychologist or psychiatrist? Third, can telepsychiatry be adopted more widely to local jails with the same high (and sometimes higher) prevalence of mental illness? The following report aims to provide answers to these important questions using current statistics and scientific evidence on the costs and benefits of telepsychiatry for correctional systems across the entire state of Texas.

### **Topic Discussion**

In the early 1990s, the Texas Legislature established the Correctional Managed Health Care Committee (CMHCC). This committee was the first to create a plan that was put into practice in 1994 that integrated the existing managed care network in Texas with two state medical schools to create a new way to deliver healthcare to Texas prisoners: The University of Texas Medical Branch (UTMB) in Galveston, TX and the Texas Tech University Health Sciences Center (TTUHSC) in Lubbock, TX. Since this time, the CMHCC collaborates with UTMB and TTUHSC to deliver medical, dental, and psychiatric care to prisoners. Funding for this program is provided by the Texas State Legislature and care is contracted with the Texas Department of Criminal Justice (TDCJ), which provides statewide oversight.

Based on empirical evidence assessing the relation between the creation of the CMHCC and Texas prisoner care, there is support that it has significantly improved health care outcomes for those in the Texas prison system (Raimer & Stobo, 2004). For example, there has been an increase in qualified healthcare personnel working in prisons, increases in patient compliance for treatment, and reductions in mortality rates for chronic diseases (Raimer & Stobo, 2004; Rao et al., 2021). Yet, despite these improvements, prison healthcare in Texas continues to suffer from organizational difficulties, such as inadequate staffing, overcrowding, and unsafe physical and social environments. Coupled with the common difficulty of finding medical staff willing and able to travel sometimes long distances to prison for in-person care, the cumulative effects of these problems can weaken the infrastructure for a high standard of health care. For example, previous reports show that UTMB often have around 25% of prison nursing spots vacant with an average of 300 vacancies annually (Rich, 2019). When this is present along with short medical staff and a stressful work environment, good health care delivery can often seem impossible to achieve (Morris & Edwards, 2022).

With Texas having the nation's largest prison population, new strategies have been created to offer better health care coverage. One of them has been the use of telemedicine. Telemedicine is defined as a form of physician-patient interaction facilitated through the use of video-conferencing software. In 1994, TTUHSC first began delivering mental and physical health services to inmates using telemedicine. Based on staffing shortages – likely due to long commutes – and the increase in prison health care costs, telemedicine was offered as a possible solution to help reduce staffing costs and increase efficient care since health care workers do not need to be physically present to treat prisoners. When Texas first started using this method of care in the 1990s, the audiovisual equipment provided poor visual imaging, which often made

it difficult for doctors to diagnose problems and treat prisoners – even with the assistance of nurses or aides in the room. Since that time, the technology has advanced and the cost for these devices has gone down dramatically. For example, a standard telemedicine unit commonly found in a Texas prison today costs less than \$2,000. This unit includes a small audio console, a camera able to zoom in and out, and a central monitor (Tandberg 900 Codecs; Polycom CA). The UTMB prison health system has roughly 200 units to conduct around 127,000 visits a year with inmates across 85 TDCJ prisons (Ollove, 2016) making it the largest telehealth network in the world (Boodley & Gagen, 2006). Telehealth has also been widely adopted by prison systems in other states such as Colorado, Louisiana, North Carolina, and Wyoming (Batastini et al., 2020; Khairat et al., 2022; Ollove, 2016). In addition to physicians, trained telemedicine coordinators are present at UTMB to assist with scheduling and communications. Nurses are present to gather vital signs and other information from prisoners and relay recommendations from physicians to appropriate prison supervisors. One advancement that has made telehealth such an attractive option for prisoner healthcare in Texas, and across the country, is that treating physicians can access prisoners’ electronic health records before meeting to review previous clinical information.

While the use of telemedicine has dramatically increased the detection and treatment of physical health problems among prisoners (Edge et al., 2021; Harzke et al., 2010; Tian et al., 2021), it perhaps has been used more frequently for the treatment of mental health (Sablone et al., 2024; Sperling et al., 2024). According to recent statistics, telepsychiatry is the most frequently used method of telemedicine used in correctional settings – even more so than infectious or chronic diseases (Criss & John, 2023; Deslich et al., 2013). This may be the case for a few reasons. First, with access to electronic medical records, physicians are now able to

evaluate prisoners' clinical and prescription histories from miles away before meeting with them to discuss their current symptomatology. This helps doctors situate new information with existing or previous diagnoses and medical histories (Batastini et al., 2020). Second, the evaluation and diagnosis of a mental disorder does not require a physical examination, but rather a thoughtful conversation between a physician and prisoner about how the prisoner is feeling and what their emotional struggles have been lately. Third, prison reports consistency show that over 50% of prisoners in the United States have a mental health diagnosis (Freudenberg & Heller, 2016) with Texas leading the nation in the management of mentally ill offenders (Rao et al., 2021). As such, treating mental health conditions among prisoners in Texas is imperative not only to the psychological wellbeing of inmates, but rehabilitation efforts as well. This is perhaps underscored by that fact that suicide attempts in Texas correctional facilities have increased nearly threefold from 2009 to 2018 (Bleiberg, 2019) and have remained high ever since. Risk for onset of mental health problems such as anxiety, depression, mood disorders, self-harm, and suicidal ideation (which are some of the most commonly treated problems in telepsychiatry consultations) can often be exacerbated when placed in solitary confinement for extended periods of time (Dellazizzo et al., 2020).

The question then becomes if telepsychiatry can provide equal, if not better care, to prisoners in Texas. To date, there appears to be evidence that the mental health needs of prisoners in Texas is being adequately addressed with telemedicine practices. Of the amount of telemedicine sessions conducted in Texas prisons over the past decade, over 70% of them have been for behavioral or mental problems. Without the use of telepsychiatry, inmates would have to travel long distances to see a doctor, or possibly wait for an extended period of time for one to visit (Deslich et al., 2013). It is important to also keep in mind that inmates

who must travel to a hospital to care may be reluctant to ask for it since they will have to be relocated to a new cell upon their return. In general, research reports that inmates in the TDCJ system express great appreciation for the convenience of telemedicine since traveling to UTMB and back often involves several days (Lewis et al., 2020). In addition, evaluations of clinical outcomes for telepsychiatry patients from jails in Texas has been positive (Zaylor et al., 2001). A similar pattern has been observed among prisoners in other state correctional facilities (Senanayake et al., 2018). However, data on long-term clinical outcomes for Texas prisoners is limited. As such, more data needs to be collected on both the short- and long-term outcomes for inmates across urban and rural areas of Texas. Evidence from this line of evaluation research will assist in further evaluating the effectiveness of telepsychiatry for treating prisoner mental illness and whether the degree of effectiveness varies as a result of geographic location or other characteristics of the population or facility.

In addition to the small but growing body of evidence suggesting that Texas inmates are happy with the use of telepsychiatry and are associated with relatively good clinical outcomes, this form of health care has allowed many Texas prisons to recruit specialists and highly qualified physicians they would otherwise not be able to before the implementation of this form of health care. For example, many doctors – including psychiatrists – do not want to live in isolated areas where prisons are located. To address this obstacle, many telemedicine facilities in Texas have been built in or near major cities in Texas. This has provided TDCJ, UTMB, and TTUHSC with a much more diverse network of qualified personnel to choose from that can offer a high standard of care. The ability for doctors to provide psychiatric consultation and treatment from a remote location has helped reduce the fear of walking into a prison setting and having face-to-face interactions with potentially mentally unstable inmates

two to three times a week (Divakaran et al., 2023). In this way, telepsychiatry has helped to strengthen the infrastructure for treating mental illness in Texas correctional facilities by offering a mode a delivery that inmates appreciate, which is likely related to the convenience, but also the quality of care delivered by well-trained and experienced doctors from across the state.

However, despite its increased use, telepsychiatry faces a common obstacle that is similar to widespread telemedicine coverage across the entire nation: All states require that physicians treating a patient in a specific state be licensed in that state. This applies especially to those practicing medicine digitally from elsewhere. With Texas already having a shortage of psychiatrists and still only a subsample who choose to work with prisoners, this presents an important barrier to making sure that the majority of inmates receive adequate mental health care. Indeed, evidence from evaluation studies in other states suggest that this shortage of trained physicians may have downstream effects on prisoner psychological wellbeing and odds of worsening mental illness as well as reoffending once back in the community (Senanayake et al., 2018). A lack of coverage for addressing one of – if not the most – common illness in prisoners while they are incarcerated before they reenter society, poses a serious public health and safety concern to Texans. Therefore, additional efforts need to be made to recruit students to the fields of psychiatry or psychology, educate them about the benefits of correctional health care, and provide them with attractive opportunities to want to work with inmate populations.

The last major problem that stands in the way of telepsychiatry greatly improving the infrastructure for treating Texas prisoners' mental illness appears to be whether or not it can be widely adopted into county jails across the state. As mentioned before, TDCJ does not have

operational jurisdiction over jails in Texas. Rather, sheriffs or local jail administrators are in charge of staffing and operating them. While TDCJ (the largest state agency in the Texas) asks for direct funding from the Texas Legislature every year, sheriff offices have to often rely on more local means of financial support. This could translate into difficulties having the necessary amount of finances to purchase telemedicine equipment and hire qualified personnel to provide physical and mental health care to jail inmates. Perhaps exacerbating this unfortunate reality is the fact that jail populations are much different from prison populations. Where prisons house specific types of offenders (usually based on the severity of their criminal offense and criminal history), jails house a wider variety of individuals that can range from minor first-time offenders to serious repeat violent offenders. Due to this, jails tend to experience overcrowding more than prisons and are understaffed, increasing the likelihood of violence between inmates and inmates and staff. These stressful conditions can worsen existing mental health problems or cause the onset of new ones, especially if individuals are in jail for an offense committed because they did not take previously prescribed medication, or if it's a person's first time in a correctional setting. It would make sense then that appropriate access to mental health care would be an essential component to the safety and security of a jail and that telemedicine might be able to help meet this high demand based on the disproportionate amount of correctional staff capable to effectively monitoring inmate behavior. However, reports suggest that the majority of Texas jails do not have sufficient psychiatric coverage with some inmates not seeing a psychiatrist for days after intake (Simpson, 2023). Moreover, only a few indicate that they use telemedicine for psychiatric care. This is concerning in light of previous research suggesting that frequent contacts via telepsychiatry sessions can serve as a useful supplement to in-person behavioral health care for jail releasees with mental illness (Held et al., 2012) and

can effectively meet the high demand for psychiatric care in jail settings (Kaftarian, 2019; Zaylor et al., 2000). To date, there is also little understanding of how these shortages vary across rural and urban counties in Texas. Studies in other states such as New York suggest that the proximity of jails to in-patient mental health care is much longer for jails in rural counties than urban ones and that this disparity is associated with higher levels of inmate infractions (Latifi et al., 2021). Without knowledge of the extent to which mental health needs are not being met in different jails and how these needs vary in strength across geographic location in Texas, there will never be a way to successfully integrate telehealth services to offer members of this correctional population the appropriate mental health care they need. Telepsychiatry hold promise for strengthening the infrastructure for treating prisoner mental illness in jails, but a great deal of research is needed to fully understand the scope and nuances of this problem.

### **Way Forward**

One of the goals for effective treatment of mental illness in today's correctional system in Texas is the widespread use of telepsychiatry – not solely as a way to replace in-person visits, but as a supplementary tool to screen patients who require in-person follow-up visits – as a useful (and cost-efficient) method to provide quality short- and long-term care to inmates, especially those in facilities located in rural or underserved areas. If implemented correctly, telepsychiatry has the potential to strengthen Texas's prison and jail psychiatric care infrastructure and improve prisoners' chances of successful reentry back into the community. The use of this form of patient care comes with the possibility of saving Texas taxpayers hundreds of millions of dollars over the course of a few years, which could be used to make sure that this type of patient health care operates at a high level. However, based on personnel and wide-scale implementation hurdles that currently exist within the state, to fully achieve this

goal it will likely require a multi-pronged approach. Specifically, this approach will need to focus on: 1) training psychiatrists and psychologists and successfully recruiting them to treat inmates, 2) continually evaluating the quality of delivery and both short- and long-term patient outcomes, and 3) adopting standardized telepsychiatry methods to be used in all Texas correctional facilities. Addressing these areas will help to ensure that there is widespread quality care coverage for as many inmates as possible across different levels of the Texas correctional system. Achieving this goal will help Texas continue being a leader of correctional health care, improve reentry outcomes for inmates, save taxpayers millions of dollars, and strengthen public health and safety.

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**Biographical Note:** Eric Connolly is an Associate Professor in the Department of Criminal Justice and Criminology at Sam Houston State University. His research uses a wide range of longitudinal research designs to mainly examine the following questions: 1) how are biological, psychological, and social factors related to stability and change in delinquency and crime; 2) are there bi-directional associations between health, victimization, and offending across the life span, and; 3) to what extent are there short- and long-term effects of different forms of early life adversity for delinquency and crime later in life. He has published over 80 peer-reviewed publications on these topics having used quasi-experimental research designs to better understand the extent to which modifiable biopsychosocial factors are related to individual changes in offending and victimization. His work has appeared in journals such as *Child Development*, *Child Maltreatment*, *Criminology*, *Journal of Adolescent Health*, *Journal of Quantitative Criminology*, and *Social Science & Medicine*. Recently, he has begun to focus pediatric traumatic brain injury, sleep disturbance, and delinquent behavior in previously adjudicated and community samples of youth.

**Data Availability Statement:** There is no data associated with this report.



# INSTITUTE FOR HOMELAND SECURITY



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The Institute for Homeland Security at Sam Houston State University is focused on building strategic partnerships between public and private organizations through education and applied research ventures in the critical infrastructure sectors of Transportation, Energy, Chemical, Healthcare, and Public Health.

The Institute is a center for strategic thought with the goal of contributing to the security, resilience, and business continuity of these sectors from a Texas Homeland Security perspective. This is accomplished by facilitating collaboration activities, offering education programs, and conducting research to enhance the skills of practitioners specific to natural and human caused Homeland Security events.

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