



**Texas Department of
Criminal Justice**

TCOOMMI

Number: PGP 01.02

Date: September 1, 2013

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**Program Guidelines and Processes
for Adult Intensive Case Management**

Supersedes: January 03, 2011

Subject: Intensive Case Management process for adult offenders on criminal justice supervision

Purpose: To provide a process to TCOOMMI contract programs for identified offenders who may be considered for, or are receiving, Intensive Case Management services.

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Guidelines:

I. Referral

- A. At least monthly, the TCOOMMI Program Director and/or designee shall meet with a representative of the Community Supervision and Corrections Department (CSCD) to review possible referrals to TCOOMMI Intensive Case Management.
- B. In areas where Parole Intensive Case Management is funded, at least monthly, the TCOOMMI Program Director and/or designee shall meet with a representative of the Parole Office to review possible referrals to TCOOMMI Intensive Case Management.
- C. When a probationer is determined to be an appropriate referral the CSCD officer will, in counties that have a CJAD funded Initiative Caseload, ensure that the offender is placed on the specialized Mental Health Initiative probation caseload prior to admission to the TCOOMMI program.
- D. Parole referrals may be on Special Needs Offender Program, Sex Offender, or Super Intensive Supervision Program caseloads.
- E. Within 14 days of receiving a referral, offenders shall be screened for eligibility for admission into TCOOMMI Intensive Case Management.

- F. Within 7 days of initial screening, case managers shall meet face-to-face with the offender.

II. Admission Criteria

The intent of TCOOMMI Intensive Case Management is to provide intensive mental health services to offenders with severe and persistent mental illness. The general focus of services is to stabilize symptoms, reduce the risk of recidivism, increase awareness of and participation with community and natural supports, develop skills in self advocacy, extend community tenure and gain ability to participate in independent mental health care. The service focus is on reduction of intensity and frequency of symptoms, improvement in core community reintegration skills, increase in self reliance, independent living skills, and effective peer, community, and family interactions. Therefore:

- A. All offenders admitted to TCOOMMI Intensive Case Management shall score a 2 or higher on a minimum of 19 individual criteria comprising the standard dimensions of the Adult Needs and Strengths Assessment.
- B. At least 90% of the TCOOMMI Intensive Case Management caseload shall be felony offenders.
- C. An offender with Veteran's Benefits shall not be excluded from TCOOMMI services based solely upon that benefit status.
- D. Review of the offender's Risk Needs or Parole Guidelines Score shall be used to assist in determining appropriate admission, and in establishing a level of care. This review shall be documented in the offender's clinical record.
- E. Services for TCOOMMI Intensive Case Management are authorized for a period not to exceed two years. Authorization for services in excess of two years must be obtained from TCOOMMI via a service extension request.
- F. Any offender not meeting the above admission criteria may be staffed with the designated TCOOMMI Specialist for admission approval if the interdisciplinary team deems the offender is in need of intensive case management services.

III. Benefits Assistance

- A. Within five (5) working days of the offender's admission into the program, the Case Manager (CM) shall:
 - 1. Ensure that the offender is screened for possible eligibility for local, state, and federal benefits (food stamps, Supplemental Security Income, Medicaid, Medicare, etc.).
 - 2. Ensure that applications have been initiated for applicable benefits.
- B. Within five (5) working days of the prescription for psychotropic medications, the CM or designee shall ensure that appropriate Prescription Assistance Program (PAP) application is submitted.
- C. Ensure these services are documented within the clinical record.

IV. Interdisciplinary Team (IDT)

- A. An IDT shall be comprised of at least the following individuals:
 - 1. the offender,
 - 2. the offender's supervising officer,
 - 3. the CM,
 - 4. the Program Director and/or designee, and
 - 5. psychiatrist or nurse when medical staff is available.
- B. The IDT shall:
 - 1. Provide input on and develop the initial Treatment/Service Plan within thirty (30) days of the offender's admission.
 - 2. Review and/or modify the Treatment/Service Plan every ninety (90) days, or more frequently as indicated by the offender's need.

V. Treatment/Service Plan

- A. Treatment/Service Plans shall:
 - 1. Be developed based upon all areas of the offender's needs.
 - 2. Be individualized for the specific offender.
 - 3. Include goals, objectives, and strategies for achieving the goals and objectives.
 - 4. Initially be developed within thirty (30) days of the offender's admission into the program with input from the IDT.
 - 5. Be reviewed and/or modified by the IDT every ninety (90) days, or more frequently as indicated by the offender's need.

VI. Intensive Case Management Services

- A. The CM shall:
 - 1. Maintain a caseload of no fewer than 20 and no more than 25 offenders at any one time.
 - 2. Facilitate IDT meetings.
 - 3. Identify and coordinate the offender's access to needed therapeutic and rehabilitative services, including inter- and intra-agency resources.
 - 4. Ensure the provision of rehabilitation training and service coordination to include:
 - a) A minimum of 3.5 face-to-face contact hours per month.
 - i. Hours can be provided by and met in combination with CM, nurse, psychiatrist, benefits specialist, and/or skills trainer.
 - ii. Hours may be individual or include group.
 - b) At least one contact per month shall be provided in a community setting.
 - c) Make contact via in person or by telephone with the offender within 24 hours of a no show appointment.
 - d) Make contact via in person or by telephone with the offender's supervising officer within 24 hours of a no show appointment.
 - e) Services for individuals with severe and persistent mental illness that address social, educational, behavioral, and cognitive interventions. These interventions should target the offender's ability to develop and maintain

- supportive relationships, occupational or educational achievement, independent living, and transition to independent mental health care or community tenure.
- f) Documentation of the offender's progress in developing natural and/or alternative supports, which facilitate the ability to transition out of TCOOMMI services.
 - g) Documentation of barriers to the offender's progress toward transitioning out of TCOOMMI services and development of interventions to address these barriers.
5. Ensure crisis intervention is available twenty-four (24) hours per day, seven (7) days per week.
 6. Make at least one (1) collateral contact per month in person or by phone with the offender's supervising officer.
 7. Services shall be provided over the course of the month in a manner sufficient to monitor the client's progress, continued stability, crisis resolution and baseline level of functioning within their natural environment.
 8. Document all activities and contacts in the offender's case file and ensure such documentation meets standards for Medicaid reimbursement.
- B. To maintain the focus and purpose of TCOOMMI Intensive Case Management, services are to be provided as outlined above. Any exceptions to the number of face-to-face and/or collateral contacts specified in these procedures shall be staffed with the IDT. IDT suggestions for deviation from procedural contacts shall then be forwarded the TCOOMMI Program Specialist for approval.

VII. Transition Planning

- A. Planning for the transition out of TCOOMMI services should begin upon admission. The IDT shall:
1. Identify the offender's chronic needs and develop treatment or Intensive Case Management strategies to address these needs, as well as, any barriers.
 2. Designate an IDT member (usually the CM) to coordinate necessary transition services.
 3. Determine whether an offender should have gradually reduced TCOOMMI services as a transition to non-TCOOMMI services. Such determination shall be documented in the offender's Treatment/Service Plan.

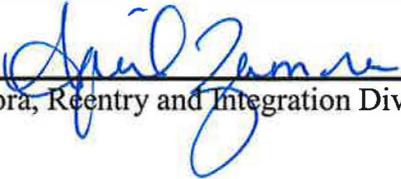
VIII. Discharge

- A. The offender should be discharged from the program when he/she no longer needs Intensive Case Management Services, or when:
1. He/She completes required community supervision;
 2. Probation or parole has been revoked;
 3. He/She moves outside of the Local Mental Health Authority (LMHA) local service area. In such cases, the LMHA shall follow Continuity of Care procedures outlined in Program Guidelines and Processes (PGP) 01.01.

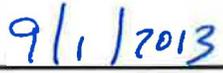
4. Has been arrested and remains incarcerated in a county jail for more than 30 days. In such cases, the offender shall be admitted to Continuity of Care and monitored until release or adjudication.
- B. If an offender is enrolled in the program for longer than two (2) years, the IDT shall review the case and determine whether the offender should continue in the program. If continuation is determined necessary:
1. A service extension request shall be submitted to TCOOMMI.
 2. The Treatment/Service Plan should include the necessary goals, objectives, and strategies for stabilizing the offender so that transition to less intensive services can be achieved.

IX. TCOOMMI Web Application (WebApp)

The TCOOMMI Web Application (i.e., WebApp) will be deployed beginning September 2013. The WebApp will replace the Microsoft Access database file required for reporting program activity and service delivery information. All contract providers are required to request and maintain access to the WebApp for a sufficient number of individuals to ensure that referrals are received and acted upon, and that program activity and service delivery information is entered timely and accurately.



April Zamora, Reentry and Integration Division, Director



Date