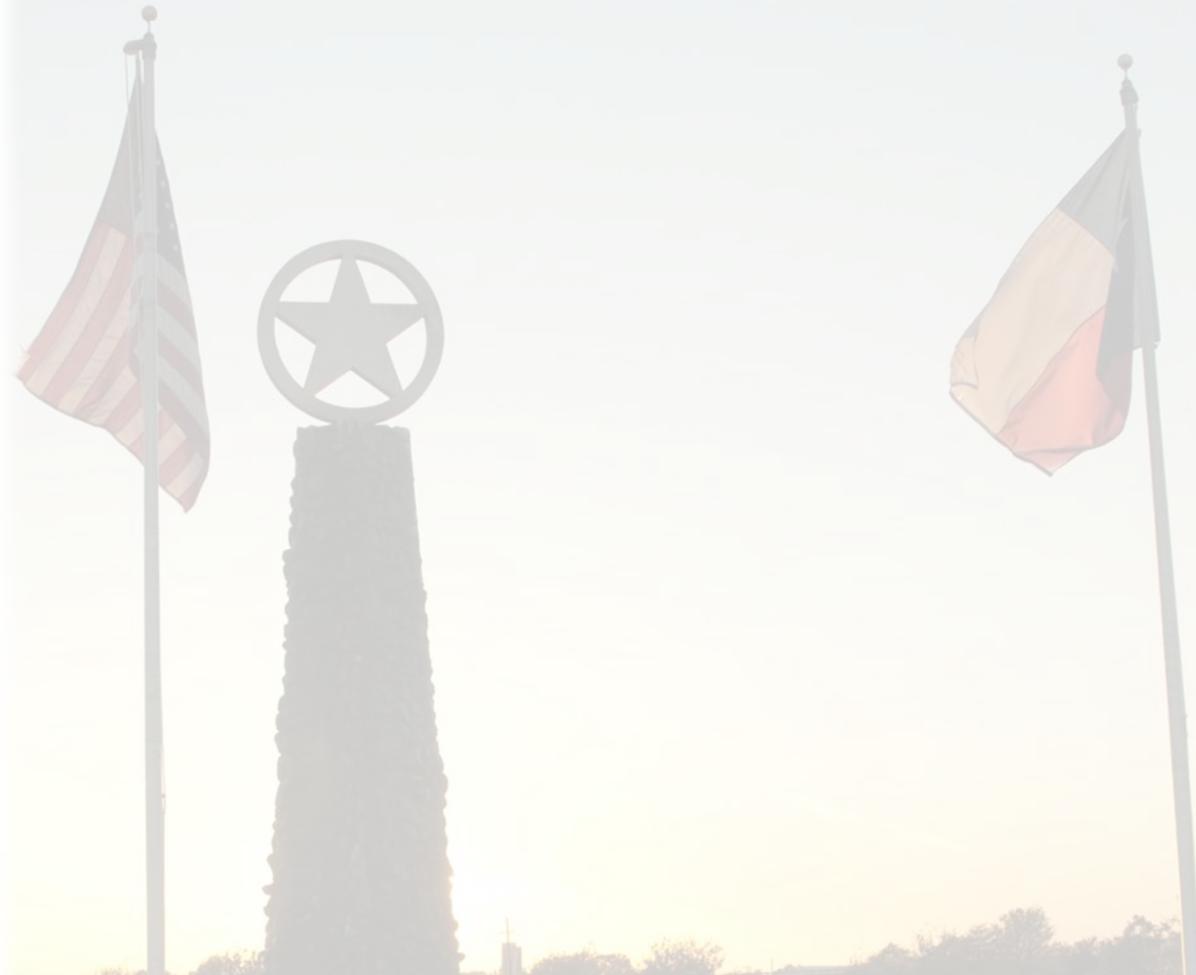


**Texas Department of Criminal Justice**



**Texas Correctional Office on  
Offenders with Medical or  
Mental Impairments  
Biennial Report**

**February 2021**

# Texas Board of Criminal Justice

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## Overview

Texas Health and Safety Code § 614.009 requires the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) to submit a biennial report each odd-numbered year to the Texas Board of Criminal Justice as well as the governor, lieutenant governor, and the Speaker of the Texas House of Representatives.

The following report provides an overview of the TCOOMMI's compliance and implementation of the above-referenced statutory provisions.

## About TCOOMMI

In 1987, the 70th Texas Legislature created the TCOOMMI to address health services for the growing population of persons with mental impairments who are associated with the criminal justice system.

The TCOOMMI's functions were expanded in 1993 by the 73rd Texas Legislature to include inmates who are elderly, significantly ill, or have physical disabilities.

As a result of legislation enacted by the 84th Texas Legislature, the TCOOMMI was able in 2015 to expand mental health services to further meet the needs of those individuals with a severe and persistent mental illness.

The TCOOMMI's collaborative efforts on behalf of these populations are designed to identify cost-effective and programmatically beneficial alternatives to incarceration.

The TCOOMMI's mission is to provide a formal structure for criminal justice entities, health and human services providers, and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting justice involved individuals with special needs.

## TCOOMMI Advisory Committee

The TCOOMMI Advisory Committee membership is composed of 28 diverse members representing criminal justice, health and human services, policy, regulatory, and advocacy fields.

As a collective body, the membership addresses procedural, programmatic, statutory, or administrative issues affecting justice involved individuals with special needs.

As part of their duties, advisory committee members:

- promote and support the legislative mandates assigned to the committee in Chapter 614 of the Health and Safety Code,
- attend and actively participate in regularly scheduled committee meetings, and
- serve as a liaison between the TCOOMMI and their agency or association.

Committee members provide technical assistance to the advisory committee on their field of expertise, while promoting and disseminating information about advisory committee activities to persons or organizations who would benefit from the knowledge.

Additionally, the TCOOMMI Advisory Committee receives quarterly updates on activities and implementation plans related to Memorandums of Understanding (MOUs) and cross-agency coordination to assess progress and barriers faced by agencies in the continuity of care process.

## Gubernatorial Appointees

The governor of Texas is responsible for appointing 10 members who reflect the geographic and economic diversity of the state to the TCOOMMI Advisory Committee for staggered six-year terms.

The TCOOMMI Advisory Committee is composed of the following appointees:

### **Judge Robb Catalano, Chair**

Term expiring 02/01/2025

<b>Casey O’Neal, Ph.D.</b>	Term expiring 02/01/2025
<b>James B. Eby</b>	Term expiring 02/01/2025
<b>Scott MacNaughton</b>	Term expiring 02/01/2023
<b>Judge Rogelio Rodriguez</b>	Term expiring 02/01/2021
<b>Matthew Faubion, M.D.</b>	Term expiring 02/01/2023
<b>Denise Oncken</b>	Term expiring 02/01/2021
<b>Sanjay Adhia, M.D.</b>	Term expiring 02/01/2021
<b>Trenton R. Marshall</b>	Term expiring 02/01/2025
<b>Allan D. Cain</b>	Term expiring 02/01/2023

## State Agency and Organizational Membership

In addition to the governor's appointees, the TCOOMMI Advisory Committee comprises the executive head or designee of each of the following agencies, divisions of agencies, or associations:

- The ARC of Texas
- Department of State Health Services
- Texas Council of Community Centers
- Department of Aging and Disability Services (*abolished 09/01/2017, with functions absorbed by Health and Human Services Commission*)
- National Alliance for the Mentally Ill Texas
- Mental Health Association in Texas, Mental Health America
- Texas Council for Developmental Disabilities
- Department of Assistive and Rehabilitative Services (*abolished as of 09/01/2016, with functions absorbed by Texas Workforce Commission*)
- Texas Health and Human Services Commission
- Parent Association for the Retarded of Texas, Inc. (*dissolved in 2019*)
- Texas Department of Criminal Justice (TDCJ)
  - Correctional Institutions Division
  - Community Justice Assistance Division
  - Parole Division
- Texas Commission on Law Enforcement
- Texas Juvenile Justice Department
- Texas Commission on Jail Standards
- Texas Board of Pardons and Paroles
- Correctional Managed Health Care Committee

## Continuity of Care

Continuity of care is the identification of medical, psychiatric, psychological care or treatment needs, as well as educational or rehabilitative service needs and the development and coordination of a plan for the provision of treatment, care, and services between various agencies to inmates with special health needs. The goal of continuity of care is to continue to provide services and treatment for clients releasing from prison or other incarcerated settings, or those under community supervision (probation and/or parole), as well as individuals who are pre-adjudicated, charged, or convicted. Generally, TCOOMMI continuity of care services are provided for each client for up to 90 days.

These services act as a bridge to ensure a stable and successful transition between criminal justice systems and the community, while assisting the individual on their path to independent living and self-sufficiency through cost-effective community alternatives to incarceration.

TCOOMMI mental health programs are designed to provide a responsive system for local referrals from parole, probation, jail, family, and other related agencies.

To ensure that continuity of care is delivered as intended, the TCOOMMI coordinates with state agencies and other TDCJ divisions to ensure access to services. Additionally, the TCOOMMI has entered into agreements with Local Mental Health Authorities (LMHA) across the state to ensure mental health services are delivered to clients.

## Interagency Coordination

Continuity of care and service programs required by Texas Health and Safety Code §§ 614.013, 614.014, 614.015, 614.016, and 614.018 have continued to be strengthened through the partnerships between local and state service providers formalized in MOUs.

During the recent biennium, the TCOOMMI and other state agencies:

- **Continued to monitor agreements with the TDCJ, the Texas Commission on Law Enforcement, the Texas Commission on Jail Standards, and the Texas Department of Public Safety** to enhance the early identification of defendants or inmates with mental illness or intellectual disabilities by merging the state's mental health database with the Department of Public Safety's Texas Law Enforcement Telecommunications System.

- **Participated in a Texas Commission on Jail Standards work group tasked with reviewing identification of and continuity of care services for the intellectually or developmentally disabled population.** This work group was established to review current best-practices to address the specialized needs and interests of the population when detained or processed through a jail setting.
- **Participated in a work group, at the request of the Health and Human Services Commission,** to develop a coordinated statewide approach for building a person-centered, trauma-informed behavioral health system and providing quality supports, services, and care. This multi-agency work group is focusing on services in both adult and juvenile systems.
- **Participated in the Statewide Behavioral Health Coordinating Council.** As required by Texas Health and Safety Code Chapter 531, Subchapter M-1, over 20 state agencies collaborated on the development and submission of a five-year strategic plan, coordinated on a statewide behavioral health expenditure proposal, and facilitated opportunities to increase collaboration for the effective expenditure of funds for behavioral and mental health services. A priority of this council is to ensure there is no duplication and replication of behavioral health services between agencies. The council met quarterly during each year of the biennium to accomplish its goals and tasks.
- **Continued to strengthen relationships with community AIDS service organizations through MOUs and a continued grant from the Department of State Health Services (DSHS) to provide pre-release coordination and application assistance.** A recent audit by the grant authority, DSHS, reflected the program's success. Releasing inmates are assisted with completing benefit applications for a federal drug assistance program and given health care information regarding medication adherence. This strategy coupled with post release linkage to an AIDS service organization for continuity of care has led to robust reentry plans for this special needs population. In Fiscal Year (FY) 2019, the DSHS authorized funding for a support position to facilitate registration and service provisions into a national database and case management system for those living with AIDS and/or HIV.

## Mental Health Services

Across the state, the TCOOMMI contracts with 39 LMHAs to fund and provide mental health treatment services such as:

- Screening and assessments;
- Referral to aftercare treatment for those released from custodial institutions or other referral sources;
- Psychiatric services;
- Medication management;
- Benefit assistance; and
- Referrals to community resources

Individuals receive services based on their level of care needs, to include case management services, continuity of care coordination, court resource diversion programs, and placement into dual diagnosis residential programs.

### Adult Case Management Services – Mental Health

Through coordinated efforts with the TDCJ Community Justice Assistance Division (CJAD) and the TDCJ Parole Division (PD) during the biennium, the case management programs utilize model of care based on criminogenic risk and clinical need for parole- and community-supervised individuals in TCOOMMI funded programs.

The model of care is designed after the Risk Needs Responsivity model. Services are directed to individuals with moderate to high criminogenic risk factors combined with higher clinical needs in community mental health programs.

By identifying and providing services to those clients who present a greater risk to public safety, those who are at the greatest risk for recidivism, or those with the highest clinical needs, the case management programs help to prevent re-arrest and incarceration. Components of adult mental health case management services program include:

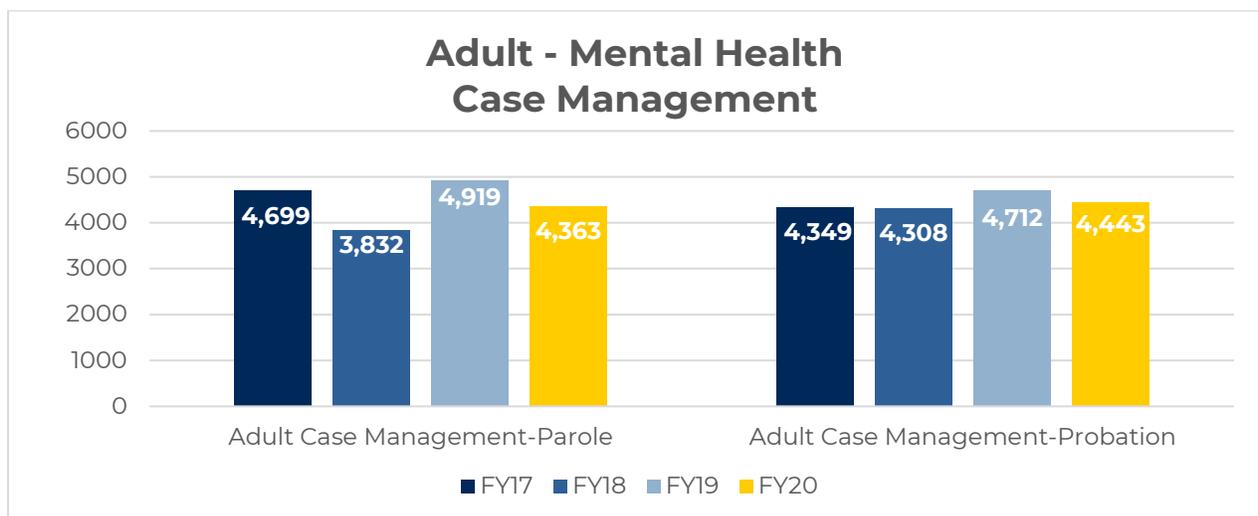
- Treatment teams/team-based services
- Psychiatric services

- Psychosocial rehabilitation services/rehabilitation as key element
- Support services through Intensive Case Management (ICM) and Transitional Case Management (TCM)
- Community-based contacts and resources, to include substance abuse treatment
- Intensive outreach and engagement
- Medication monitoring
- Criminal justice cross-trained mental health case managers
- Access to medical services, as needed

The TCOOMMI assisted 9,631 clients in FY 2019 and 8,806 clients in FY 2020 with adult mental health case management services.

The FY 2020 decline reflects the adjustments made because of the FY 2018 recidivism study, which indicated individuals were being over-serviced with responsivity programming. Additional information regarding the study and responses are described in more detail below.

In FY 2020, there is a correlation between the decreased number of probation clients served and the reduction in court activity during COVID-19. Once the courts resume operations at pre-COVID-19 levels, the expectation is that admissions will level and increase.

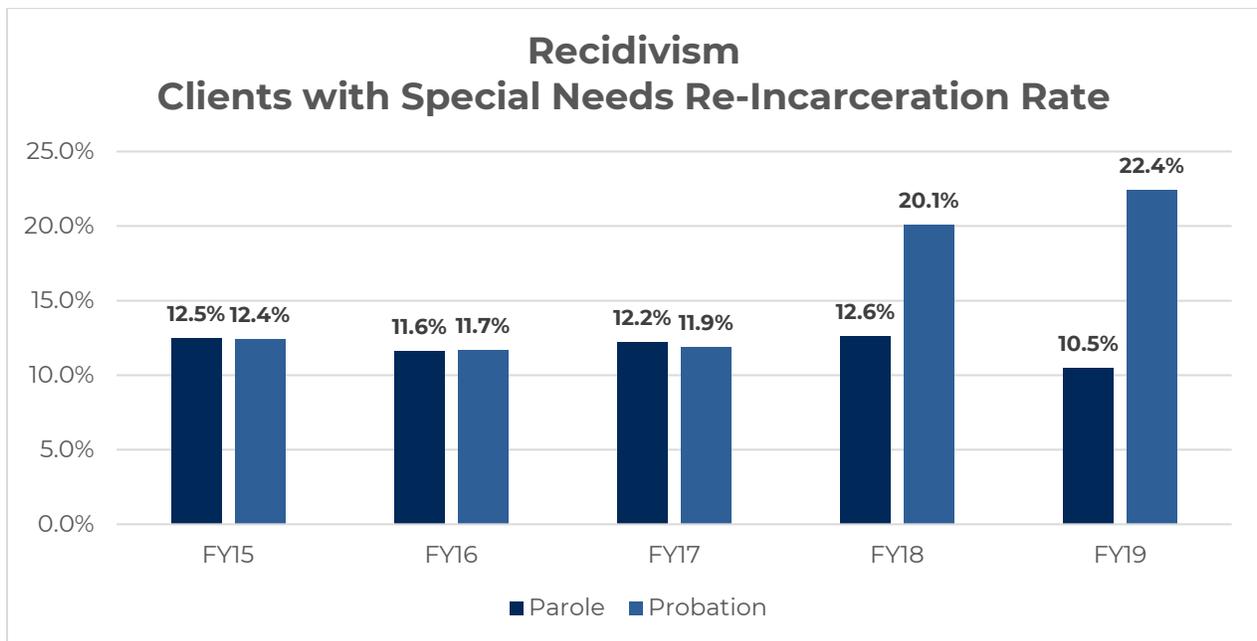


## Recidivism for Adult Case Management Participants

The impact of the TCOOMMI case management initiative is evaluated annually using the Legislative Budget Board performance measures for the three-year recidivism rate.

For individuals on parole and probation who are enrolled in the TCOOMMI case management initiative for 12 or more consecutive months, the combined recidivism rate is 15.5%, which is below the 20.3% rate for prison-released inmates who are not enrolled.

After the adoption of the Texas Risk Assessment System (TRAS), the statewide system for criminogenic risk identification, the FY 2018 recidivism rate showed an increase for clients with special needs who were on probation. A reevaluation indicated that risk levels at time of enrollment were incorrectly reported to the mental health partner, resulting in individuals being served who were not qualified for case management services.



Internal steps have been taken to ensure accurate risk score reporting, as well as to provide on-going education on the use of the TRAS tool for supervision partners and local mental health authorities. The TCOOMMI strives to decrease the recidivism rate for persons with mental health needs in both parole and probation populations.

The FY 2019 recidivism study also prompted a review of the clinician's utilization of the Adult Needs and Strengths clinical assessment instrument (ANSA), which is the tool used to determine recommended level of care when combined with

criminogenic risk. It was identified that the use of the ANSA results was not in line with the established model, which resulted in technical assistance training to the providers as well as clarification and revision to existing program guidelines to better allow for clinical discretions in the assessment process.

Additionally, throughout FYs 2019 and 2020, the TCOOMMI provided technical support to contracted local mental health authorities to better understand evidence-based practices of the outpatient mental health TCOOMMI program. The TCOOMMI has regularly communicated with supervision partners to clarify the use of the criminogenic risk level and how this informs case management eligibility in the TCOOMMI program.

To further improve appropriate admission to case management, the TCOOMMI conducted targeted compliance reviews with a focus on clarifying and correcting intake processes. As a result of proper training and implementation, the TCOOMMI saw an increase in appropriate admissions in an evidenced-based risk needs responsivity program.

## **Adult Mental Health Diversion Programs**

The TCOOMMI has provided funding to eight LMHA programs throughout the state to develop and coordinate local court system resources and mental health diversion programs.

The mental health diversion programs offer an opportunity for a person with higher criminogenic risk factors combined with a severe and persistent mental illness to be diverted from jail, state jail, or prison by engaging in treatment opportunities while under modified supervision conditions.

Within these programs, the degree of supervision for individuals varies based on the local jurisdiction. Each diversion program's treatment plan and supervision levels are designed by the local jurisdictions as overseen by the local court and in consultation with TCOOMMI contracted LMHA case management treatment services providers.

The TCOOMMI served 1,284 clients in FY 2019 and 789 clients in FY 2020. In FY 2020, there is a correlation between the decreased number of clients served and the reduction in court activity during the COVID-19 pandemic.

## **Adult Residential Facility Services**

The TCOOMMI and TDCJ-CJAD support three dually diagnosed residential facilities with the capacity to provide mental health treatment services for up to 180 individuals.

These facilities are an alternative to incarceration for dually diagnosed (known as co-occurring substance use disorders and mental illness) probationers. The TDCJ-CJAD funds the cost of the facility and substance use treatment while the TCOOMMI funds mental health treatment services such as:

- Psychiatric services, to include assessment;
- Medication management;
- Skills and rehabilitation planning;
- Benefit assistance;
- Continuity of care planning; and
- Life skills training.

Two TDCJ-CJAD residential facilities receive funding through the TCOOMMI to provide continuity of care medications, along with continuing case management, while the probationer completes substance use treatment.

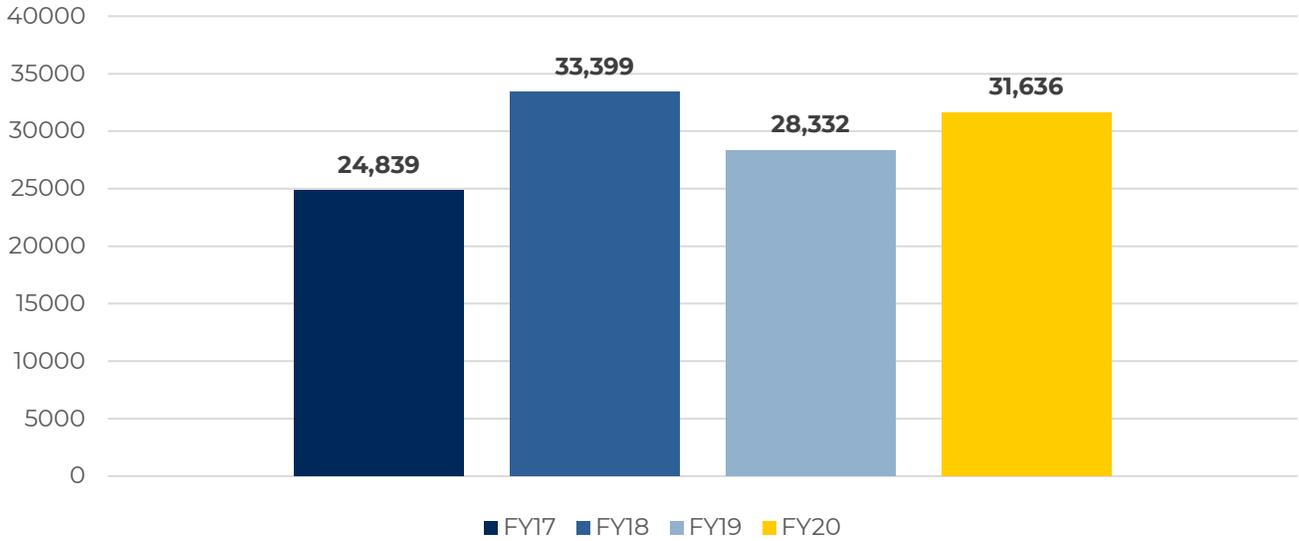
In FY 2019, there were 698 probationers served and in FY 2020, there were 627 served in residential facilities. COVID-19 had a direct impact on community living environments and enrollments, resulting in a decreasing number of probationers served.

## **Non-Case Management Mental Health Services**

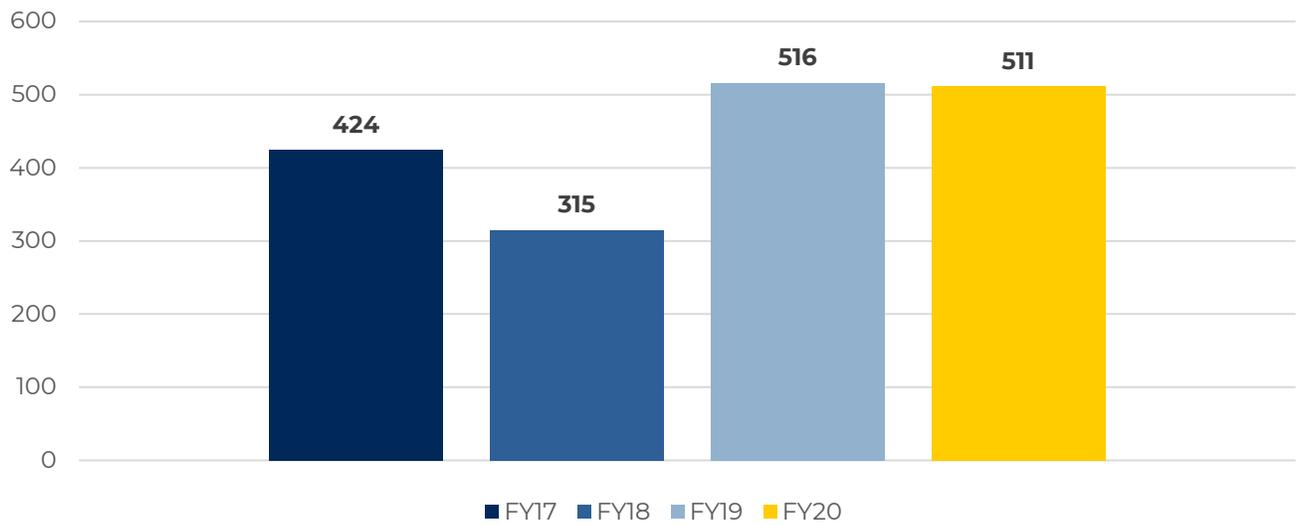
Non-case management continuity of care services are short-term minimal services for low criminogenic risk/low clinical need individuals that include medication services and the coordination of needed resources. Juveniles and adults are served through this program and are transitioned to local mental health authority services for ongoing care as needed.

Within the continuity of care level of service, the TCOOMMI served a total of 28,848 adults and juveniles in FY 2019 and a total of 32,147 adults and juveniles in FY 2020. Additional information regarding juvenile case management services is described in more detail below.

### Adult Continuity of Care Mental Health



### Juvenile Continuity of Care Mental Health



## Juvenile Case Management Service – Mental Health

The TCOOMMI, in collaboration with the Texas Juvenile Justice Department (TJJD), provides a case management program to address a youth’s mental health needs and juvenile justice involvement to rehabilitate juveniles and deter further involvement with the criminal justice system.

The youths’ and the families’ needs, as they pertain to criminogenic risk and clinical need, are addressed through intensive and collaborative wrap-around service models that outline ongoing support systems and resources for the family through aftercare. Services include:

- Collaborative case planning;
- Skills training and education;
- Psychiatric services/medication monitoring;
- Individual and/or group therapy;
- Early intervention;
- Vocational services;
- Benefits eligibility services; and
- Parental support and education.

TCOOMMI juvenile case management services served 1,122 juveniles in FY 2019 and 902 juveniles in FY 2020. Reduced court operations due to the COVID-19 and program staff vacancies directly impacted the number of juveniles referred to and eligible for case management.

Over the biennium, input and collaborative efforts from large, medium, and small jurisdictions, the TJJD, and TCOOMMI program directors resulted in both TCOOMMI and TJJD leadership initiating enhancements to the program to increase delivery of services to more justice involved juveniles in need of service connections.

Program enhancements include:

- The TCOOMMI providing technical assistance to the TJJD for complex medical and mental health cases in the TJJD state facilities in need of continuity of care between systems;
- on-going collaboration to address specific issues; and

- development of training opportunities.

## Compliance Monitoring

The TCOOMMI provides ongoing assessment of LMHA compliance with contractual requirements and program guidelines through a team of compliance monitors.

In addition to the monitoring of service delivery per TCOOMMI guidelines and processes, the monitoring team provides technical assistance and guidance to aid in better communication and implementation. Identified problems and areas of concern that are unable to be resolved at a lower level are elevated to TCOOMMI leadership for further action and remedy.

## Achievements in Mental Health Services Over the Biennium

The TCOOMMI has continually increased the number of individuals referred, screened, and enrolled in TCOOMMI funded services. The past biennium created enhanced opportunities and growth to serve this population even during the challenges presented by the COVID-19 pandemic.

Over the biennium, the TCOOMMI continued to monitor progress made in meeting the treatment, rehabilitative, and educational needs of special needs individuals in adult and juvenile criminal justice system as detailed below.

- **Rural Expansion:** As a result of additional funding allocated by the 86th Texas Legislature, the TCOOMMI was able increase accessibility of services in rural communities and expand staff in LMHA TCOOMMI programs. Additionally, intake and telehealth opportunities were expanded allowing the program to bring access to care closer to justice involved individuals residing in rural communities, resulting in an additional 18 caseloads, with allocations for increases to psychiatrist time, medication monitoring, and counseling services.
- **Communication:** With the expansion of rural caseloads during FY 2020, additional opportunities were solidified for co-location between criminal justice supervision partners and the LMHAs, resulting in increased communication and partnerships between supervision and treatment as an interdisciplinary treatment team. Although COVID-19 has limited face-to-face contact, alternative methods of communication used during this time helped to maintain cohesive communications among the interdisciplinary team members and forged stronger partnerships.
- **Data Sharing:** Enhancements to the online database for the TCOOMMI program during the reporting period provided additional methods to facilitate continuity of care between agencies as it related to benefit applications and

their status, both clinical and criminogenic assessment outcomes, and increased tracking of service usage. Further enhancements are forthcoming as the program strives to meet the needs of LMHAs and supervision partners.

- **Texas Uniform Health Status Form:** The TCOOMMI Advisory Committee members and TCOOMMI program staff worked on updates to the Texas Uniform Health Status Form. This form is critical in exchanging both medical and mental health information when an individual is transferring between custody in the county jails and the TDCJ. The Texas Commission on Jail Standards was an important partner with the TCOOMMI Advisory Committee's subcommittee and joint broad messages went to the jail administrators on the critical nature of this form. This form and the exchange of continuity of care data is important for quality and prompt care between systems.
- **Information Sharing:** TCOOMMI Advisory Committee members and TCOOMMI program staff worked to enhance the sharing of information by completing the modifications to the Collection of Information Form (associated with Texas Code of Criminal Procedure Article 16.22). The updates to the form were a result of House Bill 601 from the 86th Texas Legislative session. The form provides critical information on mental health and intellectual disability diagnosis. Upon completion, the form is given to the appropriate magistrate to assist their critical and timely decisions during the criminal justice process.
- **Education Efforts:** The TCOOMMI engaged in statewide efforts to enrich the community knowledge of the continuity of care program services by providing technical assistance to LMHAs, and by participating in TDCJ Parole unit supervisor trainings and TDCJ Parole special needs program officer trainings. The TCOOMMI gave presentations during TDCJ-CJAD community supervisor trainings and participated in Judicial Advisory Council meetings, Statewide Behavioral Health Coordinating Council sessions, and Joint Committee on Access and Forensic Services meetings.
- **Juvenile Stakeholder Committee Participation:** The TCOOMMI, at the request of the TJJD, participated as active members on the Texas System of Care and the statewide Community Resource Coordination Group Committee, Children and Youth Behavioral Health Subcommittee, and Alliance for Adolescent Recovery-Treatment. These groups, composed of behavioral health stakeholders, work to break down barriers, identify service gaps, and find ways to improve service delivery systems for children, youth, and families. Participation in these groups allows the TCOOMMI to discuss issues impacting systemwide infrastructure, identify and reduce duplication of services, and increase interagency collaboration for justice involved youth.

## Medical Continuity of Care Program Services

Through relationships with TDCJ contracted prison medical providers, TDCJ Reentry and Integration Division (RID) reentry case managers, other TDCJ divisions, and the Texas Board of Pardons and Paroles (BPP), the TCOOMMI Medical Continuity of Care program works to identify those inmates who are in need of specialized care planning to meet medical needs. Services provided prior to release may include:

- Benefit coordination;
- Appointment coordination for community services; and
- Housing coordination to meet significant medical needs, such as skilled nursing facility placements, group home placements, or coordinated efforts with family and home healthcare.

TDCJ-RID reentry case managers, special needs reentry case managers, and human service specialists work with the inmate and medical providers to develop care plans. Throughout the biennium, 1,456 benefit applications were submitted, with case management services provided to 3,395 inmates.

TDCJ-RID human service specialists and special needs reentry case managers coordinated 621 placements for inmates releasing to skilled nursing facilities, group homes, home hospice, and licensed personal care homes during the reporting period.

During FY 2019 and FY 2020, the following activities enhanced the overall continuity of care system for justice involved individuals with special medical needs:

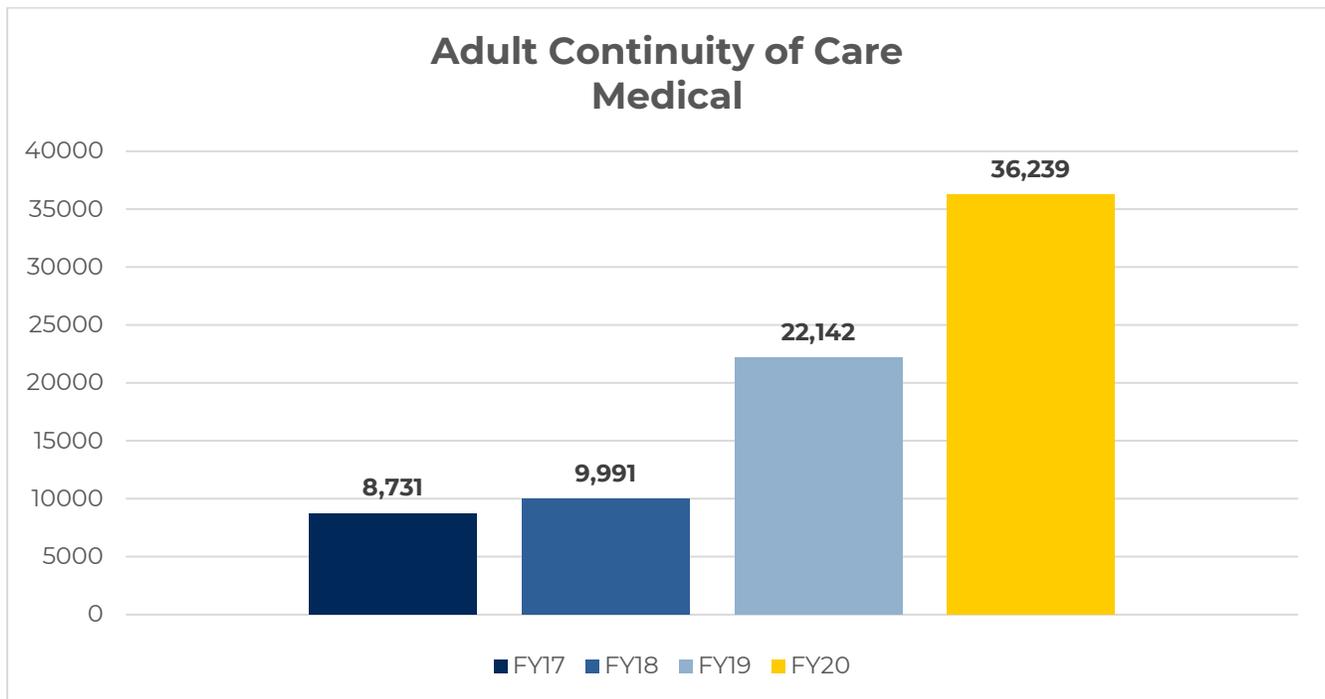


- The TCOOMMI, HHSC, and the Texas Commission on Jail Standards held on-going meetings to identify gaps and develop processes that may inform system improvements to ensure continuity of care.
- TCOOMMI program staff participated in statewide TDCJ Reentry Job Fairs and Career Expos. This enhanced level of engagement with inmates and parolees allowed staff to facilitate community resource connections and provide

education about continuity of care programs available for individual needs. This allowed TCOOMMI staff to communicate with individuals, prior to and after release, regarding social security benefits, Medicaid, Medicare, and housing options for those with special needs. At the Expo, TCOOMMI staff were able to address vocational rehabilitation options and the ability to return to work regardless of disability.

- The TCOOMMI enhanced the medical referral process for inmates releasing from custody in need of continuity of care services. Because of upgrades to the TDCJ Electronic Medical Record reporting system, unit medical staff can now utilize the medical record to make a direct referral to the TCOOMMI. This system enhancement has allowed for more individuals with care needs to be referred and has afforded TCOOMMI staff a more informed comprehensive screening process.
- The TCOOMMI, in partnership with the DSHS, implemented a process to identify and coordinate resources for inmates affected by COVID-19 at time of release. As a result, the TCOOMMI has developed a network of community resources specific to COVID-19. The TCOOMMI worked in conjunction with the DSHS to address concerns and unique needs clients in community nursing facilities faced due to COVID-19.
- To minimize the spread of COVID-19 within the inmate population, the TDCJ restricted movement between facilities and began releasing inmates statewide from their unit of assignment, presenting challenges to service delivery processes. Service delivery was impacted by the increased intake restrictions by nursing homes and restricted access to service providers. The TCOOMMI immediately responded by putting processes in place to ensure client accessibility to staff, and continuity of care was not interrupted. These challenges created an opportunity for growth and innovation, including improvements in areas such as telehealth options for community mental health services, delivery of outpatient community appointments to all institutional units for releasing inmates, and enhanced internal coordination with other TDCJ divisions for release transportation and medication continuity of care needs. These initiatives created a larger community understanding for partnership between the TCOOMMI, contract providers, local nursing facilities, and group home providers.
- The TCOOMMI Advisory Committee established a subcommittee to address and develop strategies for meeting the needs of the aging prison population in relation to release planning. Increasing medical costs, increased comorbidities, and the likelihood of reduced personal relationship connections in the community contribute to the complexities of successful reentry planning for the aging population.

The TCOOMMI provided medical continuity of care to 22,142 individuals in FY 2019 and 36,239 individuals in FY 2020. The increases in FY 2019 and FY 2020 are directly attributed to the enhancements noted above.



## Medically Recommended Intensive Supervision

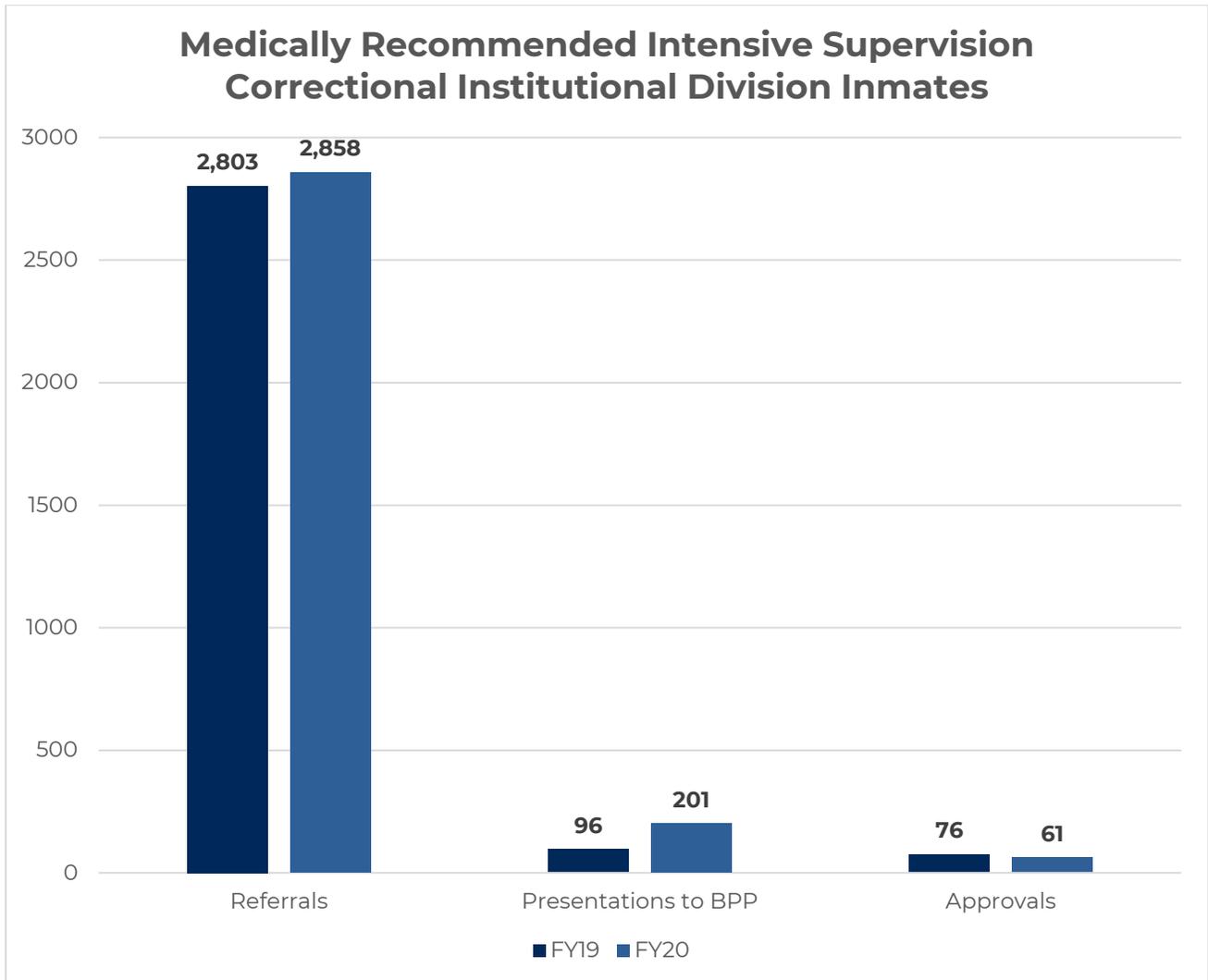
The Medically Recommended Intensive Supervision (MRIS) program allows for the early parole review and release of certain categories of inmates who are mentally ill, intellectually and developmentally disabled, terminally ill, physically handicapped, or in need of long-term care.

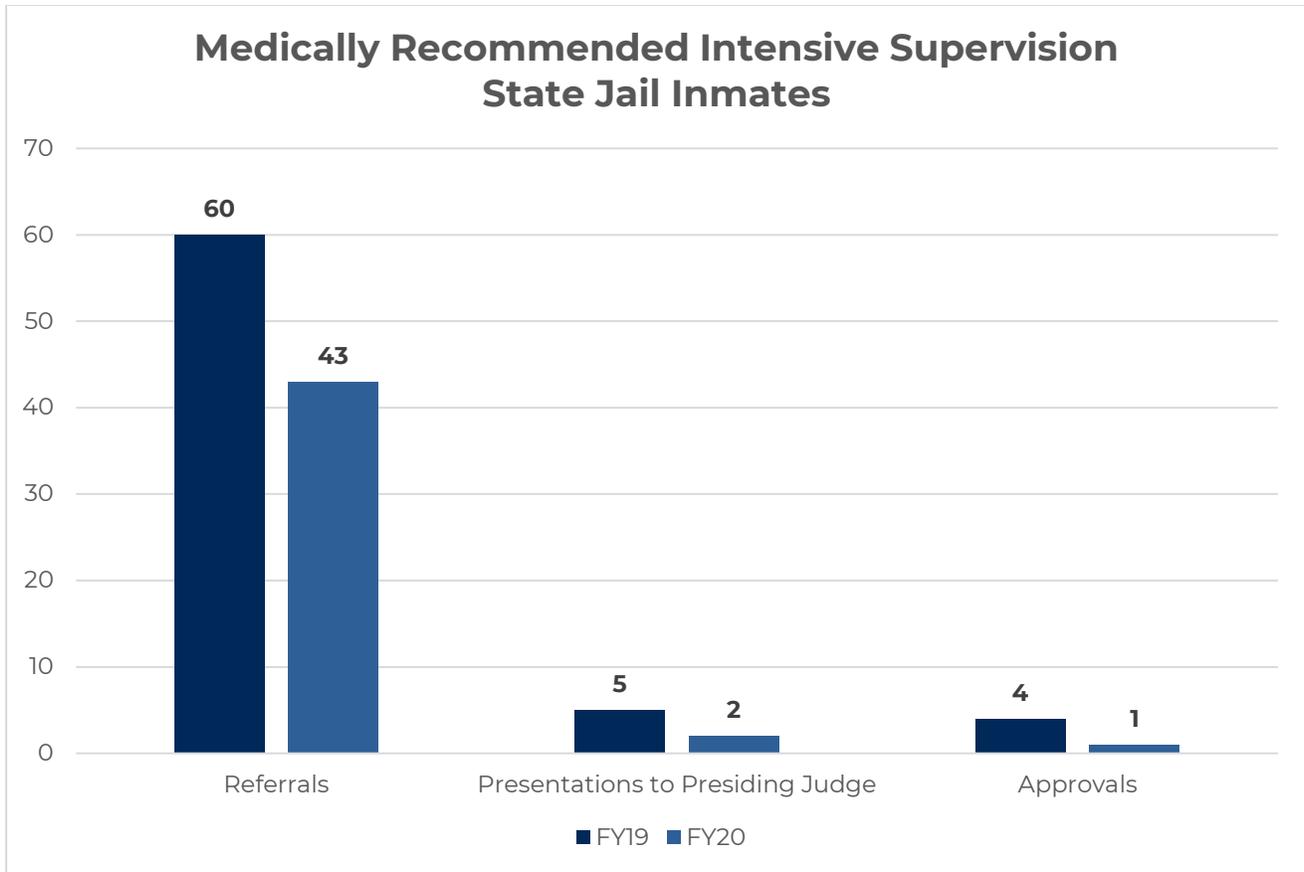
Eligible institutional inmates are presented to the BPP voting panel for MRIS consideration, while state jail inmates are presented to the sentencing judge for consideration.

Once an inmate is approved for MRIS release, program staff expeditiously coordinate the inmate's release, post-release medical needs, benefit application(s), and other support resources as needed.

Since 2014, the TCOOMMI and the BPP have co-located the MRIS program staff and the MRIS BPP voting panel, which allows for a streamlined process and program efficiency between the two groups. This co-location allows for hosting video conferences with unit medical provider staff, expedited presentation of cases, and processing post-vote paperwork. Across the state, 10 TDCJ-RID special needs case

managers who are assigned to TDCJ units helped to reduce the processing and presentation time of eligible inmates to the BPP for MRIS consideration.





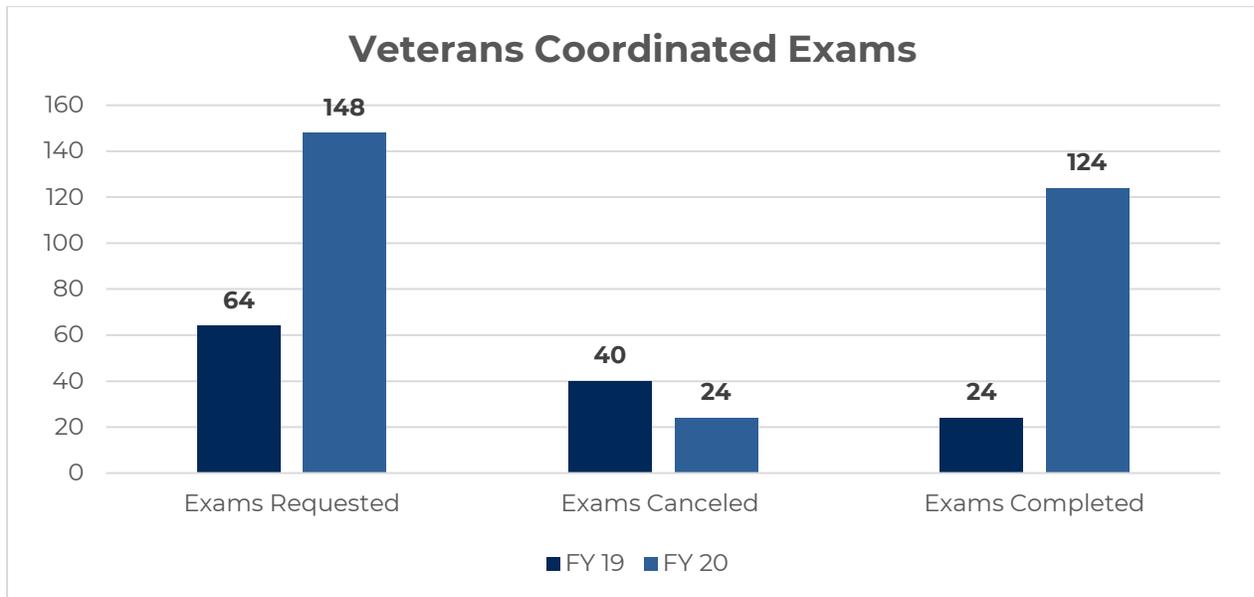
## Veterans Services

The TDCJ-RID veterans coordinator arranges services for veteran inmates during incarceration and post-release. Veteran inmates receive assistance with benefit applications, access to education benefits, and continuity of care coordination with veteran peer groups for post-release assistance. The TCOOMMI assists veteran inmates with medical or mental health needs with access to available resources and care. During the reporting period, 424 benefit applications for health compensation were processed.

Veteran benefits applications often require additional documentation, such as medical records, supporting statements, and a Military Service Record Discharge of Duty (DD-214) form. Exams and questionnaires occasionally require that a United States Veterans Affairs (VA) salaried or contracted physician document the current severity of a condition being considered for VA disability. As TDCJ contracted medical staff are not VA providers, the TDCJ entered into an agreement with the VA to conduct exams inside TDCJ secured facilities. The TDCJ-RID veterans coordinator

schedules and coordinates a VA approved exam with a VA approved provider via phone and in person at the inmate's assigned unit.

The veterans coordinator works with TDCJ Health Services Division contracted health care providers and unit staff to facilitate the entry of VA contracted medical professionals to complete the exams. In FY 2019, 24 exams were completed; 124 were completed in FY 2020.



## Grant Initiatives

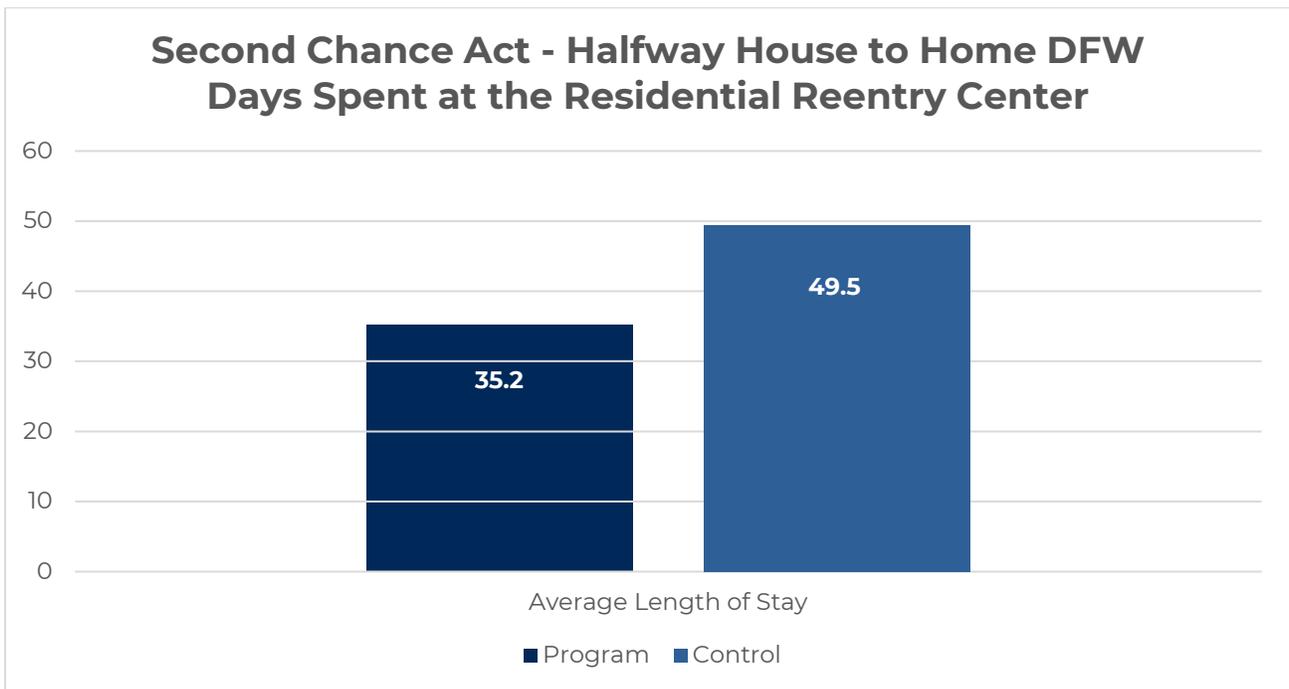
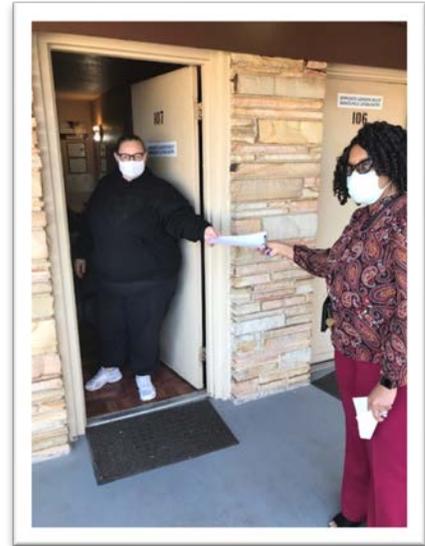
### Halfway House to Home

The TCOOMMI received a Second Chance Act - Adult Offender Reentry Demonstration Grant through the federal Bureau of Justice Assistance (BJA) in 2016 and, after a planning phase, began serving clients at the Dallas Transitional Center and the Fort Worth Transitional Center residential reentry centers (previously known as halfway houses) in January 2018.

The Halfway House to Home for Special Needs Offenders project was similar in design to a prior grant with the goal to reduce the length of stay for clients placed in residential reentry centers by coordinating and expanding current services targeting the higher criminogenic risk parole population with persistent and severe mental illness.

The grant funded two human service specialist positions located in Dallas and Fort Worth. The project concluded in September of FY 2020, and due to the successful outcome of the project, both positions were retained by the TCOOMMI program for continued case management services at the respective residential reentry centers.

Analysis by the grant research partner found for those enrolled in the program group, there was a significant decrease (28.84%) in the length of stay compared to similar clients not enrolled in the grant funded case management services. As a result of the positive impact of the project, these case management services have been deemed viable and were sustained.

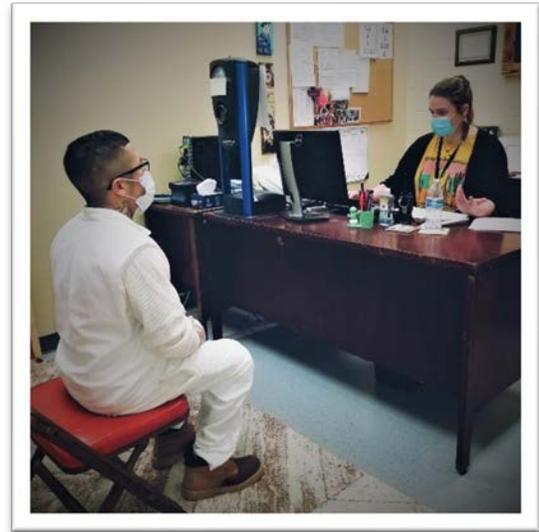


## Coming Home

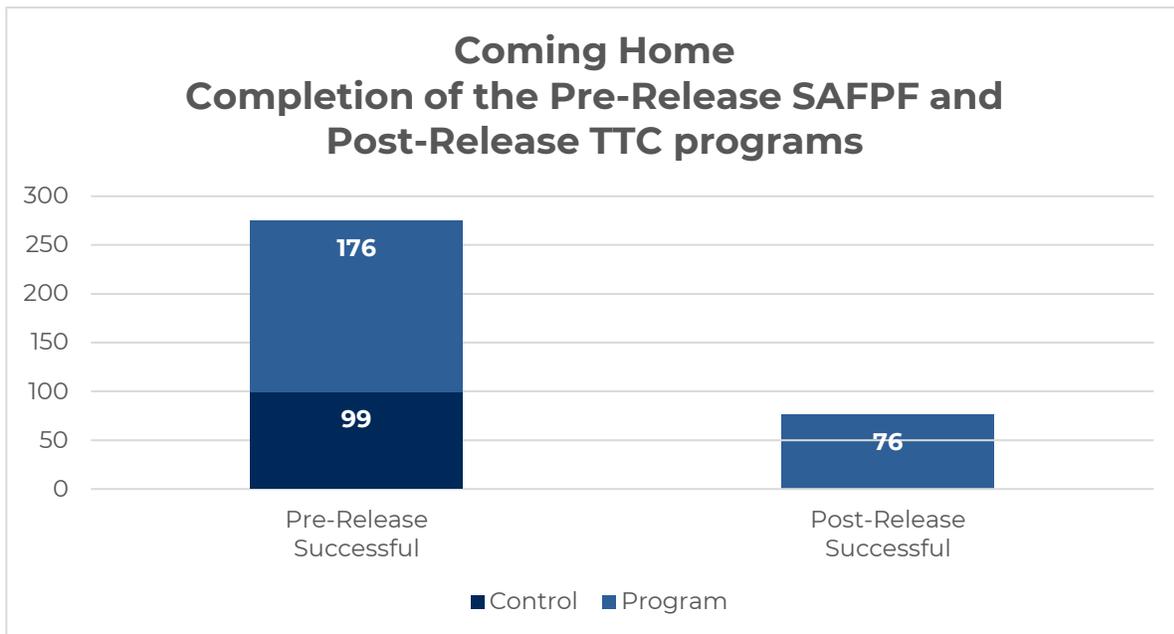
The TCOOMMI was awarded the Second Chance Act - Adult Offender Reentry Demonstration Grant, known as the Coming Home program grant through the BJA.

This demonstration project is designed to provide early identification of individuals with special needs sentenced or ordered to participate in the Substance Abuse Felony Punishment Facilities (SAFPF) treatment program in the TDCJ Correctional Institutions Division.

Evidence-based case management and coordination of services were provided to higher risk inmates with a severe and persistent mental illness to address needs from time of identification while in the county jail setting, during treatment programming while in the SAFPF program, and through the inmate’s release and participation in the substance abuse Transitional Treatment Center (TTC). This ensures mental health needs are met while in the substance abuse continuum of care. Implementation began in FY 2019 with an anticipated project end to occur in September 2021.



Despite the COVID-19 impact on intake processes from the county jails incoming potential candidates (cohort), there has been promising data indicating success of the program so far.



## Bridging the Gap

The TCOOMMI received the Second Chance Act - Adult Offender Reentry Demonstration Grant through the BJA in 2019 and, after completion of the planning phase, will begin serving TDCJ parole violators at the Kegans Intermediate Sanction Facility (ISF) in FY 2021 through the Bridging the Gap project. The project is similar in design to the Coming Home program, with the goal to successfully complete a pre-

release component and, through collaborative case management, bridge the institutional and community settings, reducing recidivism.

Using evidence-based practices, program case management services target parole ISF clients with a higher criminogenic risk experiencing persistent and severe mental illness who are returning to the Harris County area. The grant funds a program supervisor and two special needs case manager positions located in Houston. The grant funding and final program outcomes are anticipated to conclude in September of 2022.

## **Minority AIDS Initiative**

Through an on-going grant with the DSHS, the HIV continuity of care program provides appropriate discharge planning and post-release continuity of care for inmates diagnosed with HIV/AIDS.

Correctional Managed Health Care refers inmates identified as HIV positive approximately 90 days prior to their estimated release date. During FY 2019, 1,237 inmates were referred to the program; 1,018 were referred in FY 2020. A Medical Certification Form obtained for each inmate confirms the most current lab results and antiretroviral (ART) medication regimen. The assigned human service specialist interviews inmates who are on ART medication and assists them with completing the application for the Texas HIV Medication Program (THMP).

The THMP is administered by the DSHS and provides free medication if eligibility criteria are met.

All inmates diagnosed with HIV/AIDS, regardless of medication status, are given the opportunity to schedule post-release appointments with HIV clinics and AIDS Service Organizations (ASO) in the community of release as part of the continuity of care process.

A copy of the signed THMP application, the Medical Certification Form, and a medical release of information form is provided to the clinic or ASO, as well as the inmate. Additionally, the assigned human service specialist makes post-release contact monthly for 90 days following release to ensure THMP enrollment and attendance at appointments.

For FYs 2019 and 2020, 1,526 THMP applications were submitted for inmates that were releasing, and 1,376 ASO and clinic appointments were established for released clients.

## Summary

Over the biennium, the TDCJ has addressed the needs of the incarcerated population with severe or persistent mental illness through collaborative partnerships, participation in various task force meetings and diversion workgroups, and through the TCOOMMI Advisory Committee.

TCOOMMI programs have implemented evidence-based models of care and continually strive to find ways to reduce recidivism, while being an effective and cohesive continuity of care system providing for public safety, ensuring the individuals enrolled in programs receive quality collaborative care by both the criminal justice and mental health partners. This model of care provides for wrap-around, strength-based programming that reduces recidivism among the high-risk population we serve.

The TCOOMMI projects that continued positive impacts will be evident at the prison and community levels as a result of initiatives such as the expansion of rural services, case management services for residential reentry center clients, and the special needs reentry case managers. Utilization of these services will ensure appropriate and individualized care coordination between the client, medical providers, TCOOMMI staff, and vendors contracted through the LMHAs.

There has been a considerable amount of funding by the Texas legislature to encourage the use of diversion programs. This investment ensures individuals receive necessary mental health services and the criminogenic risk posed by the individual is properly assessed.

## TCOOMMI Planning

During the next biennium, the priority focus of the TCOOMMI will be achieving these identified actions along with addressing other continuity of care issues noted in this report. TCOOMMI efforts to reduce duplication of services and act as a liaison between the criminal justice and mental health community will continue. The TCOOMMI will continue to monitor the impact of the implementation of evidence-based and research-informed practices while remaining a leader in continuity of care. Additionally, the TCOOMMI will:

- Continue to utilize the TCOOMMI Advisory Committee members to inform community members of promising practices.
- Continue to monitor sharing of information among juvenile and adult criminal justice and health and human service agencies.

- Continue to evaluate changes to case management strategies utilizing the Adult Needs and Strengths clinical assessment instrument (ANSA) to determine the recommended level of care when combined with the criminogenic risk score.
- Promote and encourage co-location opportunities between local TCOOMMI programs and supervision partners when feasible. This is a useful strategy to increase compliance with supervision and mental health treatment along with management of medications, which enhances the interdisciplinary team approach.
- Promote and encourage additional opportunities for the increased use of telehealth in rural, medium, and large urban jurisdictions to increase service provision and access to care in the ever-changing landscape of a pandemic.
- Continue to pursue and implement grant resources for justice involved individuals to increase early identification and effective continuity of care planning for community-based mental health services.



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