TEXAS DEPARTMENT OF CRIMINAL JUSTICE TEXAS CORRECTIONAL OFFICE ON OFFENDERS WITH MEDICAL OR MENTAL IMPAIRMENTS (TCOOMMI)		
PROGRAM GUIDELINES AND PROCESSES	NUMBER:	PGP-01.07
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	SUPERSEDES:	September 1, 2013 (rev. 1)

SUBJECT: **TRANSITIONAL CASE MANAGEMENT**

APPLICABILITY: Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) staff and Local Mental Health Authority (LMHA) contracted TCOOMMI program staff.

PURPOSE: To provide guidelines and a process to TCOOMMI contract programs for the delivery of Transitional Case Management services.

AUTHORITY: Texas Health and Safety Code, Chapters 614.013, 614.016, 614.017, 614.018

DISCUSSION: TCOOMMI Transitional Case Management (TCM) provides transitional mental health services to clients with a severe and persistent mental illness who present with a lower risk and level of functioning that requires less intensive levels of care to maintain community tenure. This moderate level if services are intended to stabilize the client's mental health symptoms, reduce the risk of recidivism, increase client awareness of and participation with community and natural supports, develop client skills in self-advocacy, extend client tenure in the community, and assist clients in gaining the ability to participate in independent mental health care.

PROCEDURES:

I. Screening and Referral

A. TCOOMMI referral records are maintained in the TCOOMMI WebApp and should be monitored daily for new referrals. Contracted service providers are required to request and maintain access to the WebApp, as appropriate. Access requests or issues with the WebApp should be emailed to TDCJ TCOOMMI Programs at programstcoommi@tdcj.texas.gov.

B. Contracted service providers may also receive referrals directly from local probation and parole partners as well as client walk-ins (also known as a local referral). Upon receipt of a local referral, the LMHA program staff are to:

1. Check the WebApp to determine if a referral has not already been issued. If not, create a client record and open a referral in the TCOOMMI WebApp within one (1) working day of receipt of the referral.

2. Probation referrals may be made from any existing Probation caseload. Once a client is determined to be an appropriate referral, and if available through the Probation Department, the supervising officer will ensure that the client is placed on the specialized Mental Health Initiative (MHI) caseload prior to admission to the TCOOMMI program.

3. Parole referrals may come from any caseload, however, it is desirable they be on a Mentally Ill (MI) or Special Needs Offender Program (SNOP) caseload.

C. The TCOOMMI Program Director and/or designee is to meet with a representative of the Probation and/or Parole departments in their catchment area, at a minimum of once per month, to review possible referrals to TCOOMMI Program services.

II. Intake

A. Clients eligible for TCM services must have a diagnosis of a severe and persistent mental illness.

B. A review of the client's Texas Risk Assessment System (TRAS) risk score or, if unavailable, the Board of Pardons and Paroles *Parole Guidelines* or *Static 99* risk score shall be used in establishing the appropriate level of care. A score of Low, Moderate, or Moderate-High is required for admission to TCM services with documentation of this review maintained in the client's clinical record.

C. In regards to clinical need, a score a 1 or higher on a minimum of 15 individual criteria comprising the standard dimensions of the Adult Needs and Strengths Assessment (ANSA) is required and should be documented in the client clinical record.

D. If a client is already receiving Continuity of Care (COC) services through the TCOOMMI program, the client should also be screened for TCM eligibility, if available. If criteria is met, the client should be immediately transferred to the next available caseload opening.

E. A client with Veterans benefits cannot be excluded from TCOOMMI services based solely on that benefit status. While use of doctor services including a private Psychiatrist, through the Veterans Administration is acceptable, case management is the purview of the TCOOMMI TCM program.

F. Clients admitted into TCM Services shall have a referral entered in the WebApp within one (1) working day of admission, and any previous services are to be closed.

III. Benefit Coordination

A. Within seven (7) working days of the client's admission into TCM, the designated LMHA program staff shall screen all admissions for benefit eligibility and/or reinstatement status. Additionally, during the screening process, both the WebApp is to be reviewed to determine if an application was submitted by TDCJ staff prior to release or if screening was completed in a prior level of service such as COC or Intensive Case Management (ICM) services. If appropriate, staff are to complete

benefits applications (i.e., Social Security and/or Medicaid). The TDCJ EMR system may be used to provide supporting documentation regarding diagnosis and medications. Completion of the application for benefits and or reinstatement must be documented in the client's clinical record.

B. LMHA program staff responsible for benefit coordination are to monitor the application for approval or denial status at least once a month and document efforts and results in the client record. In the event of denial of the application, LMHA staff will coordinate any appeal process as necessary.

C. For each existing or new prescription for psychotropic medications, the LMHA program staff shall ensure that the appropriate Patient Assistance Program (PAP) application is submitted within seven (7) working days, and document application completion and outcome in the client's clinical record.

IV. Individualized Treatment Plan

A. No later than thirty (30) calendar days after admission, the TCM Case Manager shall be responsible for the coordination, development and implementation of the offender's Individual Treatment Plan (ITP). Each ITP shall be developed with input from the Interdisciplinary Team (IDT) and must include documentation of all supervision and treatment needs of the offender. Documentation shall be maintained in the client's clinical file. If the IDT took place over phone, the file shall be documented as such. The IDT is to consist of the following individuals, at a minimum:

1. Case Manager
2. Program Director, or designee
3. Psychiatrist or Nurse (when available)
4. Supervising Officer (Parole or Probation)
5. Client

B. The ITP is developed based upon all areas of the client's identified needs and include specific goals and objectives as well as the strategies for achieving those goals and objectives. Further, the ITP is to identify the client's therapeutic and rehabilitative service needs, to include inter- and intra- agency resources, and coordinate the client's access to those resources. The completed ITP is to be maintained in the client's clinical record.

C. The Case Manager is to ensure that the ITP is reviewed by the IDT and updated based on clinical improvement/decline every ninety (90) calendar days, at a minimum, while in TCM services.

D. If an IDT member is unable to attend the scheduled ITP in person, participation by phone is acceptable. The sign-in sheet or plan must be sent to that individual with the notation "by phone" with a request for both their signature of acknowledgment and the return of the document for inclusion in the file.

V. Transitional Case Management Services

A. In order to provide services at the intensive level required, the caseload ratio for TCM is not to be fewer than 50:1 and no greater than 75:1 without specific written approval from the TCOOMMI Manager.

B. TCM is intended to provide an intermediate level of care and as such, contacts are less frequent than ICM but more than the minimal contact required by COC. This should allow the client to focus on continued improvement and stability and working towards independent mental health. Contacts with clients are to be provided as outlined below:

1. Face to face contact with the client is to be made within seven (7) calendar days of placement into TCM services.

2. A minimum of 1.5 face-to-face contact hours is to be provided per month. Contact hours can be provided by the Case Manager in combination with the Nurse, Psychiatrist, Benefits Coordinator, and/or Skills Trainer in either an individual or group setting.

3. A minimum of one (1) contact per month is to be made with the client's supervising officer in person, by phone or by email. Collateral contacts may be made in conjunction with the client's appointments with the supervising officer.

4. In the event of a missed appointment, the TCM Case Manager is to attempt to make contact with the client by phone no later than the next working day to bring the client back into services. Regardless of the outcome, the TCM Case Manager shall notify the Supervising Officer of the missed appointment and, if unable to locate, collaborate with the Supervising Officer to re-engage the client to reschedule the appointment.

   The supervising officer must be notified immediately by telephone or email of any new appointment information.

5. Any recommendations to deviate from the required number of contacts specified in these procedures must be staffed with the IDT. If concurrence from the IDT is obtained, the request to deviate from the outlined services or contacts are to be sent via e-mail to the Compliance Monitor for review and, if appropriate, approval.

C. All service coordination and rehabilitative/skills training are to include social, educational, behavioral, and cognitive interventions that target the client's ability to develop and maintain supportive relationships, occupational or educational achievement, housing, independent living, transition to both independent mental health care and independence within the community.

D. Services are to be provided over the course of each month in a manner sufficient to monitor the client's progress, continued stability, crisis resolution, and baseline level of functioning within their natural environment.

E. All services and contacts are to be documented in the client's clinical record and must meet standards for Medicaid reimbursement.

F. Documentation is to be maintained of the client's progress in developing natural and/or alternative supports which enable the ability to transition out of TCOOMMI services as well as any barriers to the client's progress toward transitioning out of TCOOMMI services. This should include the development of interventions and resources to address these identified barriers.

G. Crisis intervention services must be available for the client twenty-four (24) hours per day, seven (7) days per week.

H. Services for TCM are authorized for a period not to exceed one (1) year. Any request for an extension beyond the standard service period must have the recommendation of the IDT and include a plan for the transition from TCM within forty-five (45) days. The written recommendation by the IDT is to be submitted to the TCOOMMI Programs programstcoommi@tdcj.texas.gov mailbox for approval.

VI. Transition Planning

A. Planning for transition out of TCOOMMI TCM services should begin upon admission, by identifying the client's chronic needs and developing treatment or case management strategies to address those needs as well as any barriers to meeting those needs. This is accomplished by determining whether a client should have gradually reduced case management services as a transition to non-TCOOMMI services. If it is determined that the client requires ICM services based on current clinical need, transition to ICM would be appropriate while a reduction in the need for case management services would result in a transfer of the client to COC services. These actions are to be documented in the client's clinical record and the client's Treatment/Service Plan.

B. If it is determined by the IDT that a higher level of service than that offered in the TCOOMMI program (other than hospitalization) is necessary, the client may be transitioned to another service up to the level requiring hospitalization. In this instance, coordination with the receiving program is to be made by the TCM Case Manager and all documents to allow for continuity of care provided.

VII. Services While In Custody

A. In the event a client has been arrested or detained and remains in custody in a county jail for more than fifteen (15) days, the client shall be admitted to Continuity of Care services. COC policy regarding services while in custody shall be followed at that point and monitored until release or disposition. Should the client be released from custody, immediate placement back into TCM or ICM services should be made with the client receiving priority placement. LMHA Program Staff shall be responsible to monitor the client's status for ninety (90) days in custody and if disposition of case is not resolved, COC services will be closed out.

VIII. Reinstatement

A. Should the client be released from custody, immediate placement back into ICM services should be made with the client receiving priority placement.

IX. Discharge

A. The client shall be discharged from TCM services when the IDT determines that the offender no longer warrants TCM services, or when:

1. The client completes his or her required community supervision;
2. The client's probation or parole has been revoked;
3. The client moves outside of the Local Mental Health Authority (LMHA) service area. In such cases, the Case Manager shall enter a county-to-county transfer to the TCOOMMI Program serving the area where the client is moving to and coordinate with the receiving LMHA, as outlined in PGP-01.01, *Continuity of Care*.

B. When the client is discharged from TCM services, the client's referral in the Web Application is to be closed, with comments indicating the reason for the case closure. This is also applicable when transitioning to another level of service such as COC or Intensive Case Management

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