



**Texas Department of
Criminal Justice**

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TCOOMMI

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**Program Guidelines and Processes
for Continuity of Care and Intensive
Case Management in a Halfway House
Environment**

Supersedes: N/A

Subject: Continuity of Care and Intensive Case Management for adult offenders under criminal justice supervision residing in a Halfway House settings.

Purpose: To provide Continuity of Care and Intensive Case Management within Halfway House programs for offenders in need of brief linkage to independent mental health care, or who may need intensive services designed 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.

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Section II Intensive Case Management in a Halfway House Residential Setting
Section III Miscellaneous Issues
Section IV TCOOMMI Web Application (WebApp)

Definitions:

ANSA	Adult Needs and Strength Assessment
COC	Continuity of Care
HSS	Human Service Specialist
HWH	Halfway House
Mental Illness	An illness, disease, or condition that either substantially impairs a person's thoughts, perception of reality, emotional process, judgment, or grossly impairs a person's behavior, as manifested by recent disturbed behavior [assigned by Section 4, Texas Mental Health Code (Article 5547-4, VTCS)].
Intellectual Disability	Significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior and originating in the developmental period (until the age of 18) [assigned by Section 3, MRPA of 1977 (Article 5547-300, VTCS)].
LMHA	Local Mental Health Authority
LPHA	Licensed Practitioner of Healing Arts such as Licensed Practicing Counselor

	(LPC) or Licensed Social Worker (LMSW/LBSW)
Significant Illness	A number of medical conditions requiring care for an extended duration that does not necessarily have the meaning of terminally ill or physically handicapped.
TCOOMMI Web Application (WebApp)	The TCOOMMI Web Application (i.e., WebApp) replaced 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 referrals are received and acted upon, and program activity and service delivery information is entered timely and accurately.
Terminal Illness	Is a condition, which is incurable and would inevitably result in death within six (6) months regardless of life sustaining treatment and requiring skilled nursing care, hospice, or home health care.

I. Continuity of Care (COC) in a Halfway House Residential Setting

The HWH LPHA shall provide COC services that work toward improved systems of coordination and communication among local and/or state criminal justice agencies, social service providers and other appropriate disciplines to ensure responsiveness to the special needs of all offenders upon admission to the facility.

A. Referral

1. The HWH LPHA shall independently identify potential offenders in need, as well as, receive referrals from Parole and HWH staff. Within two (2) days of identification, or referral the HWH LPHA shall:
 - a. Contact the Parole Office and Verify the offender's status;
 - b. Identify the assigned Parole Officer;
 - c. Inform Parole Officer and HWH staff of possible treatment need and appointment; and
 - d. Schedule an intake appointment.

B. Admission

1. Intake appointments shall be scheduled within five (5) days of identification, or referral. Upon intake, the HWH LPHA shall:
 - a. Facilitate completion of the offender's clinical assessment;
 - b. Notify the Parole Officer and HWH staff of the offender's treatment needs;
 - c. Solicit input from the Parole Officer and HWH staff about the offender's treatment needs; and
 - d. Develop the initial treatment plan, which shall include plans to transition to appropriate services and supports outside of the COC program.

C. Benefit Assistance

1. Within five (5) working days following the intake appointment, the HWH LPHA shall facilitate eligibility screening and completion of applications for local, state, and federal benefits (e.g., food stamps, Supplemental Security Income, Medicaid, and Medicare).
2. Within five (5) days following the intake appointment, the HWH LPHA shall facilitate the scheduling of a psychiatric appointment for the offender to prescribe, or continue medications as clinically indicated.
3. Within five (5) days of the prescription for psychotropic medications, the HWH LPHA shall facilitate eligibility screening and completion of applications for appropriate Prescription Assistance Programs (PAP). These services shall be documented within the clinical record.

D. Continued Care and Transition

1. Monthly the HWH LPHA shall:
 - a. Contact offender, Parole Officer, and HWH staff by phone or in person in order to evaluate the offender for ongoing service and/or treatment needs.
 - b. Review treatment plan including linkage to independent mental health care that focuses on social, educational, behavioral, and cognitive interventions. These services should address the offender's ability to develop and maintain supportive relationships, occupational or educational achievement, independent living, and community tenure; and:
 - i. Document the offender's progress in developing natural and/or alternative supports, which facilitate the ability to transition to independent mental health care.
 - ii. Document barriers in working toward transitioning to independent mental health care, and develop interventions to address these barriers.
 - c. Link the offender to Intensive Case Management in a HWH residential setting where appropriate.
 - d. Ensure crisis intervention is available twenty-four (24) hours per day, seven (7) days per week.
 - e. When the offender has been linked with independent mental health care, transitions out of the HWH, or is linked to other services as appropriate, close the TCOOMMI case and coordinate exchange of information between Parole Officer, HWH staff, and new service provider(s). If offender is linked to independent mental health care, and remains at the HWH, then the LPHA shall monitor the offender's status until the offender transitions out of the HWH.

II. Intensive Case Management in a Halfway House Residential Setting

At least monthly, the HWH LPHA shall meet with a representative of the Parole Office and HWH staff to review possible referrals to Intensive Case Management. Offenders served within Intensive Case Management may be on Special Needs Offender Program, Sex Offender, or Super Intensive Supervision or Regular Program caseloads.

The intent of Intensive Case Management in a HWH residential setting is to provide 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:

1. All offenders admitted to 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 (ANSA).
2. An offender with Veteran's Benefits shall not be excluded from TCOOMMI services based solely upon that benefit status.
3. 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.
4. Intensive Case Management services shall be authorized for the period of time the offender resides at the HWH and shall not to exceed two (2) years. Authorization for services in excess of two (2) years must be obtained from TCOOMMI via a service extension request.
5. Any offender not meeting the above admission criteria may be staffed with the designated TCOOMMI Program Specialist for admission approval if the interdisciplinary team deems the offender is in need of intensive services.

A. Admission

1. Intake appointments shall be scheduled within two (2) days of identification, or referral. Upon intake, the HWH LPHA shall:
 - a. Facilitate completion of the offender's clinical assessment;
 - b. Notify the Parole Officer and HWH staff of the offender's treatment needs; and
 - c. Solicit input from the Parole Officer and HWH staff about the offender's treatment needs.

B. Benefit Assistance

1. Within five (5) working days following the intake appointment, the HWH LPHA shall facilitate eligibility screening and completion of applications for local, state, and federal benefits (e.g., food stamps, Supplemental Security Income, Medicaid, and Medicare). These services shall be documented within the clinical record.
2. Within five (5) days following the intake appointment, the HWH LPHA shall facilitate the scheduling of a psychiatric appointment for the offender to prescribe, or continue medications as clinically indicated. These services shall be documented within the clinical record.
3. Within five (5) days of the prescription for psychotropic medications, the HWH LPHA shall facilitate eligibility screening and completion of applications for appropriate Prescription Assistance Programs (PAP). These services shall be documented within the clinical record.

C. Interdisciplinary Team (IDT)

1. An IDT shall be comprised of at least the following individuals:
 - a. the offender,
 - b. the offender's supervising officer,
 - c. HWH staff
 - d. the HWH LPHA,
 - e. the psychiatrist or nurse when medical staff is available.
2. The IDT shall:
 - a. Provide input on and develop the initial Treatment/Service Plan within thirty (30) days of the offender's admission.
 - b. Review and/or modify the Treatment/Service Plan every ninety (90) days, or more frequently as indicated by the offender's need.

D. Treatment/Service Plans

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

F. Transition Planning

1. Planning for the transition out of TCOOMMI services shall begin upon admission. The IDT shall:
 - a. Identify the offender's chronic needs and develop treatment or Intensive Case Management strategies to address these needs, as well as, any barriers.
 - b. The HWH LPHA shall coordinate necessary transition services.
 - c. 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.

G. Discharge

1. The offender shall be discharged from the program when he/she no longer needs Intensive Case Management Services, or when:
 - a. He/She completes required community supervision or leaves the HWH in such case linkage to appropriate community mental health services shall be facilitated by the HWH LPHA
 - b. Probation or parole has been revoked;
 - c. He/She moves outside of the LMHA local service area. In such cases, the HWH LPHA shall follow Continuity of Care procedures outlined in Program Guidelines and Processes (PGP) 01.01.
 - d. He/She 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.

III. Miscellaneous Issues**A. Arrest and Detention**

1. Upon notification of arrest and detention the HWH LPHA shall:
 - a) Forward latest psychiatric evaluation, medical record, and caseworker contact information to the jail.
 - b) Within 72 hours of notification of detention make face-to-face contact with offender and assess post release needs.
 - c) Monitor status of offender until disposition.
 - d) Coordinate referral and link back to appropriate mental health care upon release.

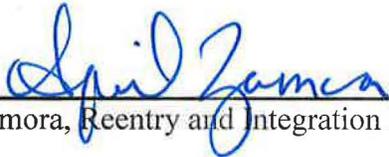
B. Referral to HSS

1. Upon notification of a diagnosed significant, or terminal illness, the HWH LPHA may request assistance by:
 - a) Notifying the TCOOMMI Program Specialist;
 - b) Completing a HSS referral within the WebApp;
 - c) Notifying Parole Officer of referral;
 - d) Continuing services as necessary and appropriate; and
 - e) Providing the HSS Worker with information upon request.

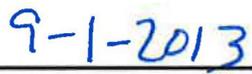
- C. Transferring From County to County
1. Upon Offender's request to relocate the HWH LPHA shall:
 - a) Contact intended receiving LMHA to assess availability of services; and
 - b) Staff case with supervising Parole Officer.
 2. If transfer is denied by Parole, then continue services as necessary and appropriate.
 3. If transfer is approved the HWH LPHA shall:
 - a) Complete a county to county referral within the TCOOMMI WebApp to the receiving county;
 - b) Forward appropriate treatment records to receiving COC;
 - c) Ensure medications continue without interruption;
 - d) Notify offender of appointment with receiving COC and copy Parole Officer.

IV. TCOOMMI Web Application (WebApp)

The TCOOMMI Web Application (i.e., WebApp) replaced 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 referrals are received and acted upon, and program activity and service delivery information is entered timely and accurately.



April Zamora, Reentry and Integration Division, Director



Date