



**Texas Department of
Criminal Justice**

TCOOMMI

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

Supersedes: February 26, 2009

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.

Intensive Case Management

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 3 or higher on at least 4 of the 9 functional dimensions of the Texas Recommended Assessment Guidelines for Adults (excluding Response to Medication Treatment).
- 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 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. (See attached authorization.)
- 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.
 - 3. 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.
- B. 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

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.

VI. Intensive Case Management Services

The CM shall:

- A. Maintain a caseload of no fewer than 20 and no more than 25 offenders at any one time.
- B. Facilitate IDT meetings.
- C. Identify and coordinate the offender's access to needed therapeutic and rehabilitative services, including inter- and intra-agency resources.
- D. Ensure the provision of rehabilitation training and service coordination to include
 1. Minimum of 3.5 face to face contact hours per month.
 - a. Hours can be provided by and met in combination with CM, nurse, psychiatrist, benefits specialist, and/or skills trainer.
 - b. Hours may be individual or include group.
 2. At least one contact per month shall be provided in a community setting.
 3. Make contact via in person or by telephone with the offender within 24 hours of a no show appointment.
 4. Make contact via in person or by telephone with the offender's supervising officer within 24 hours of a no show appointment.

5. Services address social, educational, behavioral, and cognitive interventions which target the offender's deficits in ability to develop and maintain supportive relationships, occupational or educational achievement, independent living, transition to independent mental health care or community tenure, that are a result of a severe and persistent mental illness
 6. Document offender's progress in developing natural and or alternative supports which facilitate the ability to move out of TCOOMMI services.
 7. Document barriers to the offender's progress in moving out of TCOOMMI services and develop interventions to address barriers.
- E. Ensure crisis intervention is available twenty-four (24) hours per day, seven (7) days per week.
 - F. Make at least one (1) collateral contact per month in person or by phone with the offender's supervising officer.
 - G. Services shall be provided over the course of the month in a manner sufficient to monitor the client's progress, continued stability, crisis resolutions and baseline level of functioning in their own natural environment.
 - H. Document all activities and contacts in the offender's case file and ensure such documentation meets standards for Medicaid reimbursement.
 - I. 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 collateral contacts specified in these procedures shall be staffed with the IDT. IDT suggestions for deviation from procedural contacts shall be forwarded to your Program Specialist for approval.

VII. Transition Planning

Planning for transitioning out of TCOOMMI services should begin at admission. The IDT shall:

- A. Identify the offender's chronic needs and develop treatment or Intensive Case Management strategies to address barriers.
- B. Designate an IDT member (usually the CM) to coordinate needed 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.

VIII. Discharge

- A. The offender should be discharged from the program when he/she:
 1. No longer needs intensive TCOOMMI services (or)
 2. Completes required community supervision,
 3. Probation or parole has been revoked
 4. Moves outside the MHMR service area. In such case, the MHMR shall follow the Continuity of Care Procedures.

5. Has been arrested and remains incarcerated in a county jail for more than 30 days. In such case, 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 decided:
1. Request for approval shall be submitted to TCOOMMI.
 2. Treatment/Service Plan should include the necessary goals, objectives, and strategies for stabilizing the offender so less intensive services are needed.