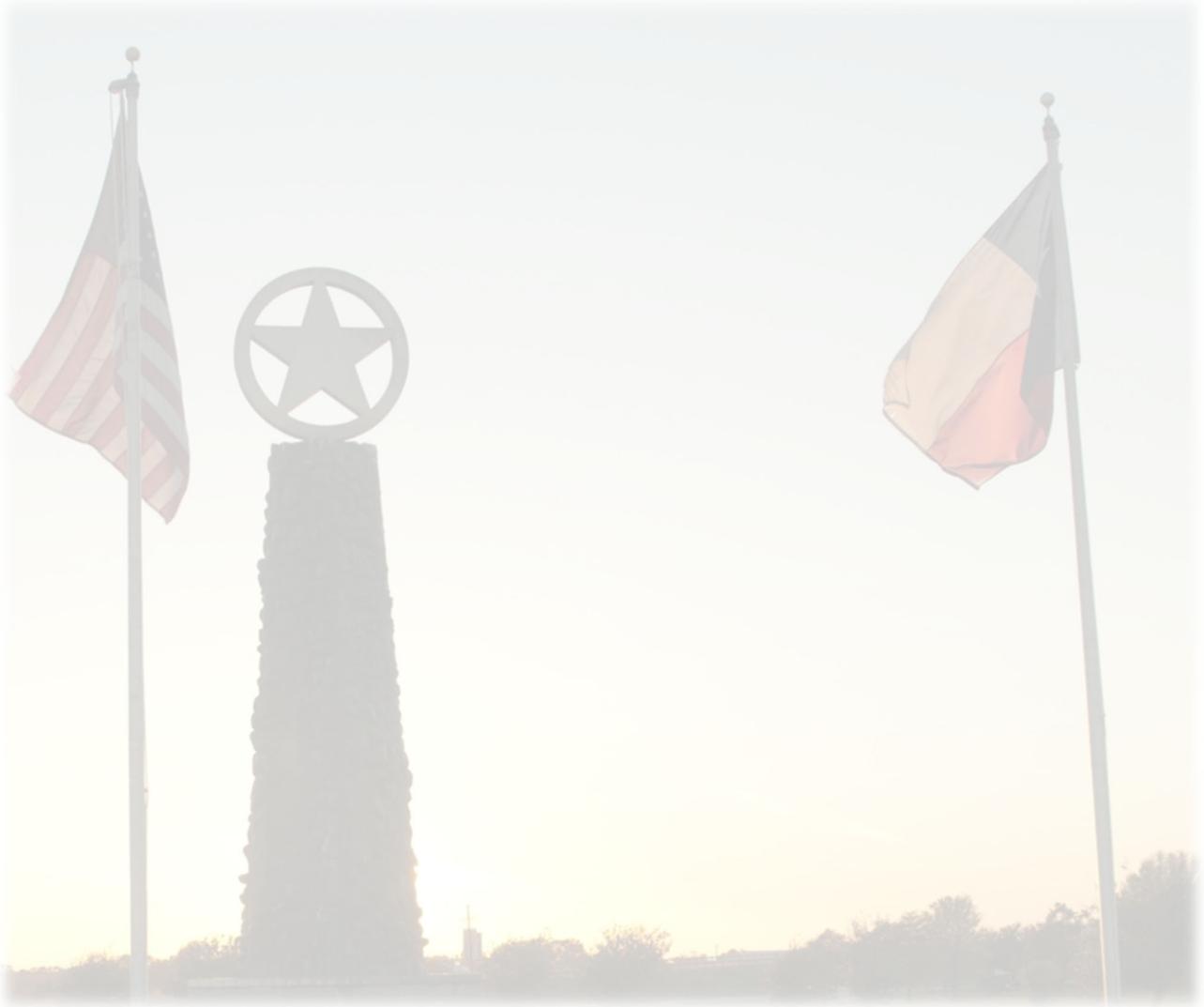


Texas Department of Criminal Justice



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

January 2023

Texas Board of Criminal Justice

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Table of Contents

Overview 1

About TCOOMMI..... 1

TCOOMMI Advisory Committee 1

Gubernatorial Appointees..... 2

State Agency and Organizational Membership..... 3

Continuity of Care..... 4

Interagency Coordination..... 4

Mental Health Services 8

Adult Case Management Services – Mental Health..... 8

Recidivism for Adult Case Management Participants..... 10

Adult Mental Health Diversion Programs..... 11

Non-Case Management Mental Health Services..... 12

Juvenile Case Management Service – Mental Health..... 13

Compliance Monitoring..... 14

Achievements in Mental Health Services Over the Biennium..... 14

Medical Continuity of Care Program Services 16

Medically Recommended Intensive Supervision..... 18

Veterans Services..... 19

Grant Initiatives 21

Coming Home 21

Bridging the Gap..... 22

Minority AIDS Initiative..... 22

Summary..... 23

TCOOMMI Planning 24





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. Furthermore, additional expansion for rural communities was added because of the 86th Texas Legislature's support.

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	
Casey O’Neal, Ph.D.	Term expiring 02/01/2025
James B. Eby	Term expiring 02/01/2025
Judge Rogelio “Roger” Rodriguez	Term expiring 02/01/2027
Matthew Faubion, M.D.	Term expiring 02/01/2023
Denise Oncken	Term expiring 02/01/2027
Sanjay Adhia, M.D.	Term expiring 02/01/2027
Trenton R. Marshall	Term expiring 02/01/2025
Allan D. Cain	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
- National Alliance for the Mentally Ill Texas
- Mental Health Association in Texas, Mental Health America
- Texas Council for Developmental Disabilities
- Texas Health and Human Services Commission
- Texas Department of Criminal Justice (TDCJ)
 - Correctional Institutions Division (CID)
 - Community Justice Assistance Division (CJAD)
 - Parole Division (PD)
- Texas Commission on Law Enforcement
- Texas Juvenile Justice Department
- Texas Commission on Jail Standards (TCJS)
- 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 the Texas Commission on Jail Standards-Intellectual and Developmental Disabilities Advisory Council** tasked with reviewing identification of and continuity of care services for the intellectually or developmentally disabled population. This advisory council was created out of the work group established during the prior biennium to review current best practices to address the specialized needs and interests of the population when detained or processed through a jail setting.
- **Continued participation 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.
- **Continued participation in the Statewide Behavioral Health Coordinating Council.** As required by Government Code Chapter 531, Subchapter M-1, Sec 531.471, 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.
- **TCOOMMI hosted multiple sessions of Mental Health Initiative collaboration meetings and provided Mental Health First Aid (MHFA) training to all attendees.** The collaborative meetings were designed to provide an open dialog for supervision and treatment providers to discuss TCOOMMI program implementation successes and needs in their localities. MHFA is a course introducing participants to signs and symptoms of mental health concerns, provides an overview of common treatments and resources and builds a common language of understanding. The Texas MHFA training program is a service available statewide and promoted by the Statewide Behavioral Health Coordinating Council.



- **Through the biennium, a TCOOMMI Advisory subcommittee took a deeper look into the needs, gaps, and barriers within juvenile services for special needs justice involved youth and their families.** Advisory members and subject matter experts from the Texas Juvenile Justice Department (TJJD) and HHSC identified needs for educational materials, enhancing detention facility services within a continuity of care framework, and continued supportive roles in connecting and exposing youth and families to community-based mental health opportunities.
- **The Texas Targeted Opioid Response project began through a collaboration by HHSC contracting with TDCJ to provide Medication Assisted Treatment (MAT) and recovery reentry services for justice involved individuals diagnosed with an opioid use disorder.** This coordinated effort by HHSC, TCOOMMI, TDCJ-CJAD, and Bexar County Community Supervision and Corrections Department serves probationers with co-occurring substance use and mental health diagnosis in a specialized treatment program. The participants are provided MAT - FDA approved medication administration and substance use treatment, mental health continuity of care services, and reentry planning. Subsequently, participants work with a Recovery Coach/Certified Peer Specialist for a minimum of 12 months to help navigate their transition to the community.
- **Collaborated with community partner, Via Hope, on the establishment of a Reentry Peer Specialist program for females within the TDCJ.** The Via Hope training program is trauma responsive, encourages self-exploration and recovery from a reentry perspective, explores what it means to be a peer specialist, and promotes recidivism interventions. Inmates trained as Reentry Peer Specialists provide services to fellow inmates building reentry plans, developing life skills, working through trauma within a peer support framework and focus on what happened to you rather than what is wrong with you.
- **Referrals to the Texas Workforce Solutions-Vocational Rehabilitation Services continued for individuals with disabilities to prepare for, obtain, and maintain employment.** Additional coordination was initiated between the TDCJ and Texas Workforce Commission to enhance the referral process and develop inter-agency training focused on service provisions for TDCJ Reentry and Integration Division, TCOOMMI, and local Workforce Solutions staff.



- **Continued participation in the Joint Committee on Access and Forensic Services (JCAFS).** In accordance with Texas Health and Safety Code §§533.051 and 533.0515, TDCJ-TCOOMMI is one of 17 voting members appointed by the HHS Executive Commissioner and one non-voting ex officio member, who work collaboratively to address and ultimately advise HHSC on matters related to mental health in-patient bed allocation, utilization, and the continuum of care back to the community. Emphasis for this committee continued to focus heavily on strategies related to the forensic waitlist for those individuals requiring in-patient competency restoration. Strategies included initiatives for state hospital and community based forensic services, training and technical assistance, standardization of evidence-based practices, and collaboration between local mental health providers, law enforcement and criminal justice officials. Additionally, continued participation in the Access Subcommittee, one of two JCAFS subcommittees, allowed additional focus on strategies related to staffing challenges and length of stay evaluations in a state psychiatric hospital.
- **Continued participation on the Texas Judicial Commission on Mental Health.** TCOOMMI serves, in collaboration with commissioners possessing diverse backgrounds and experiences, to inform the judiciary on the intersection of criminal justice and mental health. In addition, TDCJ-TCOOMMI and TDCJ-CJAD participated in events by presenting on risk-needs-responsivity model strategies for addressing criminogenic factors before and after release.
- **Initiated a project with the U.S. Department of Veterans Affairs (VA)-Health Care for Reentry Veterans Services program to assist every incarcerated veteran in applying for VA health care benefits and ultimately enrolling those who are eligible in the VA health care system.** The opportunity for enrollment was previously available to incarcerated veterans who were within 90 days of release but with the ability to enroll earlier in their incarceration, provided a more effective opportunity to have immediate access to health care for qualifying veterans upon release. Since the project began, approximately 600 applications have been submitted and efforts continue across the state to increase that number.
- **Initiated a pre-release referral and linkage pilot project process, to connect inmates with an imminent release date to the Healthcare Marketplace.** An electronic referral process was developed between a community partner and the TCOOMMI. The pilot project launched in July 2022 with the 12 Special Needs Reentry Case Managers providing pre-release referrals for potential community coverage. Healthcare options for releasing inmates varies in cost and coverage options depending on residence, age, care needs, and household income, connecting those that have chronic care needs but may



not meet disability or Medicaid/Medicare coverage criteria early promotes community health and continued healthcare engagement impacting reentry and integration efforts.

- **Coordinated efforts with Texas Commission on Jail Standards and Office of Court Administration to ensure compliance with the Code of Criminal Procedure Article 16.22, Early identification of defendant suspected of having a mental illness is carried out those detained in a TDCJ facility under Operation Lonestar.** TCOOMMI serves as the liaison between the magistrate, and treatment providers to carry out duties prescribed by the code of criminal procedure to ensure early identification of those with suspected mental illness or intellectual disabilities are appropriately screened, interviewed, and provided intervention as deemed appropriate.

Mental Health Services

Across the state, the TCOOMMI contracts with all 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-CJAD and the TDCJ-PD during the biennium, the case management programs utilize a model of care based on criminogenic risk and clinical need for parole and community-supervised individuals in TCOOMMI funded programs.

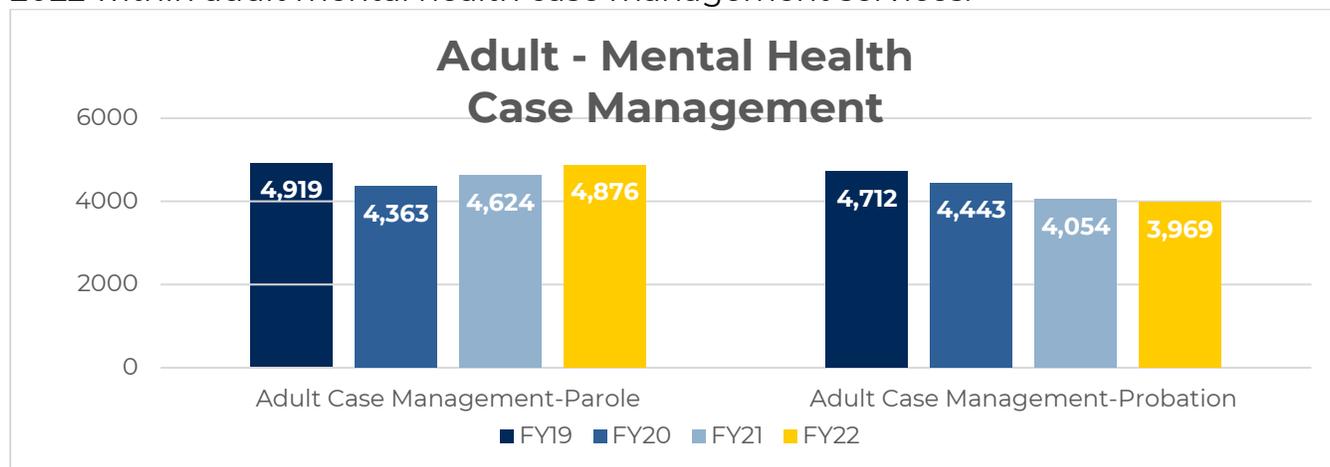


The model of care is designed after the Risk Needs Responsivity model. Services are directed to individuals with moderate to high criminogenic risk factors combined with higher clinical needs in community mental health programs.

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, Rural Intensive Case Management, and Transitional Case Management;
- Community-based contacts and resources, to include substance use treatment;
- Intensive outreach and engagement;
- Medication monitoring;
- Criminal justice cross-trained mental health case managers; and
- Access to medical services, as needed.

The TCOOMMI assisted 8,678 clients in Fiscal Year (FY) 2021 and 8,845 clients in FY 2022 within adult mental health case management services.



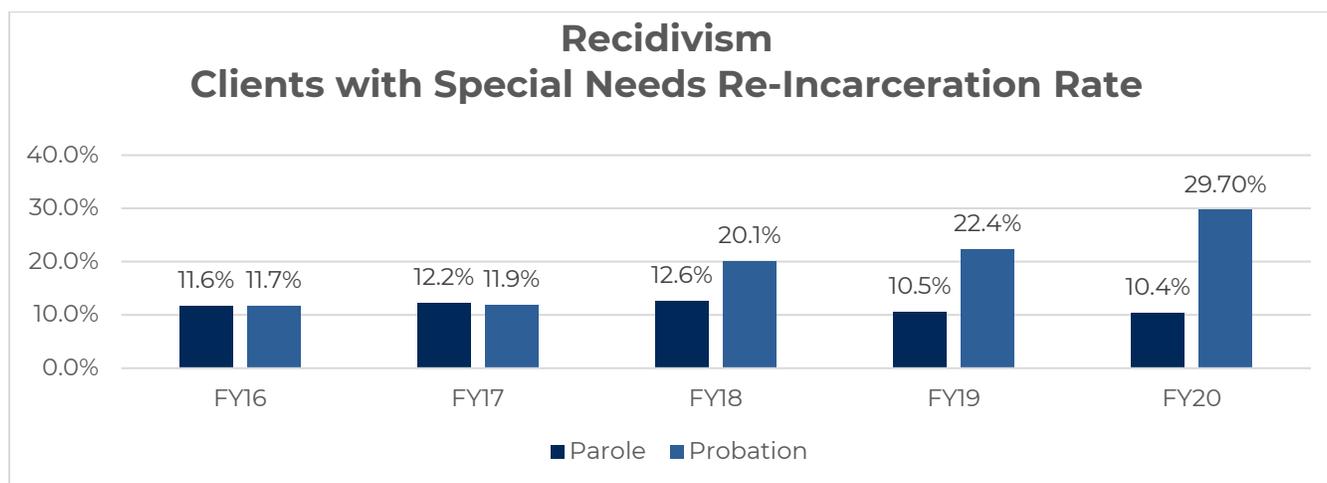


The FY 2021 and FY 2022 continued to see reduced numbers of individuals on probation due to decreased court activity during the onset of the COVID-19 pandemic. The TCOOMMI-LMHA local programs, in coordination with local Community Supervision and Corrections Departments, adjusted service access to meet the needs of the growing Pre-Trial population. The continued expectation is for service numbers to increase as criminal courts continue to process backlogs related to delays from COVID-19.

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 most recent rate from FY 20 showed a parole rate of 10.4% recidivism and probation rate of 29.7%, the combined recidivism rate is 17.4%, which was below the 20.3% rate for prison-released inmates.



In FY 2015 the Texas Risk Assessment System (TRAS) was adopted as a standardized criminogenic risk measurement tool within the adult criminal justice system. The recidivism study conducted in FY 2018 (cohort received services in FY 2015) identified a disparity in how the results of the TRAS were being reported by probation at the time of admission, resulting in clients being served who were not eligible for 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, impacts of the efforts initiated after the FY 2018 results would not be anticipated to present until the FY 2021 study. The TCOOMMI



strives to decrease the recidivism rate for persons with mental health needs in both parole and probation populations.

Through on-going technical support, routine review of intake guidelines and service provider contract compliance monitoring through FYs 2021 and 2022, the TCOOMMI continues to support the evidenced-based model of care of risk, need, and responsivity. The TCOOMMI has regularly communicated with supervision partners to clarify the use of the criminogenic risk level and how this informs case management eligibility into the TCOOMMI 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 1,079 clients in FY 2021 and 2,903 clients in FY 2022.

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.

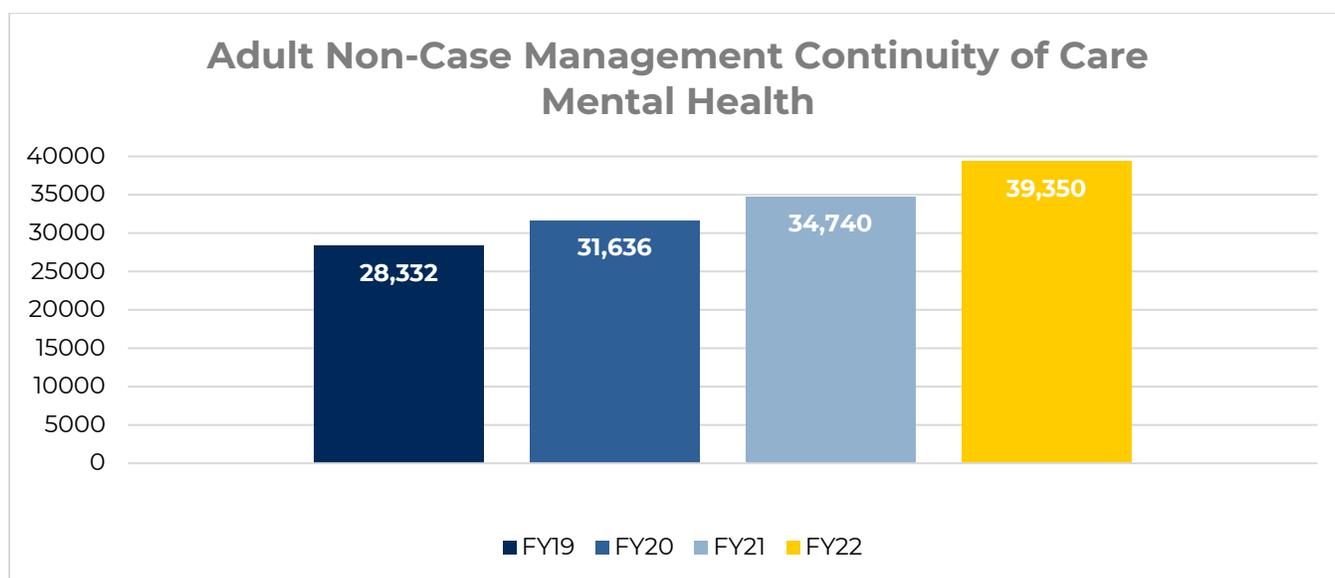
Three TDCJ-CJAD residential facilities receive funding through the TCOOMMI to provide continuity of care medications, along with continuing case management, while the probationer completes residential treatment.

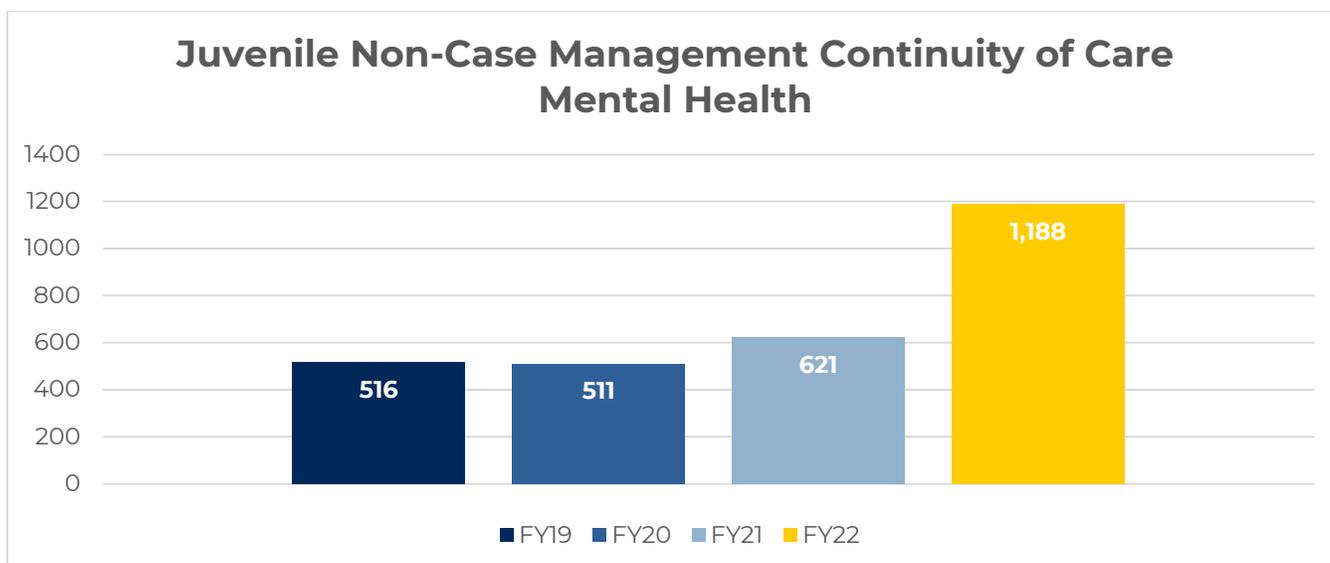
In FY 2021, there were 600 probationers served, and in FY 2022, there were 761 served in residential facilities. COVID-19 continues to have a direct impact on community living environments and enrollments and while slight growth was seen between FY 2021 and FY 2022 overall service numbers remain below pre-pandemic rates.

Non-Case Management Mental Health Services

Non-case management continuity of care services are short-term minimal services for low criminogenic risk/lower 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 35,361 adults and juveniles in FY 2021 and a total of 40,538 adults and juveniles in FY 2022. Additional information regarding juvenile case management services is described in more detail in the next section.





Juvenile Case Management Service – Mental Health

The TCOOMMI, in collaboration with the 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 youth’s and the family 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 783 juveniles in FY 2021 and 763 juveniles in FY 2022. 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 opportunities for technical assistance, community outreach, and collaborative learning to serve a population often overlooked in traditional community-based services.

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.



- **Communication:** At the onset of the biennium, continued social-distancing measures were promoted within public-health sectors, thereby identifying the need for more telehealth options in many communities. This biennium, the TCOOMMI was able to fund additional equipment statewide connecting local parole and probation offices to LMHA clinic services with technology. The funding assisted the social distancing measure; however, long-term, this approach allows for improved and timely access, especially for rural areas.
- **Data Reporting:** Enhancements to the online database for the TCOOMMI program during the reporting period provided a user-friendly method for maintaining service level statistics. Enhancing the experience for LMHAs in their data reporting and reducing staff time spent compiling data. This enhancement allows for timely data reviews to make critical programmatic decisions and the ability to identify gaps efficiently.
- **Education Efforts:** The TCOOMMI continued to engage 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-PD unit supervisor trainings and TDCJ-PD 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. Additionally, a TCOOMMI LMHA Program Director meeting was held in-person during FY 2022, providing an opportunity for feedback and discussion on critical programmatic needs and policy updates.
- **Peer Pilot Initiation:** Pilot projects were initiated to utilize peer services for mental health continuity of care programs to impact service delivery and address the ever-growing shortages of qualified mental health staff. The TCOOMMI initiated opportunities for the use of peer partners in adult programs and family partners in juvenile programs.
- **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.

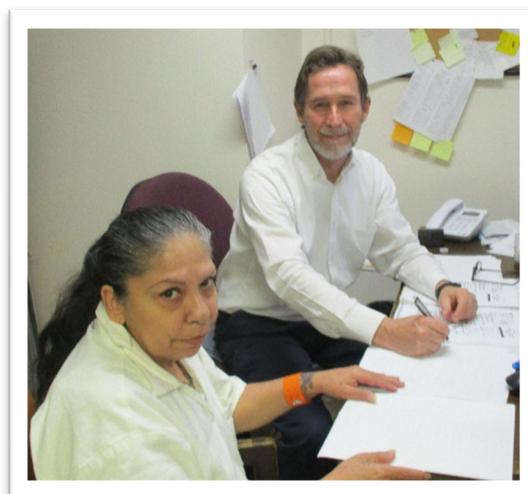
Medical Continuity of Care Program Services

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 need 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, 1,004 benefit applications were submitted, with case management services provided to 9,326 inmates.

TDCJ-RID Human Service Specialists and Special Needs Reentry Case Managers coordinated 752 placements for inmates releasing to skilled nursing facilities, group homes, home hospice, and licensed personal care homes during the reporting period.



During FY 2021 and FY 2022, the following activities enhanced the overall continuity of care system for justice involved individuals with special medical needs:

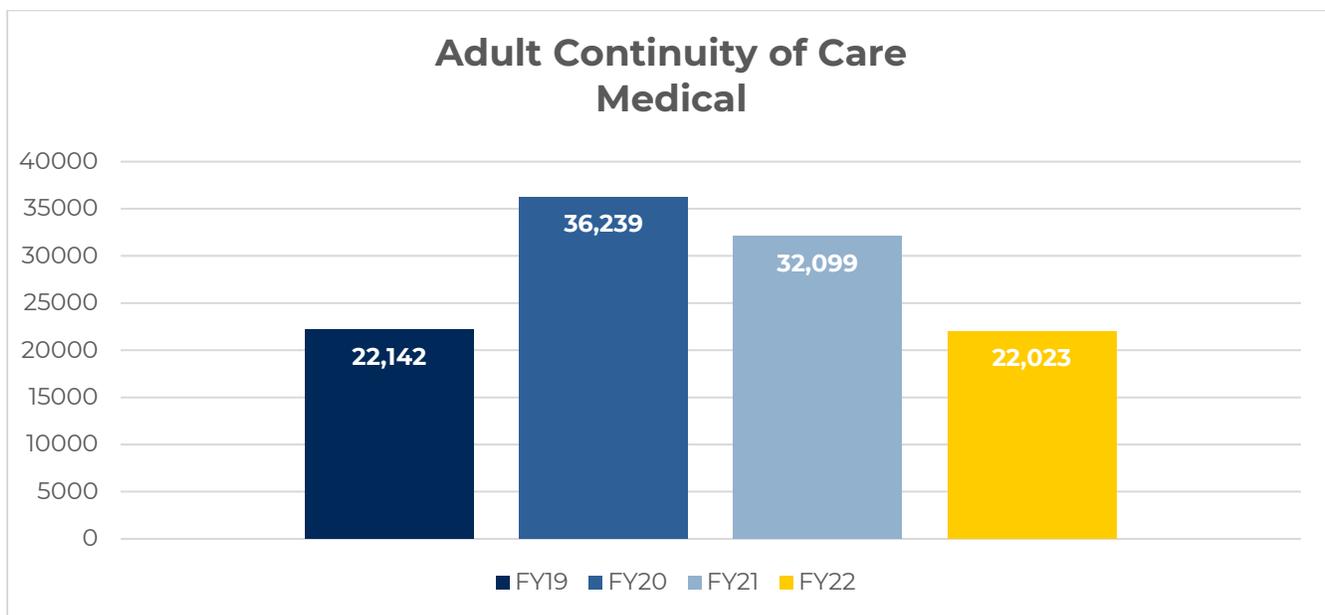
- TCOOMMI Human Service Specialists were able to reengage with clients and nursing home and group home facilities in-person, as COVID-19 protocols began to ease. Visits have helped to improve continuity of care relationships and communication.
- TCOOMMI program staff participated in statewide TDCJ Reentry Job Fairs and Career Expos as a community resource for linkage to care. 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.

- Special Needs Reentry Case Managers and TCOOMMI Human Service Specialists were able to attend a peer learning style training during the biennium as part of Reentry Basic Training. Staff developed continuity of care reentry plans together in a collaborative approach while boosting individual skills and knowledge to locate and link clients to needed services throughout the state.



The TCOOMMI provided medical continuity of care to 32,099 individuals in FY 2021 and 22,023 individuals in FY 2022. The referral process and screening for service need continued to be refined throughout the biennium with additional collaboration between the TCOOMMI and medical providers within the TDCJ. Decline in service numbers can be attributed to the refined screening and referral processing addition to a smaller inmate population overall.





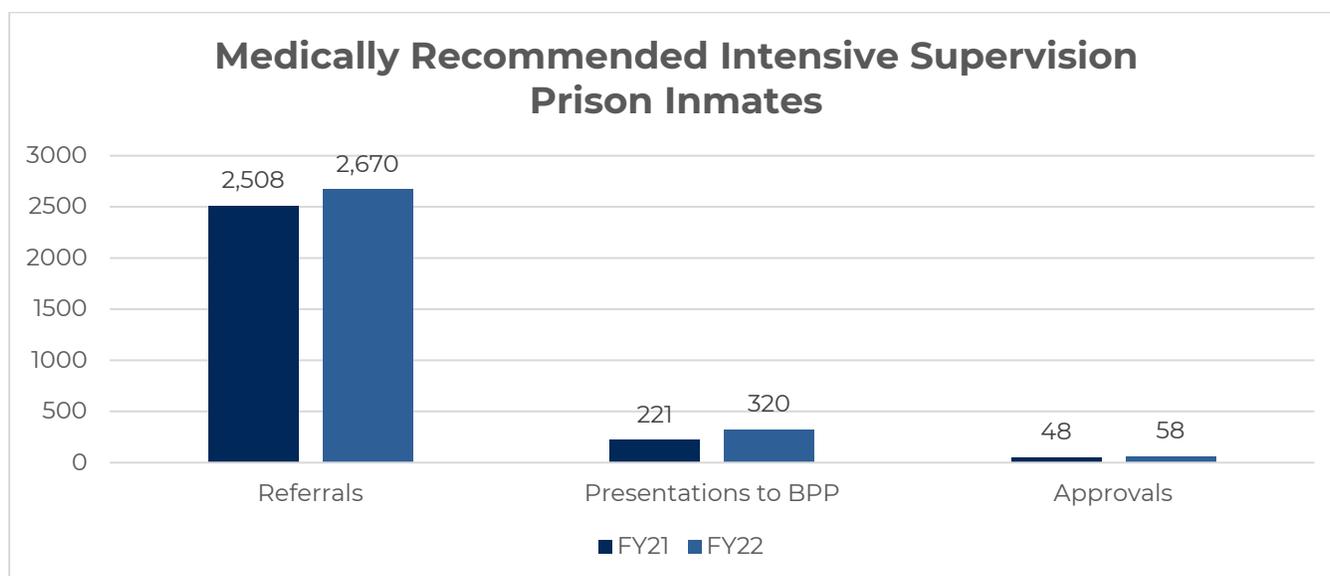
Medically Recommended Intensive Supervision

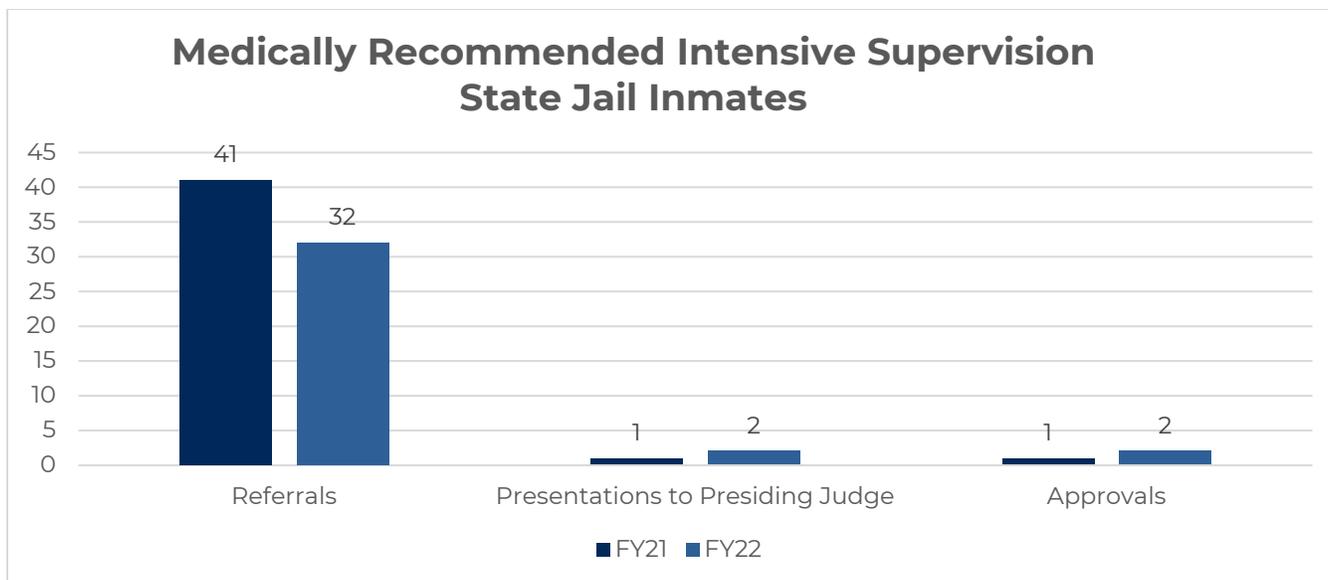
The Medically Recommended Intensive Supervision (MRIS) program allows for the early parole review and release of certain categories of inmates who are elderly, mentally ill, intellectually, and developmentally disabled, terminally ill, physically handicapped, or in need of long-term care. During the 87th Legislature, language referring elderly inmates to the BPP or sentencing judge for MRIS consideration in absence of other medical or mental health conditions was made.

Eligible prison 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, 12 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.



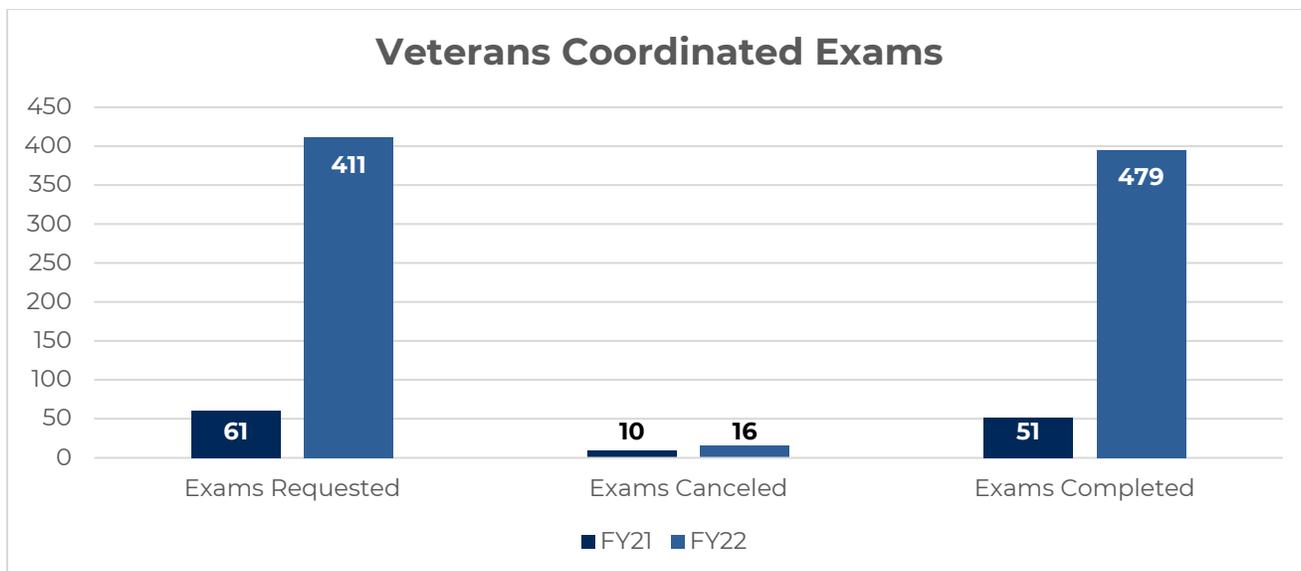


Veterans Services

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, 201 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 veteran’s 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 2021, 55 exams were completed; 479 were completed in FY 2022.



During the biennium, a trauma-informed, population specific Veterans Reentry Dormitory program, Success Through Restoration, Independence, Perseverance, Excellence and Service (STRIPES) began providing services for male and female veterans in the TDCJ. The first STRIPES program opened at the Coffield unit in July 2021, with a female expansion at Lane Murray opening in FY 2022, and further expansion anticipated at Travis State Jail next biennium. The STRIPES program is a collaborative effort between multiple TDCJ divisions and provides a peer support program incorporating Moral Recognition Therapy curriculum and other veteran specific programming. During the reporting period, 80 participants have graduated from the STRIPES program.

Additionally, throughout FY 2022, Veteran Peer Housing Dormitories statewide were expanded. At the end of the biennium, there were nine units with living areas dedicated solely to the veteran population promoting an environment where veterans can support one another, peer to peer, on common issues related to military trauma.



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Grant Initiatives

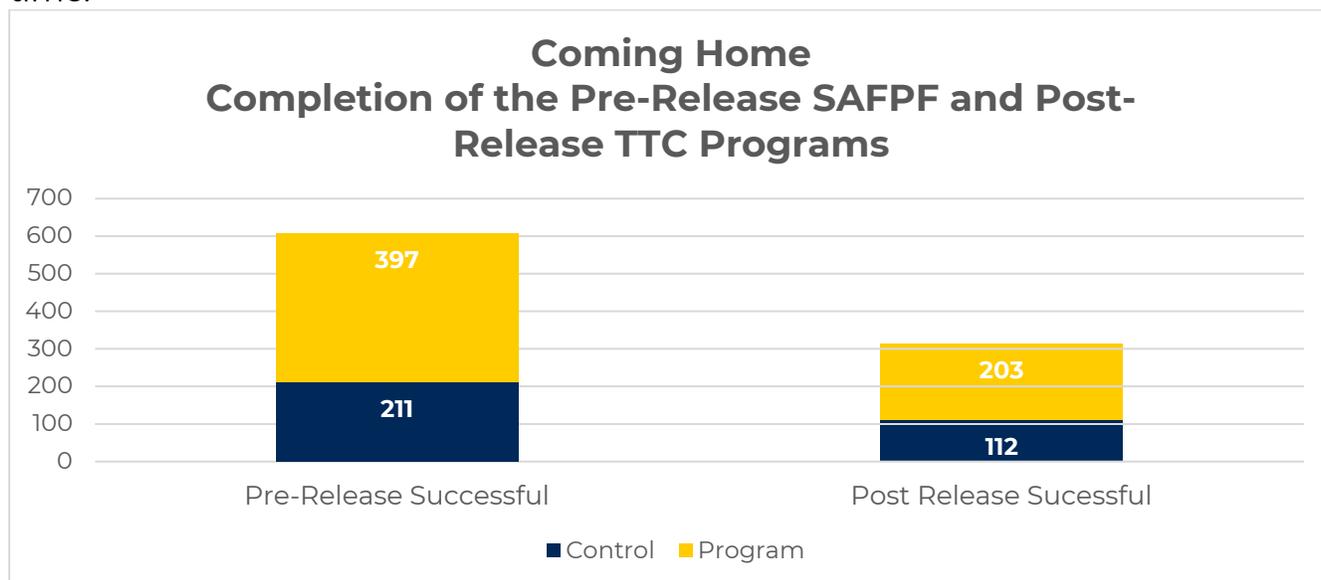
Coming Home

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

This demonstration project is designed to provide early identification of individuals with special needs who are 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. This ensures mental health needs are met while in the substance abuse continuum of care.

The Coming Home grant project began services pre-COVID and continued to operate despite any COVID-19 impact. Enrollment into the project began June 2019 and concluded in December 2020. At the conclusion of the project, those who participated in the program demonstrated a lower reincarceration rate when compared to the control group. While this project showed promise, positive differences between the program group and the control group did not reach a statistical difference significant enough to warrant sustaining the program at this time.

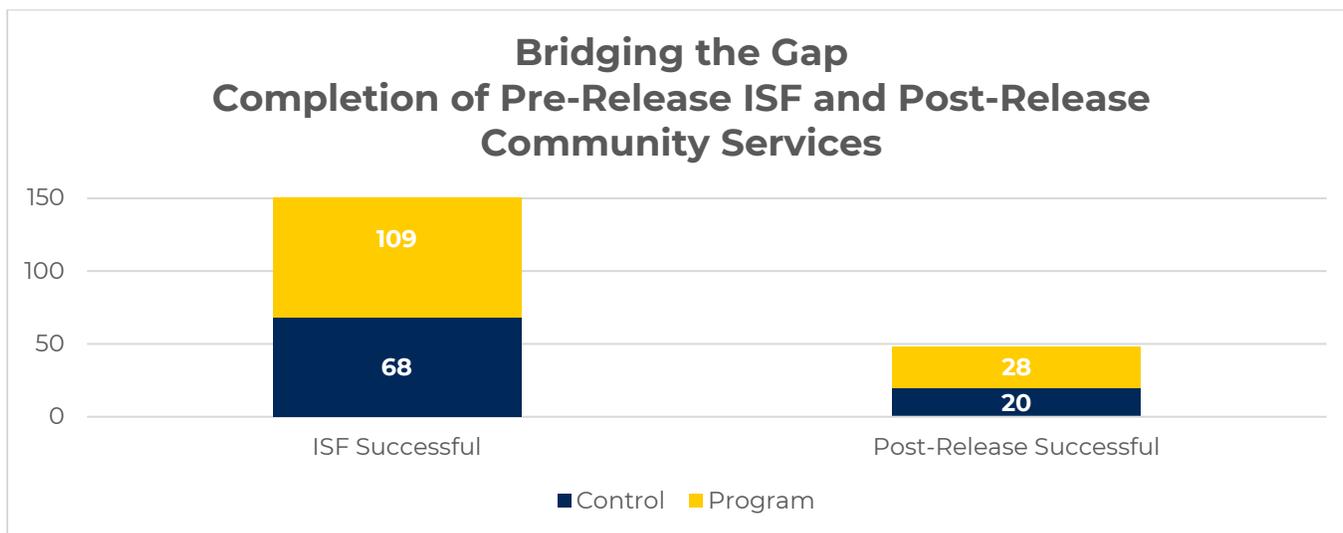




Bridging the Gap

The TCOOMMI received the Second Chance Act - Adult Offender Reentry Demonstration Grant through the BJA in 2019, and after completion of the planning phase, began serving TDCJ parole violators at the Kegans Intermediate Sanction Facility (ISF) in FY 2021, through the Bridging the Gap project. The project design has a pre-release and post-release component providing collaborative case management to eligible clients bridging the institutional and community settings, thereby reducing recidivism.

Using evidence-based practices, program case management services target parole Intermediate Sanction Facility (ISF) clients with a higher criminogenic risk who are experiencing persistent and severe mental illness and 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 2023. Client participants in the project have reported benefit in developing a reentry plan and having a case manager follow-up with them post-release for reminders to attend TCOOMMI program community-based mental health services.



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 2021, 784 inmates were referred to the program; 904 were referred in FY 2022. 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 2021 and 2022, 1,256 THMP applications were submitted for inmates who were releasing, and 1,212 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 because 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:

- Implement a Governors Grant adding Human Service Specialists within the TDCJ to connect, educate, train, and support suicide and self-harm prevention efforts of the agency. This grant is a pilot project to identify best and promising practices for wider implementation. Identified at-risk inmates will be provided targeted for reentry services, coordinated services to include multi-disciplinary case meetings, continuity of care planning, and for those releasing linkages to the TCOOMMI community-based services as appropriate. A Research Specialist will track, maintain, analyze, and interpret project data.
- Provide enhancements, funded through a Governors grant, to existing TDCJ intake processes for the screening and identification of female inmates with history of being sexually trafficked, exploited, or have participated in prostitution activities. The Seeing Me project licensed behavioral health positions will provide expertise in the development of screening and identification processes during intake and will work with identified female inmates providing supportive services, reentry planning, and linkages to existing TDCJ services.
- Implement a federal Bureau of Justice Assistance grant for mental health peer services in continuity of care programs. The Footprints grant project will facilitate training and certification of peers in prison to engage with peer inmates and to transition to the community allowing those with lived experience to work within TCOOMMI programs.



- Launch pilot projects for mental health peer specialists and family liaisons in TCOOMMI vendor contracts through the LMHA programs. Pilots allow for those with lived experience to serve referred clients in recovery and reintegration efforts; and seek to positively impact client attendance and participation in community services.
- Implement a Federal Bureau of Justice Assistance grant for eligible veteran inmates. The Deploying Services project will identify and provide appropriately timed interventions and informed services specific to justice involved veterans suffering from mental impairments, to include co-occurring substance use disorders impacting recidivism, improving community and family engagements, enhancing public safety, and positively affecting the quality of life for identified veteran inmates.
- Enhance releasing efforts for medical continuity of care home planning efforts. Engagement efforts with regional nursing homes to facilitate agreements for difficult to place inmates, collaboration with the TDCJ-PD to expand the use of Temporary Housing Assistance Program opportunities for those clients who are not residential reentry center appropriate and below nursing home level of care, and streamlining processes within the TDCJ-Field Services and releasing for identified special needs inmates strategies will be used to inspire positive outcomes in reintegration efforts.
- Work with community partners to enroll inmates into potential healthcare benefits, beyond the existing Social Security Administration referral process, prior to release. Linkage to healthcare coverage options is vital for the special needs population as coverage promotes stability, productivity, improves community health equity, and strengthens public safety.
- 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 facilitate early identification and connection to continuity of care resources for releasing inmates and finding new and innovative approaches to accomplish improvement in community connection possibilities, public health awareness, and positively impact recidivism.
- Seek opportunities to utilize and enhance technology within the TDCJ to promote pre-release virtual engagement between the inmate population and the continuity of care provider. Additionally, enhance technology to promote advanced methods of coordination of care, documentation of case planning



efforts and financial management, and communication between TCOOMMI and contracted LMHA vendors.

Staff received four inquiries from the two newly identified persons and two previously identified persons who were provided appropriate resource referrals.



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