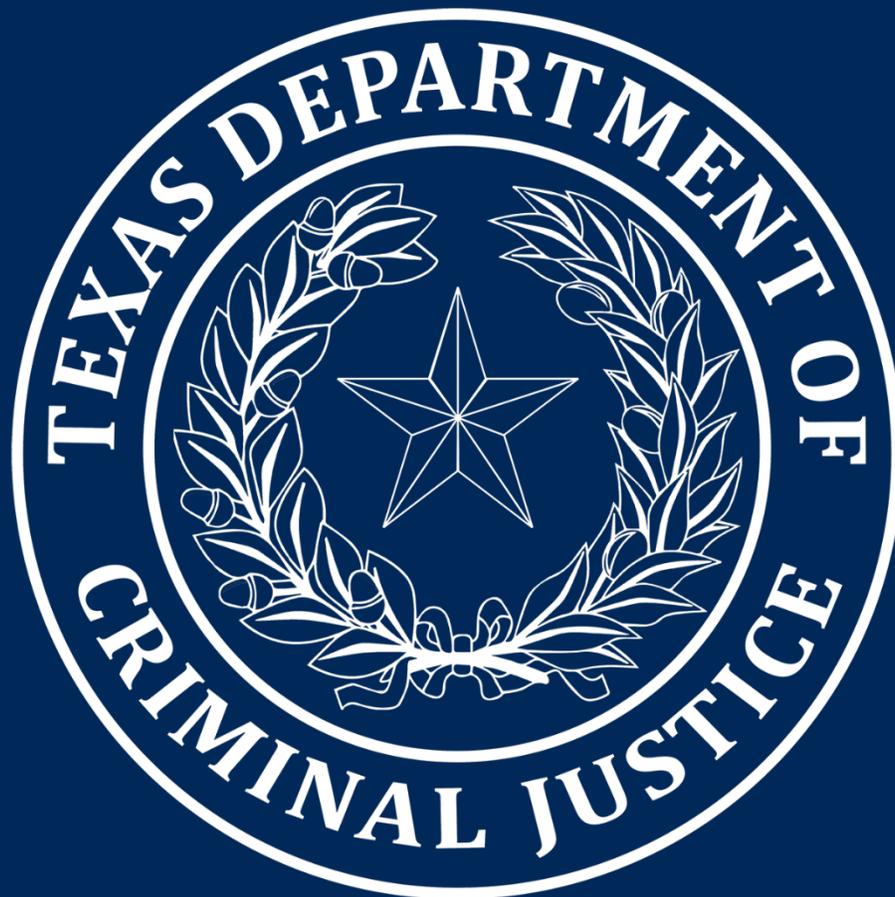


Texas Department of Criminal Justice



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

December 2024

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 TCOOMMI to address health services for the growing population of persons with mental impairments who are associated with the criminal justice system.

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, TCOOMMI expanded mental health services to further meet the needs of those individuals with a severe and persistent mental illness in 2015. Furthermore, additional expansion for rural communities was added as a result of the 86th Legislature's support.

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

The mission of TCOOMMI 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.

Advisory 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 appoints 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 02/01/2029
Casey O’Neal, Ph.D.	Term expiring 02/01/2025
James B. Eby	Term expiring 02/01/2025
Trenton R. Marshall	Term expiring 02/01/2025
Judge Rogelio “Roger” Rodriguez	Term expiring 02/01/2027
Judge Justin “J.J.” Koch	Term expiring 02/01/2025
Denise Oncken	Term expiring 02/01/2027
Sanjay Adhia, M.D.	Term expiring 02/01/2027
Joseph V. Penn, M.D.	Term expiring 02.01.2029
Jennifer “Jenn” Gonzalez, Ph.D.	Term expiring 02/01/2029



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 (DSHS)
- 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
 - Community Justice Assistance Division (CJAD)
 - Parole Division (PD)
- Texas Commission on Law Enforcement
- Texas Juvenile Justice Department (TJJD)
- 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 identification of 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. These services assist 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, TCOOMMI coordinates with state agencies and other TDCJ divisions to deliver access to services. Additionally, the TCOOMMI has entered into agreements with Local Mental Health Authorities (LMHA) across the state for clients to easily access mental health services.

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. Efforts are being made to update partner agencies, roles, and language within



agreements with goals to infuse person-center language and include state agency restructure updates.

- **Continued participation 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 to review current best practices when addressing the specialized needs and interests of individuals who are detained or processed through a jail setting.
- **Collaborated with the Health and Human Services Commission (HHSC) and a Trauma Informed Care work group**, to build a statewide-coordinated, trauma-informed care training module for a Unit-Based Behavioral Health curriculum to be made available at certain in-patient behavioral health TDCJ facilities. Throughout the training modules, the curriculum and materials from the work group directed a person-centered, trauma-informed behavioral health system and stressed providing quality supports, services, and care. In coordination with HHSC, training-of-trainer opportunities have been made available within the AS+K? Basic Gatekeeper Training curriculum for its inclusion within the Unit-Based Behavioral Health modules as well. This multi-agency work group focus encompasses any state human service provided to both adults and juveniles.
- **Worked with the Local Mental Health Authorities (LMHA), Health and Human Services Commission (HHSC), and community partners to raise awareness of state funds available locally for defendants returned to county of conviction after competency has been restored.** The responsibility of remitting payment to eligible entities for continuity of care services, including up to a 90-day post-release supply of medication, related lab costs, and prescriber costs for defendants, after having been committed to a state mental health facility for restoration of competency under Chapter 46B, Code of Criminal Procedure, and are returned to the committing court for trial, was shifted to TCOOMMI under TDCJ's GAA Rider 35. TCOOMMI developed a pre-authorization of fund access for LMHA's upon notice of the defendant's return to the county thereby reducing delays in having medications available on-site at the client's return. TCOOMMI provided technical assistance via informational meetings and individual calls to address questions. HHSC and the State Coordinating Council of Community Centers assisted in educating about the availability of state funds for this purpose.
- **Participated in the Statewide Behavioral Health Coordinating Council.** As required by Government 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.

- **Expanded the collective knowledge of criminal justice system and mental health intersections for the TCOOMMI Advisory Committee members.** Advisory committee members attended in-person learning opportunities across the state. Subject matter experts from local jails, LMHAs, TDCJ, and HHSC provided tours and informational sessions about diversion efforts at the local county level, continuity of care connections for justice involved individuals on community supervision participating in dual-diagnosis residential treatment programs, services at inpatient Behavioral Health TDCJ facilities, and services occurring at the State Hospitals. The opportunities afforded Advisory committee members a systemwide view of continuity of care touchpoints within the justice system and the services that a justice involved individual may engage in.
- **Coordinated with the Texas Targeted Opioid Response project.** The project is a multi-agency collaboration 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, substance use treatment, mental health continuity of care services, and reentry planning services. Participants may work with a Recovery Coach or Certified Peer Specialist as they navigate their transition to the community.
- **Expanded Reentry Peer opportunities within the TDCJ.** Through continued collaboration with community partners Via Hope and the US Department of Veterans Affairs (VA), Reentry Peer Specialist training and operations continued. Grant awards from the Federal Bureau of Justice Assistance and the Texas Governor's Office, assisted in expanding the program. A Medicaid billable Certified Mental Health Peer Specialist program was implemented, and specialized Reentry Veteran Peer training was established. The Peer training curriculum provided by Via Hope and the VA are trauma responsive, encourage self-exploration and recovery from a reentry perspective, explore what it means to be a peer specialist, and promote recidivism interventions and recovery. Inmates trained within the reentry peer specialist programs provide services to fellow inmates building reentry plans, developing life skills,



working through trauma within a peer support framework with a focus on what happened to you rather than what is wrong with you.

- **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, 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 the HHSC on matters related to mental health in-patient bed allocation, utilization, and the continuum of care back to the community. The committee continued to focus on strategies related to the forensic waitlist for those individuals requiring in-patient competency restoration. The committee addressed how to better engage with stakeholders for waitlist timeframes. The joint committee led additional conversations into transitional planning, to include the use of peers in planning and reintegration processes, and exploratory discussions into community-based housing options such as step-down housing and supportive housing. Additionally, TCOOMMI engaged in the Access Subcommittee, one of two JCAFS subcommittees, which focused on additional strategies related to data sharing with stakeholders to include the development of a dashboard and development of strategies to improve discharge planning such as use of peers within forensic services.
- **Continued service on the Texas Judicial Commission on Mental Health.** In collaboration with commissioners of diverse backgrounds and experiences, TCOOMMI serves to inform the judiciary on the intersection of criminal justice and mental health. In addition, TCOOMMI and TDCJ-CJAD participated in events by presenting on risk-needs-responsivity model strategies for addressing criminogenic factors before and after release.
- **Enhanced a collaboration with the U.S. Department of Veterans Affairs (VA)-Health Care for Reentry Veterans Services program.** TCOOMMI continued to assist every incarcerated veteran in applying for VA health care benefits and enrolling eligible individuals in the VA health care system. During Fiscal Year (FY) 23, 234 applications were submitted. In FY 24, 323 applications have been submitted, and efforts continue across the state to increase that number. By connecting earlier in the reentry planning process, incarcerated veterans are able to be scheduled for Compensation and Pension (C&P) examinations prior to release thus reducing the need to attend after release and delaying access to care. Due to the early planning and exam, the VA-Health Care for Reentry Veterans Services program may provide additional VA community resource referrals unique to the incarcerated veteran and their individual needs.



- **Expanded the Healthcare Marketplace pre-release connection through partnerships with two community organizations.** An electronic referral process was developed between the community partner and the TCOOMMI. Human service specialists and reentry case managers work to provide information about the community partners and offer educational information on the importance of healthcare and recidivism. The incarcerated population may choose which partner program they would like to work with, and participation is voluntary. 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.

Mental Health Services

Across the state, the TCOOMMI contracts with all 39 LMHAs to provide mental health treatment services for individuals 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 TDCJ-CJAD and TDCJ-PD during the biennium, the adult mental health case management services program utilized a model of care based on criminogenic risk and clinical need for parole and community-supervised individuals in TCOOMMI funded programs.



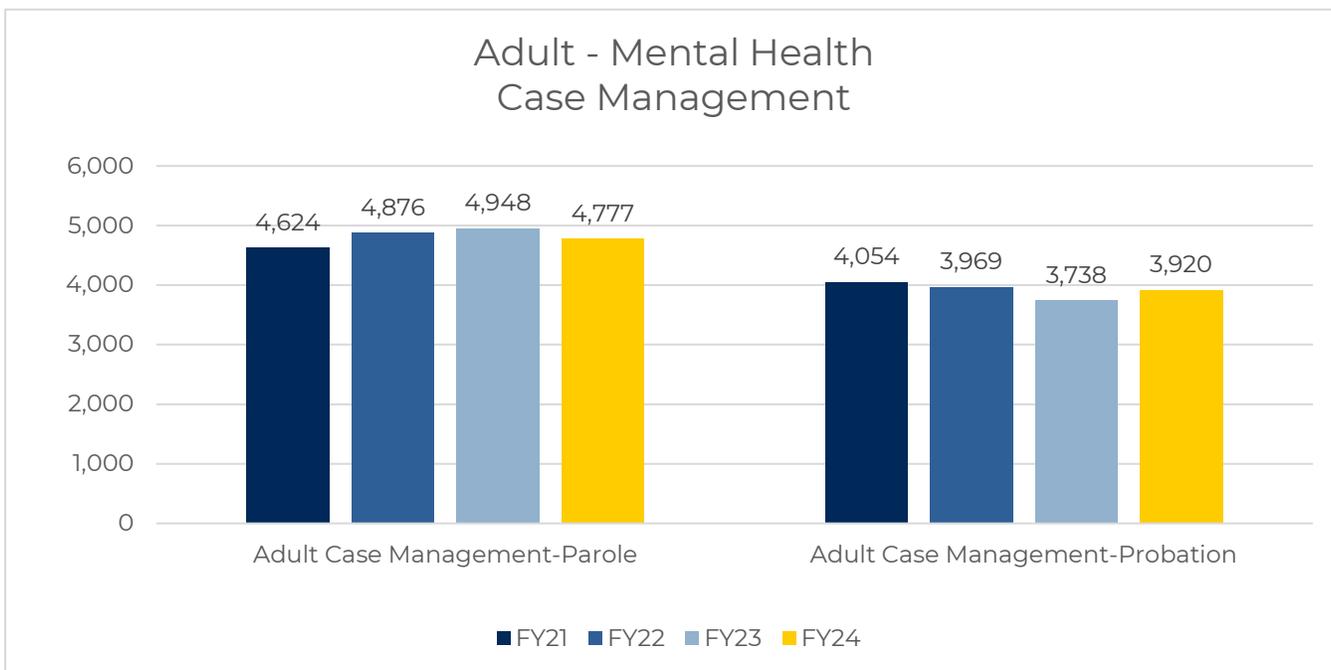
The model of care was designed after the Risk Needs Responsivity model. Services are directed to individuals with moderate to high criminogenic risk factors combined with higher clinical needs in community mental health programs.

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 and team-based services;
- Psychiatric services;
- Psychosocial rehabilitation services with rehabilitation as a key element;
- Support services through Intensive Case Management, Rural Intensive Case Management and Transitional Case Management;
- Community-based contacts and resource linkages, 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 8,686 clients in FY 2023 and 8,697 clients in FY 2024 within the adult mental health case management services program.

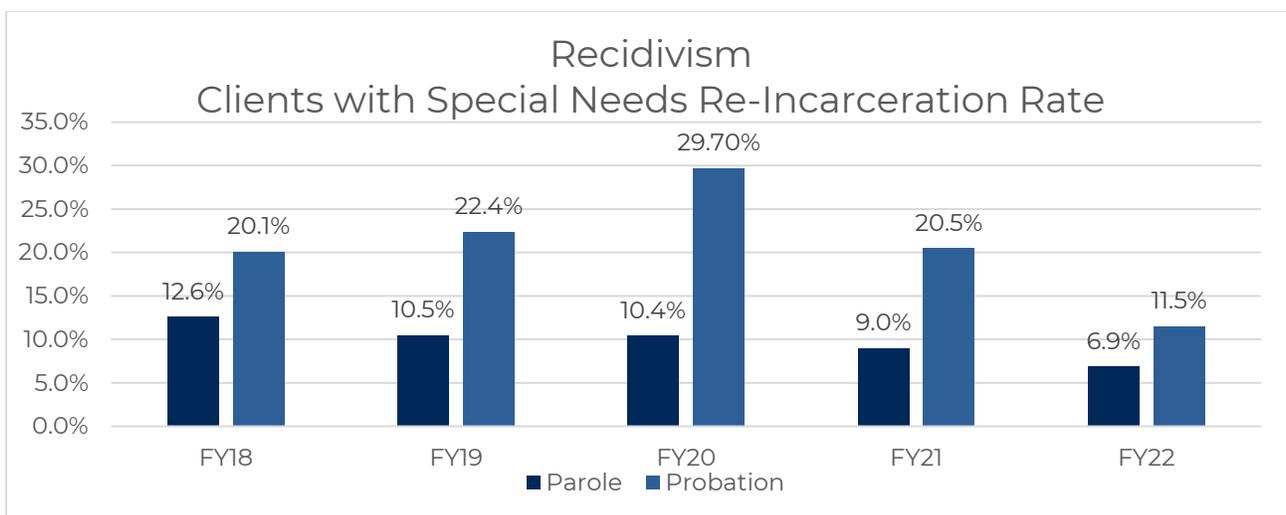
FY 2024 saw a reduction in case management caseloads statewide. FY 2024 funding was increased by the Legislature to help meet increasing costs of mental health provider salaries and reduce program vacancies. As a result, the stabilization of staffing levels can be seen within service numbers despite a slight reduction in case management caseloads statewide.



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

The recidivism rate for individuals on parole and probation who are enrolled in the TCOOMMI case management initiative for 12 or more consecutive months is 9.4%, which is below the 14.7% rate for prison-released inmates.





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. 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.

Through the ongoing technical support, routine review of intake guidelines and service provider contract compliance monitoring through fiscal years, the TCOOMMI continues to support the evidenced-based model of care of risk, need, and responsivity. Internal steps have been taken to ensure accurate TRAS risk score reporting, as well as to provide ongoing education on the use of the TRAS tool for community supervision partners and LMHAs. In FY 2023, the TDCJ expanded TRAS adoption by training and certifying highly experienced TRAS trainers into becoming master TRAS trainers, allowing more individuals to gain training and certification to become TRAS trainers to include staff within probation departments.

Adult Mental Health Diversion Programs

TCOOMMI has provided funding to seven 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 level 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 10,767 clients in FY 2023 and 11,236 clients in FY 2024.

Adult Residential Facility Services

The TCOOMMI and TDCJ-CJAD support three Dually Diagnosed Residential Facilities (DDRF) 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. TDCJ-CJAD funds the cost of the facility and substance use treatment while 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 additional TDCJ-CJAD residential facilities receive funding through TCOOMMI to provide continuity of care medications, along with continuing case management, while the probationer completes residential treatment.

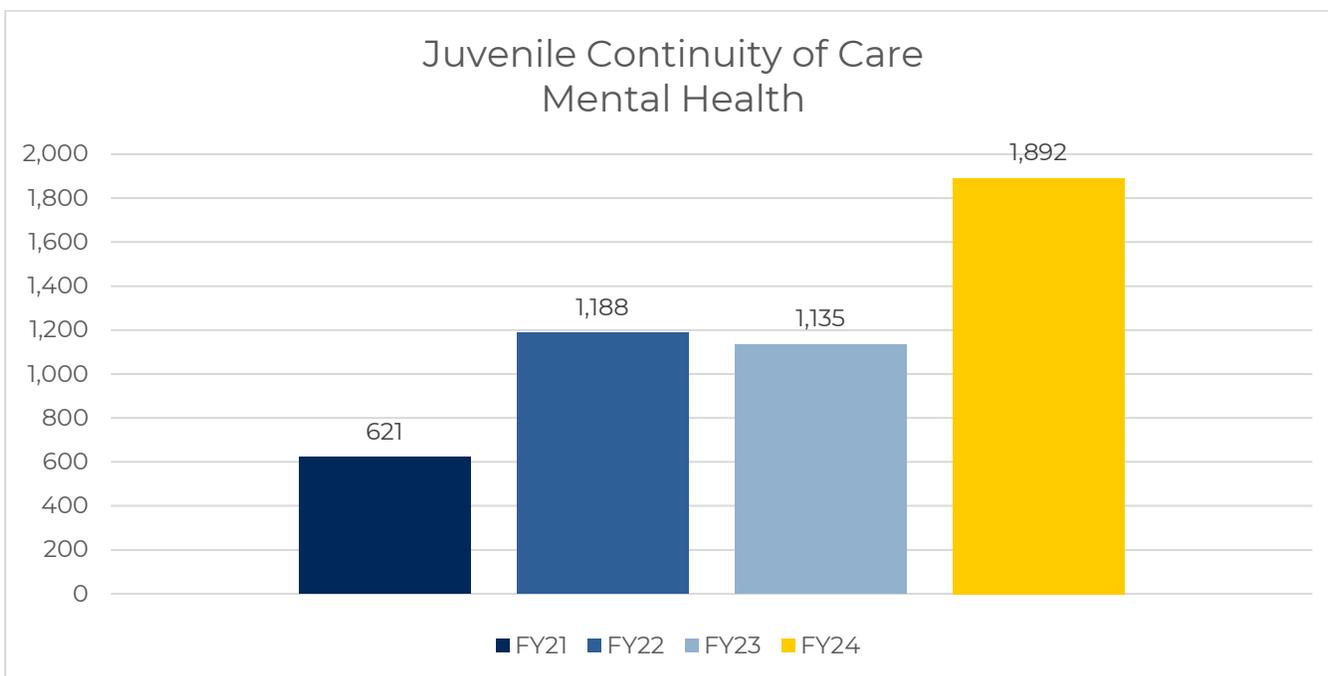
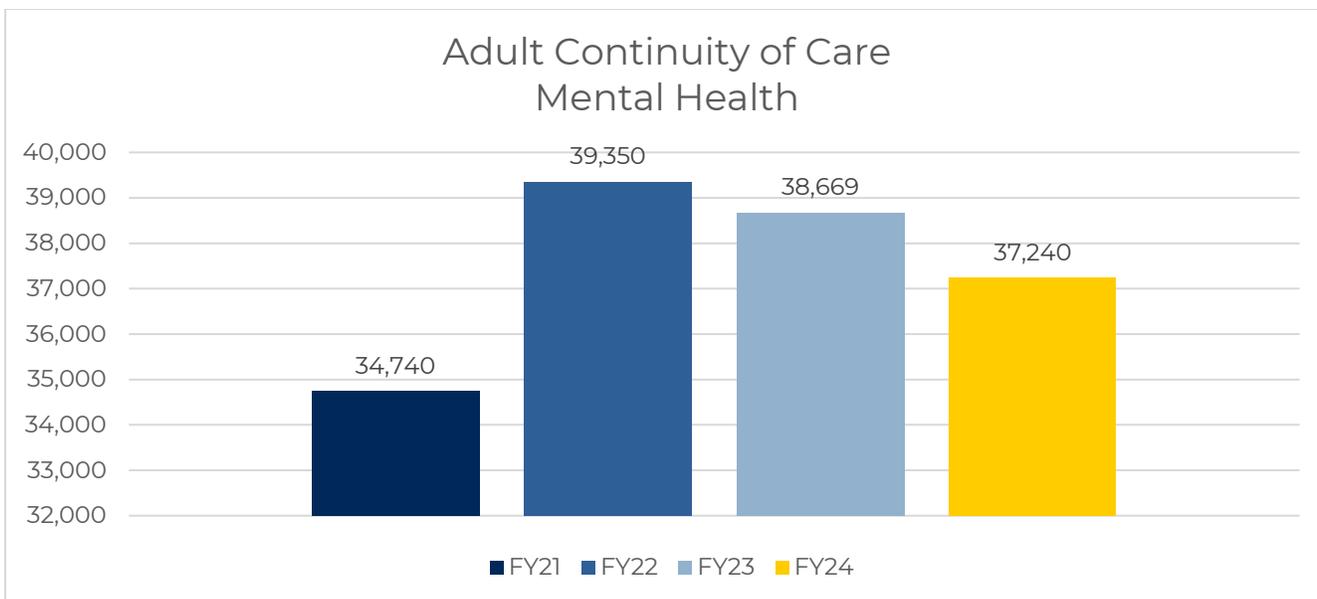
In FY 2023, there were 788 probationers served, and in FY 2024, there were 851 probationers served in residential facilities.

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 39,804 adults and juveniles in FY 2023 and a total of 39,132 adults and juveniles in FY 2024. Additional information regarding juvenile case management services is detailed below.

In an effort to reduce vacancies and meet the increasing cost of mental health provider salaries, the legislature provided additional funding in FY 2024 to reduce vacancies and meet the increasing cost of mental health provider salaries, which reduced vacancy levels and stabilized programs.



Juvenile Case Management Service – Mental Health

In collaboration with TJJD, TCOOMMI 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. TCOOMMI juvenile case management services served 761 juveniles in FY 2023 and 821 juveniles in FY 2024.



The youth's and the family's 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 and medication monitoring;
- Individual and/or group therapy;
- Early intervention;
- Vocational services;
- Benefits eligibility services; and
- Parental support and education.

Over the biennium, input and collaborative efforts from large, medium, and small jurisdictions, 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

Regular assessments of LMHAs are conducted to confirm compliance with contractual requirements and program guidelines by a team of TCOOMMI 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

TCOOMMI continually ensures services and resource connections are available to 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:** During the previous biennium, the TCOOMMI identified the need for more telehealth options in many communities and funded additional equipment to connect local parole and probation offices to LMHA clinic services with technology. This biennium, the TCOOMMI continued the use of telehealth options in rural communities, promoted opportunities for co-location with supervision, and provision of services in community settings to meet clients where they are at reducing barriers to engagement. This allows for clients to have improved and timely access to LMHA services.
- **Data Reporting:** During the reporting period, continued enhancements to the online database for the TCOOMMI program provided a user-friendly method for maintaining service level statistics. The enhanced experience for LMHAs in their data reporting led to a reduction in staff time spent compiling data. This enhancement allows for timely data reviews in order to make critical programmatic decisions and the ability to identify gaps efficiently. As the TDCJ implemented a data update, the TCOOMMI database was able to see some improved opportunities for information sharing.
- **Education Efforts:** During the reporting period, 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 by participating in TDCJ-PD unit supervisor trainings and TDCJ-PD special needs program officer trainings and participated with the HHSC in sequential intercept module mapping learning sessions. 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, TCOOMMI, LMHA, and staff partners



worked internally to open pathways and share knowledge about Preadmission Screening and Resident Review process for the aging mental health population seeking admission to a nursing facility.

- **Peer Pilot Initiation:** Pilot projects were initiated to utilize peer services for mental health continuity of care programs with the goal of impacting service delivery and address the ever-growing shortages of qualified mental health staff. TCOOMMI continued to develop opportunities for the use of peer partners in adult programs and family partners in juvenile programs. By the end of the biennium, the Harris Center and the Center for Health Care Services both retained peer services. Statewide, a lack of peer applicants within the TCOOMMI community programs was noted, and efforts are underway to bring training opportunities and an employable skill to currently incarcerated individuals as part of their reentry pathway in an effort to increase a pool of potential peers in the community with an interest in serving the justice involved population.
- **Juvenile Stakeholder Committee Participation:** At the request of the TJJD, TCOOMMI continued to participate as active members on the Texas System of Care and the statewide Community Resource Coordination Group Committee, and Children and Youth Behavioral Health Subcommittee. 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.
- **Employment Retention:** During the 88th Legislature, TCOOMMI was appropriated funds that enabled local TCOOMMI programs to retain staff and fill vacancies. In conjunction with cross-training and cross-education efforts, this allowed local TCOOMMI programs to stay competitive in the job market and support career development and program stability.
- **GAA Rider Changes:** As a result of TDCJ's GAA Rider 35 language changes, the TCOOMMI was granted authority to provide technical assistance to LMHAs as well as establish a system to authorize and distribute funding for the continuity of care for defendants whose competency has been restored in accordance with Code of Criminal Procedure, Chapter 46B. TCOOMMI established a method of pre-authorization for the entities to request funds and reduce delays in reimbursement that had previously been reported as a barrier under previous procedures.



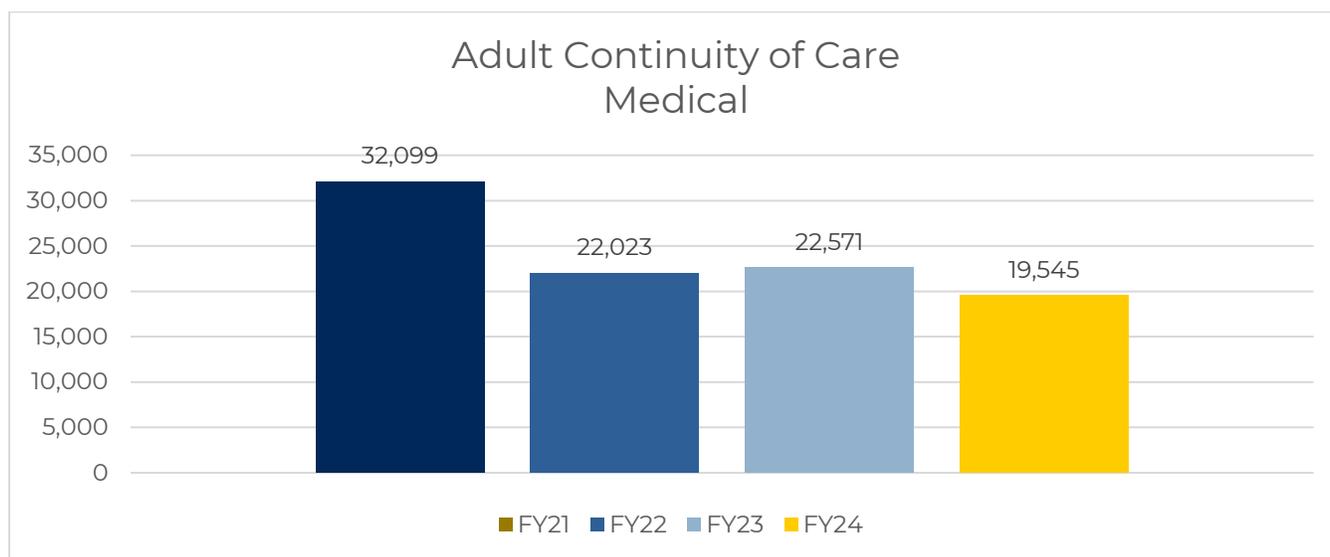
Medical Continuity of Care Program Services

Together, with TDCJ contracted prison medical providers, TDCJ Reentry and Integration Division (RID) human service specialists, other TDCJ divisions, and the Texas Board of Pardons and Paroles (BPP), the TCOOMMI Medical Continuity of Care program works to identify those incarcerated individuals who are in need of specialized care planning to meet medical needs prior to release or needs that present while in the community on supervision. Services provided may include:

- Benefit coordination;
- Community resource connections;
- 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.

Medical Continuity of Care

TCOOMMI provided medical continuity of care to 22,677 individuals in FY 2023 and 19,653 individuals in FY 2024. 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 fewer ineligible referrals as the screening and identification process continues to be refined.





The TDCJ-RID human service specialists worked with the inmate and medical providers to develop care plans. Throughout the biennium, 1,175 benefit applications were submitted, with case management services provided to 8,947 individuals.

The TDCJ-RID human service specialists coordinated 746 placements for inmates releasing to skilled nursing facilities, group homes, home hospice, and licensed personal care homes during the reporting period.

Achievements in Medical Services Over the Biennium

During FY 2023 and FY 2024, the following activities enhanced the overall continuity of care system for justice involved individuals with special medical needs:

- TCOOMMI actively worked to build and maintain a network of service providers and improve continuity of care provider relationships. TCOOMMI human service specialists continued to engage in-person, routine phone calls, or virtual connections with clients, nursing homes, and group home facilities. These engagements have helped to identify needs earlier and to increase community treatment compliance.
- TCOOMMI program staff participated in statewide TDCJ Reentry Job Fairs and Career Expos as a community resource for referrals to community care. This enhanced level of engagement with incarcerated individuals and parolees allowed staff to facilitate community resource connections and provide education about continuity of care programs available for individual needs. Individuals were able to learn about their options prior to and after release about social security benefits, Medicaid, Medicare, and housing options for those with special needs.
- The TDCJ-RID during the biennium underwent a divisional reorganization. Promotional opportunities were added to career paths. Special needs case manager positions were changed to human service specialists, and their locations were realigned to meet the needs of the changing inmate population.

Medically Recommended Intensive Supervision

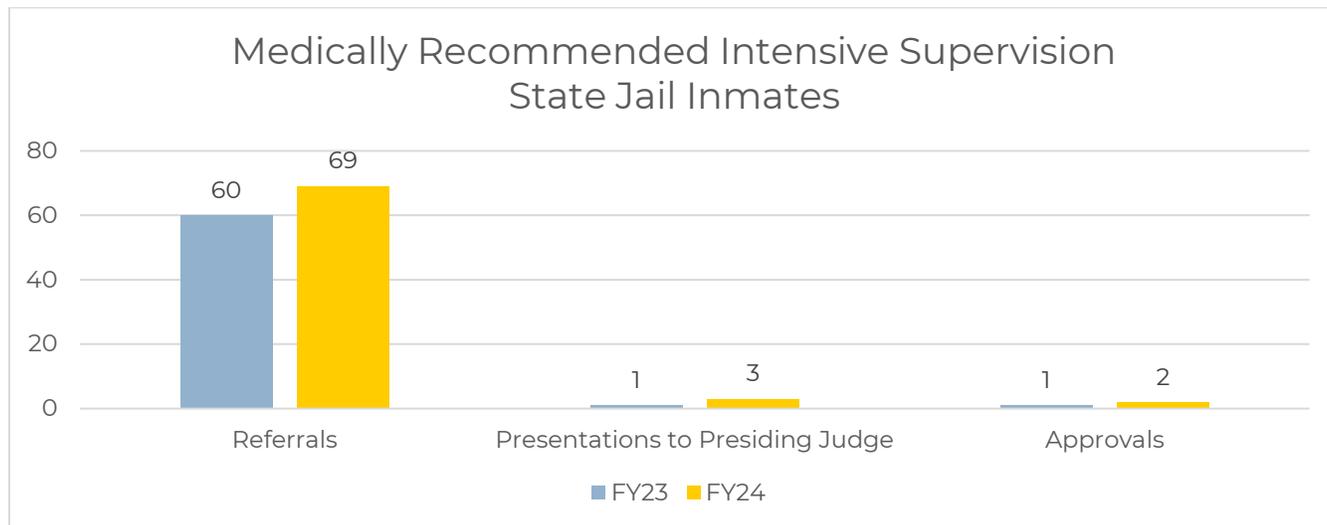
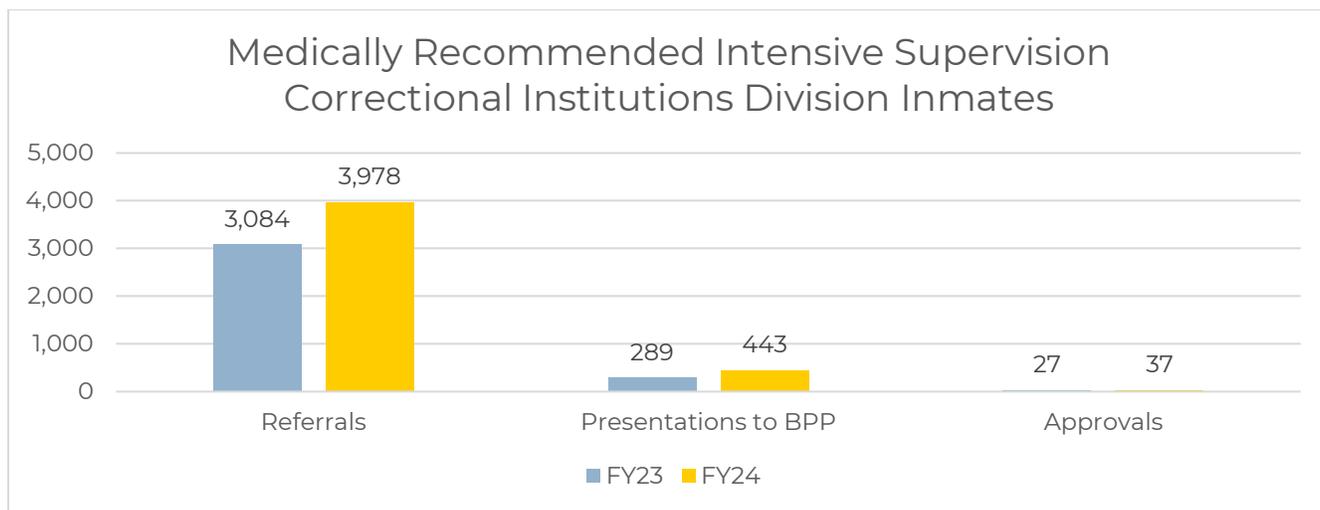
The Medically Recommended Intensive Supervision (MRIS) program allows for a review for release to parole supervision of certain categories of inmates who are elderly, mentally ill, intellectually and developmentally disabled, terminally ill, physically handicapped, or in need of long-term care.



Eligible incarcerated individuals who qualify are presented to the BPP voting panel for MRIS consideration. State jail inmates are presented to the sentencing judge for consideration.

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

TCOOMMI program staff and the BPP MRIS voting panel are co-located 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. Additionally, TDCJ-RID staff assigned to TDCJ units across the state helped to reduce the processing and presentation time of eligible inmates to the BPP for MRIS consideration.

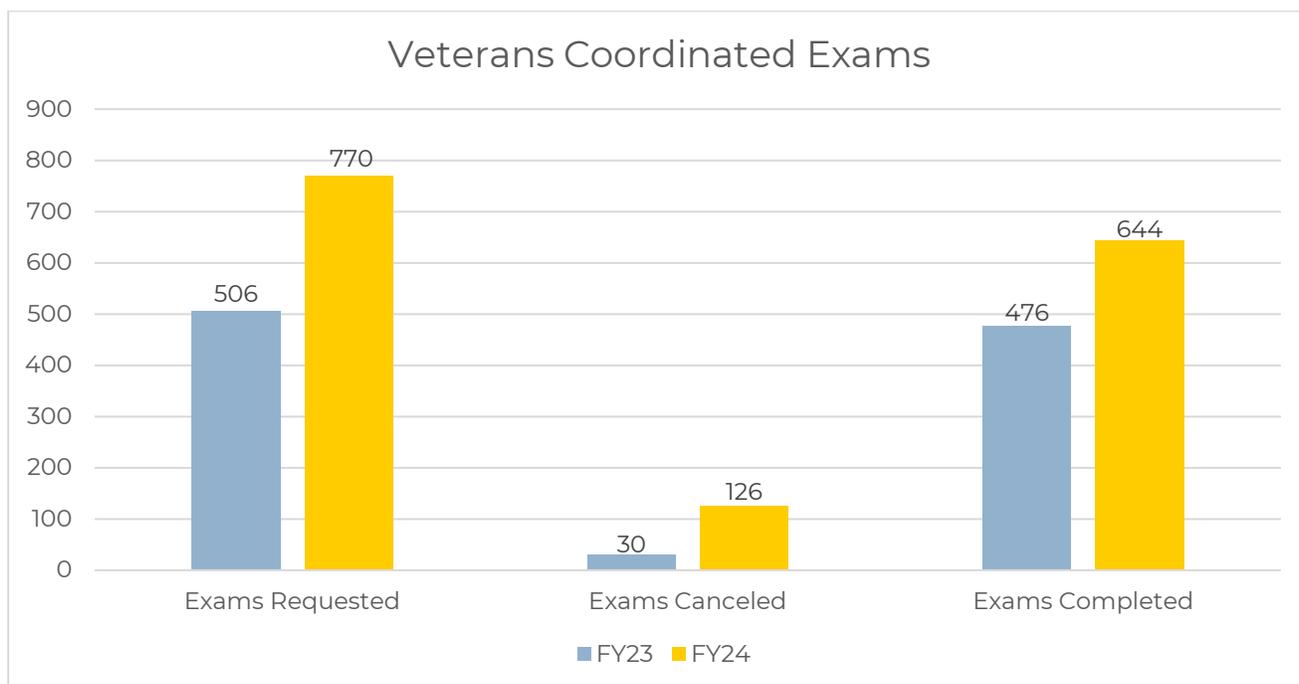




Veterans Services

The TDCJ-RID veterans coordinator arranges services for veterans during incarceration and post-release. Veterans who are incarcerated receive assistance with benefit applications, access to education benefits, and continuity of care coordination with veteran peer groups for post-release assistance. TCOOMMI assists veteran inmates with medical or mental health needs to access available resources and care. During the reporting period, 845 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, 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 2023, 476 exams were completed; 644 were completed in FY 2024.





Specialized Programs and Dorms for Veterans

A trauma-informed, population-specific, veterans' reentry dormitory program, Success Through Restoration, Independence, Perseverance, Excellence and Service (STRIPES), provides services for male and female veterans in the custody of TDCJ. The first STRIPES program opened in July 2021, with a female expansion in FY 2022. The STRIPES program is a collaborative effort between multiple TDCJ divisions. STRIPES 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.

Throughout FY 2023 and FY 2024, dormitories for veterans were expanded statewide. At the end of the biennium, there were nine units with living areas dedicated to the veteran population that promoted an environment where veterans can support one another, peer to peer, on common issues related to military trauma. In partnership with the Texas Veterans Commission (TVC), TDCJ provides group effort support allowing veterans to stress their discontent while providing solutions that are healthy and aligned with a standard of living that would be efficient upon release.

TDCJ's Veteran Services sought to bring forth innovative approaches to addressing the many challenges that incarcerated veterans face. Much of the effort is derived from partnerships with community organizations that have a personal interest in ensuring that the veteran population receives care and services that are beneficial to their development. Partnering with various veteran-friendly and veteran-based organizations, such as the TVC, allows for the TDCJ to implement accurate, evidence-based programs to target the diverse needs of incarcerated veterans.

During the biennium, a specialized peer-led recovery program curriculum was introduced to veteran programs. The curriculum is based on clinical research conducted by the United States Department of Veterans Affairs (VA). The curriculum is gender responsive, trauma-informed, and targeted to serve a veteran population working towards reentry. Veteran X and its counterpart, Veteran Hope, creates a safe space for veterans to help each other and navigate one's own struggles with a means for healing. This successful program provides real world coping mechanisms in the form of scenarios derived from experiences that many veterans are facing or will face.

Understanding veterans are accustomed to acts of service, TDCJ's Veteran Services provides ways for incarcerated veterans to give back to their communities. Partnering with Patriot Paws, an organization dedicated to training service animals for those who are impaired, in the interest of those seeking to train service animals has significantly increased. Through this partnership, veterans feel needed and appreciated while providing a service to their brothers and sisters in arms.



TDCJ's Veteran Services is looking to expand programs and opportunities for rehabilitation yet remains focused on assisting veterans with healthcare services through partnerships with the VA and various military service branches. While incarcerated veterans do not have access to DD214s, awards, medals, or disability compensation, TDCJ's Veteran Services orders documents, assists with disability claims, and aids veterans in gaining access to their disability benefits. Furthermore, Veteran Services strives to ensure that all veterans receive adequate care upon release by sharing information about the ever-changing VA system.

The focus of TDCJ's Veteran Services is to provide adequate and accurate service and care to all veterans under the care of the TDCJ. It works with the veterans to find common solutions that are safe and promotes lifestyle choices aligned with the values instilled in the veteran during their time in military service.

Grant Initiatives

Suicide and Self-Harm Prevention Office

TCOOMMI was awarded a 12-month grant from the Office of the Governor-Criminal Justice Division to connect, educate, train, and support suicide and self-harm prevention efforts within the agency. The grant funded a pilot project to identify best and promising practices for wider implementation. The pilot project involved two human service specialists and a research specialist. At-risk inmates were identified and provided targeted reentry services, multi-disciplinary case meetings, continuity of care planning, and for those releasing, they were connected to TCOOMMI community-based services as appropriate.

The human service specialists attended training provided by a Local Mental Health Authority for Mental Health First Aid, Applied Suicide Intervention Skills Training, and AS+K? Basic Gatekeeper Training. The human service specialists utilized the skills and knowledge learned during their interactions with identified inmates. Additionally, the human service specialists developed an educational presentation for inmate peers and correctional staff who frequently engage and work with the identified population. The educational presentation gave attendees the opportunity to role play and practice appropriate conversations with a person who may be at-risk of self-harm and gave action steps to connect and share information with appropriate clinical professionals for formal treatment and assessment needs.

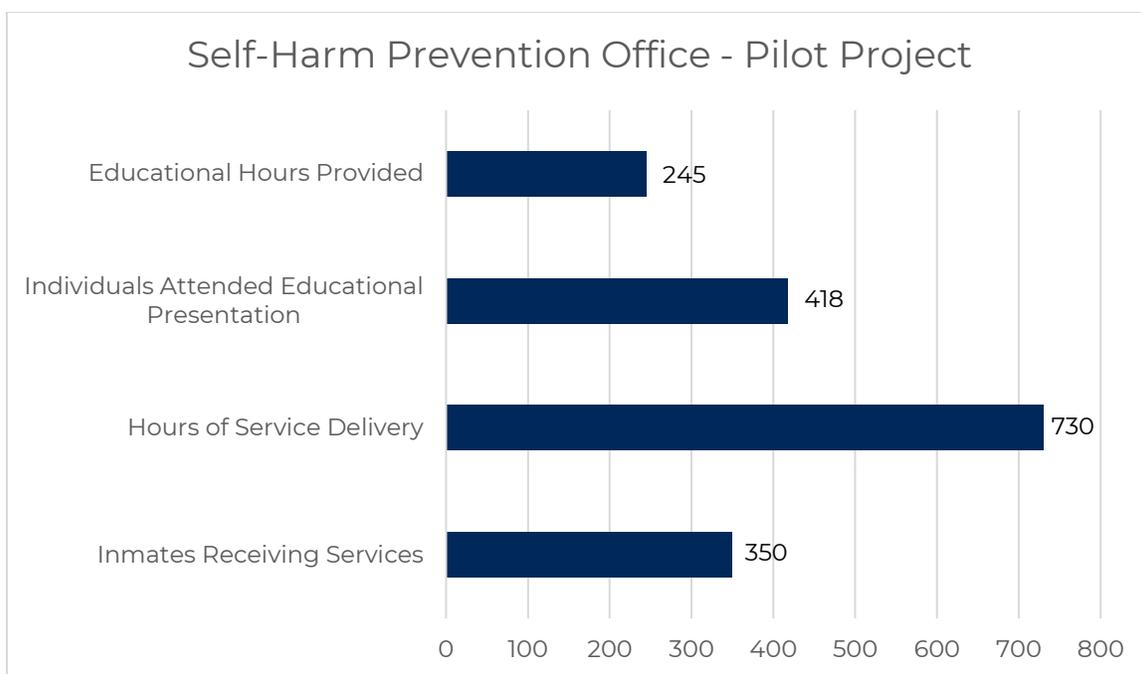
The project's human service specialists performed wellness checks on identified inmates and engaged with them through motivational interviewing and cognitive behavioral skill development. The human service specialist assisted the identified inmate in developing methods of positive change by self-identifying needs and then providing follow-up on progress with activities or resources that were provided in



response to the inmates need. The most common resource provided by the human service specialist staff was information related to TCOOMMI community-based services in preparation for release.

During the project when the human service specialists were providing interventions, the rolling three-month average rate of self-harm decreased among identified inmates. The rate declined more than 10 percent when the average number of inmates flagged as at-risk increased by more than three percent.

The grant pilot project ended June 30, 2024. Engagement and continued multi-disciplinary efforts have been assumed by TDCJ's university partner medical staff and reentry case managers continue to provide community-resources as part of reentry planning.



Seeing Me

TCOOMMI was awarded a 12-month grant from the Office of the Governor-Criminal Justice Division to enhance the existing intake process for screening and identification of female inmates with a history of being sexually trafficked, exploited, or have participated in prostitution activities. The Seeing Me project connected a licensed behavioral health specialist with the identified female inmate population to supportive services, reentry planning, and referrals to existing TDCJ services.

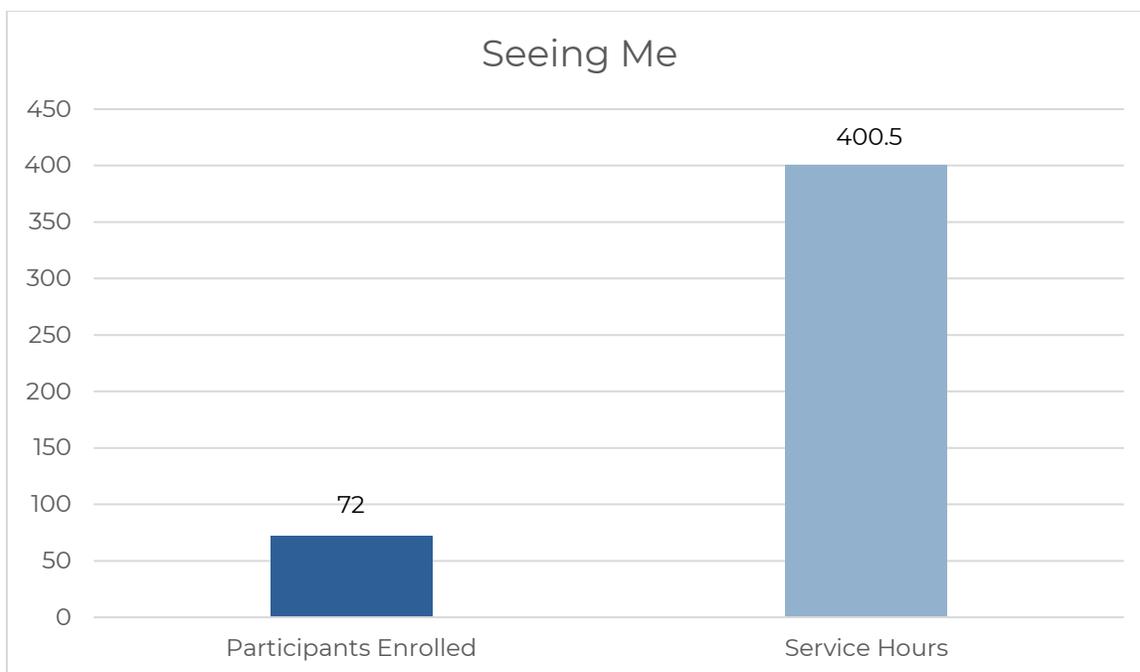
The program operated at the Plane State Jail and Woodman State Jail facilities. Supportive services offered were trauma-informed, gender specific, and included



group facilitated discussions, peer learning opportunities, individualized reentry case management, and community guest speakers.

Inmate program participants were given the opportunity to learn and develop personal recovery strategies by participating in groups on topics related to finances, trauma, recovery, goal setting, healthy relationships and reentry planning. Survivors of trafficking or exploitation often feel isolated by their experiences yet through the group program exercises participants saw there is a larger peer community of support, and they were no longer alone in struggles or successes in their reentry journey. Program participants learned about community programs and the importance of making those connections as a part of their reentry planning. Program participants identify services and support groups available after-release as they continue their trauma recovery path. Community partner Lovely Village connected with participants at both program sites providing an educational session on the commercial sexual industry.

The grant project ended June 30, 2024. The program is maintained by the TDCJ-RID/TCOOMMI.



Minority AIDS Initiative

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



Approximately 90 days prior to their estimated release date, Correctional Managed Health Care refers inmates to the program who are identified as HIV positive. During FY 2023, 804 inmates were referred to the program; 1,072 inmates were referred in FY 2024. A Medical Certification Form obtained for each inmate confirms the most current lab results and their 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 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 individual. Additionally, the assigned human service specialist contacts the individual monthly for 90 days following their release to ensure THMP enrollment and appointment attendance.

For FYs 2023 and 2024, 1,373 THMP applications were submitted for inmates who were releasing, and 1,307 ASO and clinic appointments were established for released clients.

Deploying Services

The TDCJ-RID was awarded a grant geared toward the specialized needs of veterans. The Deploying Services project focuses on implementing a federal Bureau of Justice continuity of care initiative. Deploying Services strives to bring a multidimensional approach that dives into the realm of relational, managerial, and informative services. The key audience for this program is incarcerated veterans with a moderate to high criminogenic risk. Specific case management services are provided to this demographic as they are at a higher risk of recidivism and are more likely to suffer from health impairments due to military service.

Case management services provided are broadly ranged to encompass the many needs of the veteran population. These include but are not limited to: TCOOMMI referrals for LMHA services for veterans who may be suffering from mental health trauma, and information related to the local veteran peer network in the county of which the veteran resides. Access to local mental health treatment brings awareness to the veteran so that the veteran can make informed decisions pertaining to long-term healthcare. Staff members meet with community groups to gather information



and get a better understanding of available resources, which ensures the betterment of the justice-involved veteran. The veteran peer network assists with locating suitable housing, medical care, and long-term benefits while allowing the veteran to focus on transitioning back into the community.

Prior to release from incarceration, Deploying Services connects qualifying veterans to VA-related health services in the form of compensation and pension exams. Partnering with Veterans Affairs opens the veteran to additional benefits such as continued no-cost long term care, free prescription drugs, and monetary compensation based on disability ratings.

Deploying Services further assists with providing a safe space for veterans who are incarcerated to speak on topics of trauma and post-traumatic stress disorder in the form of veteran housing and peer dorms. These safe spaces provide the opportunity for veterans to work together and create solutions collectively for obstacles that they all may face.

The Deploying Services program supports the veteran in several ways. It seeks services in the community, works with various agencies to provide care, and creates an environment for incarcerated veterans to share their truths and to make plans for reentry. The program is a collective of persons dedicated to providing care, attention to detail, and placing the needs of the veterans first.

Footprints

Footprints is a federally funded grant project that develops and facilitates a peer support pre-release training and certification program. The program identifies potential candidates for training, conducts training using an evidence-based curriculum, and supports Certified Mental Health Peer Support Specialist (CMHPSS) in their mentorship, service delivery, personal recovery, and reentry planning.

Inmate candidates volunteer to participate in this pre-release certification program. CMHPSSs will provide additional support, reentry and wraparound services to inmates participating in existing prison mental health services or adult parole/probationers in community based TCOOMMI programs. Upon release, graduates may be certified and eligible for employment in their communities, to include TCOOMMI LMHA programs. Footprints recognizes eligible incarcerated individuals within the TDCJ bring lived experiences in mental health recovery and criminal justice.

The first training cohort started in FY 2024, with additional cohorts to follow. Training consists of approximately 64 hours of classroom time, two examinations, 250 hours of supervised service work, an application to the Texas Board of Certification, and a criminal background check. The classroom hours and examinations are completed



during incarceration; with the 250 hours of supervised work occurring both during incarceration and out in the community. The application process and criminal background check can be completed pre- or post-release depending on the individual to be certified. Grant funded staff have been trained to oversee and supervise mental health peers during their certification process and for those that may remain within the TDCJ for a period pending release. At the end of FY 2024, 13 peers had completed classroom training and passed their examinations and had provided over 636-hours of peer services to inmates. The first cohort is well on their way to full certification with additional cohorts being established for the upcoming fiscal year.

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 such as the expansion of rural services, case management services for residential reentry center clients, and the human service specialist work result in positive impacts which are evident at the prison and community level. Utilization of these services will ensure appropriate and individualized care coordination between the client, medical providers, TCOOMMI staff, and vendors contracted through the LMHAs.

The Texas Legislature has provided considerable funding for 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 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. 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:

- Strengthen efforts for partnership and targeted communication between TCOOMMI-LMHA programs and local supervision partners through scheduled engagement in roundtable sessions and promotion of technical assistance opportunities for cross education in mental health and criminal justice. TCOOMMI will work to ensure program guidelines for collaboration are impactful, effective and ongoing in nature.
- Foster and evaluate opportunities for in-person service delivery with human service specialist staff to interview inmates, provide education on the value of community healthcare engagement and coverage, and develop effective care plans for reentry. Additionally, TCOOMMI seeks to collaborate with community housing resources to continue to build a robust, skilled, and knowledgeable network of housing providers to meet the ever-growing needs of the elderly justice involved population.
- Further medical continuity of care planning through educational efforts that promote evidence-based practice in individual plan development, use of plain language for understanding, support identification of individual risk factors linked to poor transition and monitor outcomes.
- Enhance practices that will showcase peer training efforts within TDCJ-RID/TCOOMMI. TCOOMMI will ensure trainings provided have community-employment opportunities that enhance statewide behavioral health goals for peers and give the releasing inmate population skills that can improve reentry outcomes and support community engagement.
- Continue to work with community partners to enroll inmates into potential healthcare benefits, beyond the existing Social Security Administration referral process, prior to release. TCOOMMI's continued connection 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 improve 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, TCOOMMI seeks to 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.
- Seek opportunities for grant funds to pilot new projects or improve services available within continuity of care planning and transition for justice involved individuals.
- Seek opportunities to partner with HHSC's Office of Medicaid on potential demonstration projects related to reentry and information sharing on federal populations identified for enhanced reentry services.



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