

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Texas Correctional Office on Offenders with**  
**Medical or Mental Impairments**



**PROGRAM GUIDELINES**  
**AND PROCESSES**

**NUMBER: PGP-01.00**

**DATE: September 20, 2019**

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**SUPERSEDES: N/A**

**SUBJECT: ADULT MENTAL HEALTH SERVICES - INTAKE PROCESS**

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

**PURPOSE:** To provide guidelines regarding program intake, to include screening and assessment, for clients referred to the TCOOMMI funded outpatient mental health program.

**AUTHORITY:** Texas Health and Safety Code, Chapter 614

**DISCUSSION:** The intake process allows for an objective review and assessment of the client's current clinical need and, if eligible, assignment to the appropriate level of care available for identified 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.

**PROCEDURES:**

**I. TCOOMMI Program Overview**

- A. Continuity of care is the identification of medical, psychiatric, or psychological care or treatment, educational, or rehabilitative service needs and the subsequent coordination of a plan for the provision of treatment, care and services, ensuring that offenders with special needs continue to be provided services and treatment.
- B. TCOOMMI is mandated to ensure those clients with identified mental health needs are referred to and linked with the Local Mental Health Authority (LMHA) serving the area in which they reside. To ensure service availability and prioritization, TCOOMMI has entered into contract agreements with each LMHA across the state and provides funding to allow for dedicated service provision for the TCOOMMI target population.

C. The TCOOMMI target population is defined as a client with severe and persistent mental illness experiencing significant functional impairment due to a mental health disorder as defined by the Diagnostic and Statistical Manual of Mental Disorder, 5<sup>th</sup> Edition (DSM-V) to include:

1. Major depressive disorder, including single episode or recurrent major depressive disorder;
2. Post traumatic disorder;
3. Schizoaffective disorder, including bipolar and depressive type;
4. Psychotic disorder;
5. Anxiety disorder;
6. Delusional disorder; or
7. Any other diagnosed mental health disorder that is severe or persistent in nature.

D. Contracted levels of service at each LMHA vary depending on the size of the program, the volume of eligible clients, and the services agreed to by both TCOOMMI and the LMHA. The contracted levels of service are outlined in the level of service letters sent to the LMHA at the beginning of the contract term and may be revised upon agreement between TCOOMMI and the LMHA.

## II. Referrals to the TCOOMMI Program

A. There are two (2) types of formal referrals to the TCOOMMI program, a TCOOMMI referral (referral by TCOOMMI administrative staff) and a Local Referral (referral by the supervising officer).

1. **TCOOMMI Referrals:** The TCOOMMI Web Application (Web App) database compiles diagnostic information maintained by TDCJ and produces a listing for TCOOMMI administrative staff of those clients scheduled for release with a mental health diagnosis. If the client is a candidate for TCOOMMI funded mental health services, a TCOOMMI referral is initiated by TCOOMMI administrative staff prior to the client's release from TDCJ custody.

- a. TCOOMMI Administrative staff review the list and, for each client with an identified mental health diagnosis, issue a mental health referral to the appropriate LMHA contracted program through the TCOOMMI Web App. Once the referral is sent by TCOOMMI Administrative staff, it is added to the "Pending Referral" listing for the specific LMHA for which the referral is issued.
- b. All TCOOMMI referral records are maintained in the Web App. As such, LMHA TCOOMMI programs are required to request and maintain access to the Web App. Access requests or issues should be emailed to [programstcoommi@tdcj.texas.gov](mailto:programstcoommi@tdcj.texas.gov).
- c. Each LMHA program is responsible to monitor the Web App daily for new referrals. Upon receipt of a referral from TCOOMMI staff in the Web App, LMHA program staff have **three (3) working days** to review the request and coordinate the scheduling of the initial service appointment.
- d. The initial service appointment is to be set for a date no later than **seven (7) working days** after the client's scheduled release from custody (the scheduled release date is contained within the referral). The Web App is to be updated within three (3) working days to reflect the appointment information so that the information may be relayed to the offender by TDCJ staff at time of release.

2. **Local Referrals:** A local referral is made directly to the LMHA by local supervising probation and parole officers using the *COC Local Referral* form which can be found at [https://www.tdcj.texas.gov/divisions/rid/tcoommi\\_contract\\_vendor\\_program.html](https://www.tdcj.texas.gov/divisions/rid/tcoommi_contract_vendor_program.html). **Note:** all referrals for probation offenders not in TDCJ custody should be made via local referral. Upon receipt of a local referral, the LMHA program staff are to:
- a. Review the Web App to determine if there is an existing record for the client;
  - b. If no record exists, create a client record in the Web App and then document the record of the referral within two (2) working days of receipt of the referral;
  - c. Schedule an initial service appointment to occur within **seven (7) working days** of receipt of the referral and notify the client of the date and time.
  - d. Written notification is to be provided to the supervising officer of the appointment details.
  - e. The Web App must be updated within three (3) working days of scheduling the initial appointment in order to document the intake date and time.
- D. **Self-referrals:** Occasionally, a client may come to the clinic without a scheduled appointment. If there is no record in the Web App of a current active referral, the LMHA program staff are to proceed with the process for initial program eligibility screening and request a local referral from the supervising officer.
- E. **County to County Referral:** in some instances, an LMHA may receive a referral but the client has changed his residence plan or the client has moved while receiving services or prior to being seen necessitating a transfer between LMHAs for service provision. Upon receipt of the referral from the sending LMHA, the receiving LMHA will process the referral as a local referral and initiate services accordingly. **Note:** All treatment records to include, at a minimum, diagnostic information, most recent psychological evaluation, medical records, and benefit status should be included with the county to county transfer (for more information on county to county transfers, refer to PGP-01.01, 01.02 and 01.07).
- F. Within three (3) working days following a client's release or upon receipt of the local referral, LMHA program staff are to contact the probation or parole office the client is noted as assigned to in order to obtain the following, as applicable:
1. Verify the client reported as required (parole release from custody only);
  2. Verify the assigned supervising officer;
  3. Verify the client's contact information; and
  4. Ensure the supervising officer is aware of the intake appointment information.
- G. In the days prior to the intake appointment, the LMHA program is to contact the client to provide a reminder to the client of their appointment.
- H. In the event that a TCOOMMI referral is received after a client has been released from incarceration, the LMHA program is to schedule the initial appointment in accordance with the time frames established in Section II.A.1. At the time of the initial appointment, the LMHA program staff are to determine the necessity of an appointment regarding the client's medication needs.
- I. Documentation of the initial referral (i.e. phone call, e-mail, referral form) is to be maintained in the client record.

### III. Screening for Program Eligibility

- A. The TDCJ Electronic Medical Records (EMR) system provides instant access to medical and psychiatric records during the client's TDCJ incarceration. All LMHA TCOOMMI programs are required to maintain access to the TDCJ EMR system for use in the screening process as well as benefit eligibility reviews.
- B. The TDCJ EMR is to be used to review current and previous diagnostic, treatment, and medication history. The client file is to be documented indicating the review of the TDCJ EMR record or the reason noted if unable to review.
- C. Additionally, the Health and Human Services Commission's Client Assignment and Registration Electronic (CARE) system is to be checked for any and all relevant information pertaining to the client's mental health history.
- D. Diagnoses that were made within a year prior to the intake appointment are valid and are to be utilized
- D. On the day of the intake appointment, a psychosocial interview screening will be completed to determine if the client meets admission criteria to TCOOMMI services utilizing the *TCOOMMI Continuity of Care Screening* form (Attachment A).
- E. There are four potential outcomes as a result of the psychosocial screening interview:
  - 1. Eligible for TCOOMMI services due to meeting criteria for TCOOMMI eligibility;
  - 2. Referred to regular center LMHA services due to presence of mental illness but did not meet target population eligibility, referral closed in Web App;
  - 3. Referred to non-LMHA services such as private physician, private counselor or a community counseling program, referral closed in Web App; or
  - 4. No need for mental health services with referral closed in Web App.
- F. If eligible for TCOOMMI program services **and** medications are currently prescribed or necessary, LMHA TCOOMMI program staff shall ensure a follow-up appointment with the doctor is scheduled to occur no more than ten (10) working days after the initial service appointment, unless an appointment is needed sooner due to medication status, to ensure medications continue without interruption.
- G. If the client presents as in need of an immediate evaluation by the psychiatrist or similar position for medication or stabilization purposes, an appointment is to be made without delay.

### IV. Benefit Coordination

- A. At the time of the psychosocial screening interview, the Web App is to be reviewed to determine if an application for benefits, to include Social Security, Medicaid, County Assistance programs, and/or Prescription Assistance Program, was submitted by TDCJ staff prior to the client's release. If no benefits application was submitted prior to release, the designated LMHA TCOOMMI program staff is to review the case for all benefit eligibility and/or reinstatement status and document the review and eligibility results in the client file. A determination regarding access to or use of private insurance should also be made at this time.

- B. If eligible for benefits application or reinstatement, TCOOMMI program staff, or designated benefits eligibility coordinator, are to complete the benefits applications no later than five (5) working days following the intake screening appointment. Completion of the application for benefits or reinstatement must be documented in the client's clinical record. **Note:** the TDCJ EMR may be used to provide supporting documentation regarding diagnosis, treatment history, and medications.
- C. In the event a client refuses to apply for benefits to which they are entitled, written notification is to be sent to the supervising officer and the assigned TCOOMMI compliance monitor. If the client continues the refusal to proceed with an application for benefits to which they are entitled after discussion with the supervising officer, authorization to continue services within the program will be considered on a case by case basis.
- D. TCOOMMI program staff responsible for benefit coordination are to monitor the application for approval or denial status at least monthly and document efforts and results in the client record. In the event of denial of the application, LMHA staff will coordinate any appeal process as necessary.
- E. As a reminder, TCOOMMI services are not part of managed care and billings under federal or state entitlement programs are an offset to TCOOMMI funded service. Should the client transition to regular LMHA center services or be closed to services, any submitted applications without a determination at the time of transition are to continue to be monitored for disposition. If benefits are subsequently approved, any services the client received while in the TCOOMMI program are to be submitted to the approving benefit authority for retroactive recoupment of funds.

## V. Clinical Assessment

- A. Clients that meet eligibility criteria are to have a clinical diagnostic assessment completed to determine both degree of clinical need and appropriate level of services, as applicable to the contracted services.
- B. It is strongly recommended the assessment be completed the same day as the initial service appointment so that client services may be initiated as soon as possible. The Adult Strengths and Needs Assessment (ANSA) is the recognized assessment tool for clinical needs assessment. The ANSA is to be administered in accordance with the Standards of Care requirements outlined in the Texas Administrative Code, Title 25, Chapter 412, Rules 412.161 and 412.322. Refer to Section III.C. above regarding the use of a previous diagnosis.

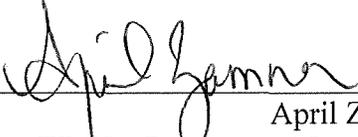
## VI. Service Level Designation

- A. While all clients are initially assigned to COC services pending outcome of screening, for those programs that have Intensive Case Management (ICM) and/or Transitional Case Management (TCM) as contracted levels of service within the TCOOMMI program, service level designations are to be consistent with the risk needs responsivity model which allows for targeted resource allocation based on objective assessment results. Current clinical need along with the supervising agency's assigned risk level identified through the Texas Risk Assessment System (TRAS) will determine the level of care the client is to be assigned to. **Note:** For those clients that do not have a current TRAS score, the use of the TDCJ *Parole Guidelines* or *Static 99* may be substituted.

1. **ICM caseload:** the ANSA authorized level of care indicates **intensive services** are appropriate and the client's risk score is moderate, moderate high or high.
  2. **TCM caseload:** the ANSA authorized level of care indicates **moderate services** are appropriate and the client's risk score is low-moderate, moderate or moderate high.
  3. **COC services:** the ANSA authorized level of care indicates **minimal services** are appropriate and the client's risk score is low or low-moderate.
- B. If the ICM or TCM caseload is at maximum capacity at the time of client assignment, the affected client will be served in COC services until the next available opening occurs on the designated ICM or TCM caseload. These clients are to be reported as COC admissions and noted on the pending case load waitlist totals for monthly reporting purposes.
- C. For those LMHAs that have an ACT program, if the recommended level of care is indicative of ACT services, the client is to be placed in those services until such time as the client is clinically appropriate for TCOOMMI services.
- D. For those programs that provide COC services only, the client is to be enrolled and client services initiated immediately.
- E. Once the service level designation has been made, the Web App is to be updated no later than the next working day.
- F. The appropriate LMHA staff are to update the HHSC CARE system, as applicable, based on new or additional information obtained through the initial appointment.

## VII. Medical Continuity of Care

- A. Should a client present with a significant medical issue for which medical continuity of care is recommended and appropriate, TCOOMMI program staff are to contact their program director for further instruction regarding coordination of services.



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