

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
TEXAS CORRECTIONAL OFFICE ON OFFENDERS WITH MEDICAL
OR MENTAL IMPAIRMENTS (TCOOMMI)**



**PROGRAM GUIDELINES
AND PROCESSES**

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SUPERSEDES: PGP - 01.14 (3/1/14)

SUBJECT: MENTAL HEALTH SERVICES – HALFWAY HOUSE

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

PURPOSE: To provide guidelines regarding the mental health services for identified clients releasing from prison, other incarcerated settings or those under parole supervision who have been placed in a halfway house (HWH).

AUTHORITY: Texas Health and Safety Code, Chapter 614

DISCUSSION: Continuity of Care (COC) is the identification of medical, psychiatric, psychological care or treatment, educational, or rehabilitative service needs and then developing and coordinating a plan for the provision of treatment, care and services between various agencies to offenders with special needs such that services and treatment may continue to be provided at the time of arrest, while charges are pending, during post-adjudication or post-conviction custody or criminal justice supervision, and for pretrial diversion.

Continuity of care services through TCOOMMI programs, to include COC, Intensive Case Management (ICM) and Transitional Case Management (TCM), are to be provided for each eligible offender with a severe and persistent mental illness that have been placed in a halfway house.

PROCEDURES:

I. Referral and Screening

- A. Designated Local Mental Health Authority (LMHA) staff assigned to a halfway house shall provide mental health services that work toward improved systems of coordination and communication among local and/or state criminal justice agencies, social services providers and other appropriate disciplines to ensure responsiveness to the special needs of all offenders upon admission to the facility.

- B. Through review of listings generated by TDCJ Information Technology Division, TCOOMMI staff identifies those clients with a diagnosis indicative of a severe and persistent mental illness and issues mental health referrals to the appropriate LMHA contracted program through the use of the TCOOMMI Web Application (Web App). Coordination of the referral occurs upon TCOOMMI staff receiving notice of a scheduled release date and an approved residence plan for a client. TCOOMMI referral records are maintained in the TCOOMMI Web App. Contracted service providers are required to request and maintain access to the Web App, as appropriate. Access requests or issues should be emailed to TCOOMMI Programs at programstcoommi@tdcj.texas.gov.
- C. The LMHA staff serving the HWH shall be responsible to identify clients assigned to the halfway house that qualify for TCOOMMI mental health services. Identification of clients can be made through the following ways:
1. Review of the TCOOMMI Web App;
 2. Facility intake list;
 3. Referral from parole officer;
 4. Referral from facility staff; and
 5. Client self-referral.
- D. No later than the next working day after identification of the client for services, the LMHA staff serving the HWH will contact the local parole office responsible for supervision of the HWH clients and:
1. Identify the assigned Parole Officer;
 2. Verify the client's status;
 3. Inform the Parole Officer and HWH facility staff of treatment need;
 4. Schedule an initial screening appointment for the client to determine program eligibility within three (3) working days of receipt of the referral, if not previously scheduled, and update the Web App.
- E. If determined to be eligible, the intake and assessment appointment is to be conducted at the facility by the designated LMHA staff serving the HWH. Once the intake appointment has been scheduled, LMHA staff are to immediately update the referral in the Appointment Information Comments section of the Web App.
- F. LMHA staff serving the HWH staff are responsible to provide written notice to the client and supervising officer of the date and time of their scheduled intake/assessment appointment.
- G. The TDCJ Electronic Medical Records (EMR) system provides instant access to medical and psychiatric records during the client's TDCJ incarceration. All contracted service providers are required to maintain access to the EMR system. Requests for access should be emailed to TDCJ TCOOMMI Programs at programstcoommi@tdcj.texas.gov. The EMR is to be used to review current and previous mental health history, treatment, and medications. A notation is to be made in the file indicating the review of the EMR record or the reason noted if unable to review.

1. In order to avoid interruption access to the EMR system, contracted service providers shall log into the EMR system a minimum of one (1) time every two (2) weeks.
2. Access or printing problems shall immediately be reported to the UTMB Helpdesk at 888-898-2401, and e-mail notification of the issue shall be sent to TDCJ TCOOMMI Programs at programstcoommi@tdcj.texas.gov.

II. Intake

- A. On the day of the intake appointment, an assessment by the designated LMHA HWH staff will be completed to determine the appropriate level of service based on the client's clinical need and parole risk score based on the criteria set forth in PGP-01.01, 01.02 and 01.07.
- B. If medications are currently prescribed or required, LMHA program staff responsible for intake shall ensure medications continue without interruption. If medication is required, the LMHA program staff shall ensure a follow-up appointment with the doctor is scheduled to occur no more than fifteen (15) working days after release.

III. Benefit Coordination

- A. Within three (3) working days following the client's intake assessment, the LMHA staff serving the HWH is to screen for benefit eligibility and/or reinstatement status. Additionally, during the benefit screening process, the referral page of the Web App is to be reviewed to determine if an application was submitted by TDCJ staff prior to release. If appropriate, LMHA staff serving the HWH are to complete benefits applications (i.e., Social Security and/or Medicaid). The TDCJ EMR system may be used to provide supporting documentation regarding diagnosis and medications. Completion of the application for benefits and or reinstatement must be documented in the client's clinical record.
- B. LMHA program staff responsible for benefit coordination are to monitor the application for approval or denial status at least once a month 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.
- C. Utilization of Patient Assistance Program (PAP) eligible medications is encouraged. For each existing or new prescription for psychotropic medications, LMHA program staff shall screen for PAP eligibility and, if eligible, ensure that the appropriate application is submitted within three (3) working days, and document application completion and outcome in the client's clinical record.

IV. Program Requirements

- A. Clients are assigned to COC, ICM or TCM services based on identified risk and clinical need as well as availability of services authorized for that LMHA. **Note:** Priority consideration for on-site ICM services is to be given to clients enrolled in TDCJ Human Service Specialist case management programs at the HWH.

- B. While the intent is that most ICM case management services be provided in a group setting at the halfway house, some services may be provided at either the facility or the LMHA.
- C. All levels of services are intended to serve as a bridge to ensure stable and successful transition from incarceration to community. Length of service while the client is residing in the halfway house will be in accordance with the PGP requirements for the designated level of service and as clinically necessary.
- D. LMHA program staff are to ensure that the provision of services includes the following elements:
 - 1. Identification of medical, psychiatric or psychological treatment needs;
 - 2. Develop and coordinate referrals based on identified educational, vocational, housing, transportation and other rehabilitative needs;
 - 3. Monitor compliance with medication and treatment objectives in conjunction with HWH staff;
 - 4. On site group sessions that include discussions on symptom management, healthy living skills, relapse prevention, medication compliance, supportive relationships, and obtaining independent living as well as other skills training;
 - 5. Provide written monthly updates regarding the client's progress in treatment to include medication compliance to the Parole Officer; and
 - 6. Coordinate and prepare the client for transition to community based services to include transfer to non-TCOOMMI LMHA programs. These clients should shall bypass the standard appointment wait time and the transition should be seamless resulting in no lapse in service.
- E. Monthly, the LMHA staff serving the HWH shall:
 - 1. Contact the client, Parole Officer and HWH facility staff in person, by phone, or by email to discuss ongoing services and/or treatment needs for the client.
 - 2. Document the client's progress in meeting goals of the treatment plan to include medication compliance, to transition to independent living and post facility mental health care.
 - 3. Document barriers in working toward transitioning to independent living and post facility mental health care and develop interventions to address these barriers.
 - 4. Work with the client to develop appropriate residence plan in order to transition from the facility to independent living.
 - 5. The client shall be provided contact information for a local crisis hotline that may be reached 24 hours a day, seven days a week and 365 days a year for assistance with crisis resolution.
- F. For those clients receiving case management services, treatment planning and Inter Disciplinary Team meetings will be in accordance with PGP-01.02 and 01.07.
- G. In the event of a missed appointment, the assigned LMHA HWH staff are to attempt to make contact with the client in person no later than the next working day to bring the client back into services. Regardless of the outcome, the LMHA HWH staff shall notify the Parole Officer of the missed appointment and, if unable to locate, collaborate with the Parole Officer to re-engage the client to reschedule the appointment.

- H. After two (2) failed collaborative attempts with the Parole Officer to engage the client, the LMHA staff serving the HWH are to staff the case with the Parole Officer for possible case closure. LMHA staff serving the HWH are to ensure the Web App is updated to reflect the closure.

V. Services While in Custody

- A. In the event that a client is arrested or detained while in COC services, within twenty-four (24) hours of notification of arrest and/or detention, the LMHA HWH staff shall forward the most current psychiatric evaluation, medical record and caseworker contact information to the jail.
- B. Within seventy-two (72) hours of notification of arrest and/or detention, TCOOMMI Program staff shall make a face-to-face contact with the client and assess current service needs in accordance with PGP-01.01.

VI. Case Transfers

- A. Should a client notify of an intent to relocate to another county, the sending LMHA HWH staff shall contact the appropriate receiving LMHA program staff to determine availability of services. Additionally, the LMHA HWH staff are to notify the Parole Officer of the requested transfer and the availability of services.
- B. Upon notification by the Parole Officer of an approved transfer to another LMHA area, the LMHA HWH staff are to complete a county to county referral within the TCOOMMI WebApp to the receiving LMHA program staff within one (1) working day.
- C. All appropriate treatment records must be forwarded immediately to the receiving LMHA program to ensure that medications continue without interruption. **Note:** Should the Parole Officer confirm that the transfer has been denied, the LMHA HWH staff shall continue current services.

VII. Case Closures

- A. All cases must be closed, either successfully or unsuccessfully.
 - 1. A case is considered unsuccessfully closed when a client has:
 - a) Absconded: the client is unable to be located and has been declared to have absconded supervision by the Parole Division.
 - b) Been revoked: unsuccessful termination of the client's supervision by the Board of Pardons and Paroles.
 - c) Refused Services: refusal must be documented in the client record using the *Client Refusal* form which can be located on the TCOOMMI website under "Contracted Vendor Documents" using the below link
http://tdej.state.tx.us/divisions/rid/rid_tcoommi_contract_vendor_program.html.
 - d) Not engaged in services: non-compliant with treatment requirements and/or appointments.

2. A case is considered successfully closed when the client has completed TCOOMMI services and:
 - a) Has been in COC services for up to 90 days and has transitioned to independent services.
 - b) Has successfully met the treatment goals of the program and there is no need for more intensive services (as clinically indicated) or contractually available through the existing TCOOMMI program.

VII. Medical Continuity of Care Referral

- A. Should it be determined that a client is unable to self-care or requires linkage with a medical referral due to a significant or terminal illness (i.e., nursing home placement or hospice care), the LMHA program staff are to utilize the *COC Local Referral Form* and submit to programstcoommi@tdcj.texas.gov with the TCOOMMI compliance monitor and Supervising Officer copied. The document can be found on the TCOOMMI website under “Contracted Vendor Documents” using the below link:
http://tdcj.state.tx.us/divisions/rid/rid_tcoommi_contract_vendor_program.html.
- B. The *COC Local Referral Form* for medical continuity of care shall include the client’s name and SID number, and have attached the medical records to reflect current medical condition and diagnoses, the client’s benefit status and/or source of income, and placement recommendations if applicable. TDCJ TCOOMMI staff shall review the referral and, if criteria is met, initiate placement and appropriate linkage to care.



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