



TCOOMMI

Texas Correctional Office on Offenders with Medical or Mental Impairments

Mission Statement

To provide a formal structure of criminal justice, health and human service and other affected organizations to communicate and coordinate on policy, legislative, and programmatic issues affecting offenders with special needs*

* Special needs include clients with serious, chronic and pervasive mental illnesses, intellectual disability, terminal or serious medical conditions, physical disabilities and those who are elderly.

State of the State

- One of three states with a statutorily mandated coordinating body for clients with special needs.
- The *only* state with Continuity of Care (COC) legislation.
- One of few states with targeted funds for juveniles and adult clients with special needs.
- One of few states with specialized juvenile and adult probation/parole caseloads.
- The most *proactive* state in regulatory, statutory, procedural and programmatic practices for clients with special needs.

Role of TCOOMMI

- The Reentry and Integration Division (RID) is a division established by TDCJ.
 - RID is a combined effort of both the Reentry Program and TCOOMMI Program.
- TCOOMMI provides pre-release screening and referral to aftercare treatment services for special needs offenders referred from CID, SAFPF, local jails, or other referral sources.
- TCOOMMI monitors, coordinates, and implements a continuity of care system for offenders with special needs.

TCOOMMI at a Glance

- Established in 1987.
- Enabled by Health and Safety Code, Chapter 614.
- Addresses all aspects of the criminal justice continuum:
 - Juvenile Continuity of Care;
 - Adult Continuity of Care;
 - Probation Case Management;
 - Parole Case Management;
 - Jail Diversion and Court Resource; and
 - Competency restoration while awaiting trial (46b commitment)

Qualifying Diagnosis

- Bipolar Disorder
- Major Depressive Disorder (MDD)
- Schizophrenia
 - Schizoaffective Disorder
- Psychotic Disorder
- HB1908 - effective 9/1/2015 – PTSD, Anxiety Disorder, Delusional Disorder and any other mental health diagnoses that are severe or persistent in nature.

TCOOMMI Program Service

Continuity of Care (COC)

TCOOMMI funds a Continuity of Care (COC) Program designed to provide a responsive system for local referrals from parole, probation, jail, family and other related agencies.

- Pre-release identification and provision of community referral
- Post-release referrals from parole, probation, jails, and other agencies
- COC appointments set pre-release
- Pre-release veterans coordination
- Psychiatric and medication services
- Coordination and ongoing collaboration with supervision officers

TCOOMMI Contracts

- TCOOMMI contracts with 38 Local Mental Health Authorities (LMHA) across the state of Texas.
- Areas that the contract defines include:
 - Services to be performed
- Program Guidelines and Processes (PGP) are TCOOMMI policies that supplement the contract that contain program requirements used by TCOOMMI programs when providing services.
 - PGP 01.01 outline COC Services
 - PGP 01.02 outline ICM Services
 - PGP 01.07 outline TCM Services
- A Program Specialist (PSV) is assigned to each TCOOMMI program for the purpose of **compliance monitoring** and to act as a liaison between TDCJ and the LMHA.

TCOOMMI Service Model

In 2008 TCOOMMI implemented research informed case management processes which include:

- Treatment Teams/Team Based Services.
- Psychosocial Rehabilitation services/Rehabilitation is a key element.
- Support services through Intensive Case Management (ICM).
- Community based contacts and resources.
- Intensive outreach and engagement.
- Smaller more manageable caseload sizes.
- Criminal Justice focused case managers.
- Partnership with the Criminal Justice community.
- A main program goal is to prevent re-arrest and/or re-incarceration.
- Target is the most in need clients:
 - **High to High/Moderate Criminal Justice Risk** (based on Risk Needs Scores)
 - **High Clinical Need** (Priority population diagnosis)

TCOOMMI Program Services

Case Management

- Intensive Case Management (ICM)
 - Focusing on High - Moderate Risk/High clinical needs of clients.
 - Caseload ratio of 25-1.
 - Monthly contact with supervising officer.

- Transitional Case Management (TCM)
 - Focusing on Moderate Risk/Moderate clinical need clients.
 - Caseload ratio of 75-1.
 - Monthly contact with supervising officer.



Section 614.013

Health and Safety Code

Memorandum of Understanding

In accordance with Health and Safety Code Section 614.013, TDCJ entered into a Memorandum of Understanding (MOU), with the Department of State Health Services (DSHS), the Department of Public Safety (DPS), LMHAs, and Community Supervision and Corrections Department (CSCD), to institute a continuity of care and service program for offenders with mental impairments in the criminal justice system.

Section 614.017, Health and Safety Code

614.017 Exchange of Information states...

An agency shall:

- 1) receive information relating to a special needs offender regardless of whether other state law makes that information confidential, if the agency receives the information to further the purposes of this chapter; or
- 2) disclose information relating to a special needs offender, including information about the offender's identity, needs, treatment, social, criminal, and vocational history, supervision status and compliance with conditions of supervision, and medical and mental health history, if the agency discloses the information to further the purposes of this chapter.



Section 614.017

Health and Safety Code

Exchange of Information

- Information obtained under this section may not be used as evidence in any criminal proceeding, unless obtained and introduced by other lawful evidentiary means.
- Individuals that have had prior mental health services in a community setting are identified through a CARE Match between DSHS and DPS. TDCJ reviews this data for determination of prior services in a community based setting for COC purposes.

Why These Community-Based Programs Work

- Joint staffing between local and state criminal justice agencies (Jail, CSCD or Parole), the local mental health authority and other treatment providers as well as juvenile justice when appropriate;
- Cross-training (courts, supervising agencies, treatment providers);
- Co-location of staff to improve coordination and communication regarding services for clients;
- Identification and referral process;
- Sharing of relevant information (HSC 614.017)



Thank You



For questions contact TCOOMMI
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