Program Guidelines and Processes for Continuity of Care (COC)

Subject: Continuity of Care (COC) referral process for In-Patient/Out-Patient offenders identified as Elderly, Mentally Ill, Mentally Retarded, or Developmentally Disabled.

Purpose: To provide a referral process to TCOOMMI contract programs for identified offenders scheduled for release on probation, parole, mandatory supervision, and, if deemed appropriate, flat or state jail discharge. In addition, processes are included for individuals who are pre-adjudicated, charged, or convicted.

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Definitions:

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>CARE</td>
<td>Client Assignment and Registration System</td>
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<tr>
<td>CARS</td>
<td>Clinical Acuity Rating System (CARS) of 3 and 4</td>
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<td>CJAD</td>
<td>Community Justice Assistance Division</td>
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<td>COC</td>
<td>Continuity of Care</td>
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<tr>
<td>CSCD</td>
<td>Community Supervision and Correctional Division</td>
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<td><strong>Developmentally Disabled</strong></td>
<td>A severe, chronic disability that is attributable to a mental or a combination of physical and mental impairments which is likely to continue indefinitely and results in substantial functional limitations in three or more of the following areas of major life activity: self care, self-direction, learning, receptive and expressive language, mobility, capacity for independent living, or economic self-sufficiency. These limitations are reflected in the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services of extended or lifelong duration that are individually planned and coordinated.</td>
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<tr>
<td><strong>HCOC</strong></td>
<td>Home Continuity of Care. Continuity of Care Specialist employed by the LMHA in the area the offender maintains residency approved by the Community Supervision Professional (parole/probation).</td>
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<td><strong>HSS</strong></td>
<td>Human Service Specialist</td>
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<td><strong>Mentally III</strong></td>
<td>An illness, disease, or condition that either substantially impairs a person’s thoughts, perception of reality, emotional process, judgment, or grossly impairs a person’s behavior, as manifested by recent disturbed behavior [assigned by Section 4, Texas Mental Health Code (Article 5547-4, VTCS)].</td>
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<td><strong>Mentally Retarded</strong></td>
<td>Significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior and originating in the developmental period (until the age of 18) [assigned by Section 3, MRPA of 1977 (Article 5547-300, VTCS)].</td>
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<td><strong>ISF</strong></td>
<td>Intermediate Sanction Facility</td>
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<td><strong>LAR</strong></td>
<td>Legally Authorized Representative including Child Protective Services/Adult Protective Services Conservator when indicated</td>
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<td><strong>LMHA</strong></td>
<td>Local Mental Health Authority</td>
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<td><strong>PCOC</strong></td>
<td>Placement Continuity of Care. Continuity of Care Specialist employed by the LMHA in the area the offender is receiving care at a temporary placement. Temporary placement may be, but is not limited to, TTC, Residential Care Facility, County Jail, ISF, or SAFPF.</td>
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<td><strong>SAFPF</strong></td>
<td>Substance Abuse Felony Punishment Facility</td>
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<td><strong>Significantly Ill</strong></td>
<td>A number of medical conditions requiring extended care of extended duration that does not necessarily have the meaning of terminally ill or physically handicapped.</td>
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<td><strong>Terminally Ill</strong></td>
<td>Is a condition which is incurable and would inevitably result in death within six (6) months regardless of life sustaining treatment and requiring skilled nursing care, hospice, or home health care.</td>
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<td><strong>TTC</strong></td>
<td>Transitional Treatment Center</td>
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<td><strong>TYC</strong></td>
<td>Texas Youth Commission</td>
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<td><strong>VA</strong></td>
<td>Veterans Administration</td>
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<td><strong>Youth</strong></td>
<td>All individuals committed to or under supervision of TYC</td>
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Guidelines:

I. Arrest and Detention
   A. Upon notification of arrest and detention:
      1. COC Worker shall:
         a) Forward latest psychiatric evaluation, medical record, and caseworker
            contact information to the jail.
         b) Within 72 hours of notification of detention make face to face contact
            with offender and assess post release needs.
         c) Monitor status of offender until disposition.
         d) Coordinate referral and link back to appropriate mental health care
            upon release.

II. Probation
   A. Upon notification of sentencing to probation:
      1. HCOC worker shall:
         a) Provide COC referral to Huntsville TCOOMMI Program
            Specialist;
         b) Run CARE match and gather treatment records from past
            providers and from the jail;
         c) Assess offender and staff with Community Supervision and
            Correctional Division (CSCD) staff to determine appropriate
            services;
         d) Refer to regular services and close case if determined offender was
            referred to appropriate community service;
         e) If placed on TCOOMMI case management caseload, provide
            Huntsville TCOOMMI with closure of COC case.

III. Residential Facilities
   A. Referrals are received in the following manner:
      1. Supervising Criminal Justice entity and the program director from the
         county of origin Mental Health and Mental Retardation Authority (LMHA)
         will jointly staff offender cases to determine if he/she qualifies
         for a referral to a community corrections residential treatment program.
      2. If agreement is reached, an authorization form will be faxed to the
         designated TCOOMMI Program Specialist. (see attached pre-
         authorization form).
      3. TCOOMMI Program Specialist will authorize or decline service and fax
         back to LMHA and notify Huntsville TCOOMMI.
4. When a decision is made, the facility director shall notify the referring entity of acceptance or denial into the program.

5. The facility director and county of origin LMHA shall coordinate the transfer of appropriate treatment records. Transportation of the offender to the treatment facility is the responsibility of the referring agency.

B. Pre/Post-Release COC

1. The Placement LMHA Continuity of Care (PCOC) worker shall initiate COC services which work towards improved systems of coordination and communication among local and/or state criminal justice systems, social service providers and other appropriate disciplines to ensure responsiveness to the special needs of all offenders upon the offender’s admission to the facility.

2. Within one (1) working day following receipt of approved release plan, the PCOC shall:
   a) Notify the supervising officer of upcoming release of the offender;
   b) E-mail a TCOOMMI COC referral form to the county of origin HCOC, with notification of the upcoming release. A copy shall also be e-mailed to the Huntsville TCOOMMI Program Specialist; and
   c) Ensure that the referral information is entered into the TCOOMMI database.

3. Within two (2) working days following receipt of the TCOOMMI COC referral form, the HCOC shall:
   a) Return the TCOOMMI COC referral form with appointment information by e-mail to the PCOC and Huntsville TCOOMMI;
   b) Notify the supervising officer of the appointment time and date. Wherever possible and available, the offender should be placed on a specialized mental health caseload and receive TCOOMMI case management services.

4. After release, the HCOC shall:
   a) Contact the supervising officer to verify the offender reported as required;
   b) Verify the offender’s contact information; and
   c) Contact the offender as a reminder of their LMHA appointment.

5. On the day of the appointment, the designated staff of the county of origin LMHA shall:
   a) Complete the offender’s clinical assessment, as needed; and
   b) Notify the supervising officer of the offender’s appointment status.
6. Within forty-eight (48) hours following a missed post-release appointment, the HCOC worker shall:
   a) Notify the supervising officer to locate the offender;
   b) Meet with the offender (face-to-face) and verify the status of the offender’s medication(s);
   c) Set up a new appointment (prioritized by medication status);
   d) Close the case after two (2) failed collaborative attempts to engage the offender;
   e) Notify the supervising officer if the case is closed; and
   f) Ensure the TCOOMMI database is updated to reflect the case closure status.

7. Monthly, the HCOC worker shall:
   a) Contact the supervising officer by phone or in person, unless the case has been assigned to a Case Manager; and
   b) Contact the offender in person unless the case has been assigned to a Case Manager.
   c) Evaluate the offender for ongoing service and/or treatment needs, to include completion of a Social Security benefits application for offenders when appropriate.

8. Thirty (30) and Ninety (90) days after release, the HCOC worker shall:
   a) Complete a post-release report and forward to the TCOOMMI Huntsville office via e-mail; and
   b) Close the case and update the TCOOMMI database to reflect case closure status after 30 days.

IV. Substance Abuse Felony Punishment Facility (SAFPF)

A. Upon notification of sentencing to SAFPF

1. HCOC worker shall:
   a) Provide incident report to Austin TCOOMMI;
   b) Notify Huntsville TCOOMMI of pending transfer to SAFPF;
   c) Forward treatment records to Huntsville TCOOMMI.

2. CJAD will:
   a) Notify Huntsville TCOOMMI of SAFPF assignment and transfer date.

3. Huntsville TCOOMMI shall:
   a) Forward treatment records to appropriate medical staff upon notification of SAFPF assignment.

B. Upon Arrival at SAFPF

1. SAFPF coordinator will:
a) Notify Huntsville TCOOMMI of all newly received special needs offenders via monthly report including county of conviction and diagnosis;
b) Notify Huntsville TCOOMMI of Transitional Treatment Centers (TTC) assignment via monthly report including TTC and Community Justice Assistance Division (CJAD) contact information and schedule dates of transfer.

2. Huntsville TCOOMMI shall:
   a) Verify transfer of treatment records from HCOC and cross check statewide CARE System;
   b) Assign COC referral form to Placement COC (PCOC) with a copy to the HCOC, upon notification of TTC assignment.

C. Early Discharge Based on Medical or Behavior

1. Rehabilitation Programs Division Director of Intensive Services or Designee:
   a) Notify Huntsville TCOOMMI of scheduled date of discharge and reason for unsuccessful completion of program including contact information for responsible court.

2. Huntsville TCOOMMI shall:
   a) Notify HCOC of discharge information with instructions to contact the court for disposition.

3. HCOC shall:
   a) Respond to Huntsville TCOOMMI with action taken by courts within 30 days of discharge notification.

D. Successfully Discharge to TTC

1. Huntsville TCOOMMI shall:
   a) Notify PCOC and HCOC confirmed date of transfer to TTC;
   b) Verify HCOC appointment for release back to county of residence in 90-days.

2. PCOC shall:
   a) Make contact with offender within 10 days of arrival at TTC.
   b) Make contact with HCOC to update status of offender’s placement and expected release date within 10 days of arrival at TTC.
   c) Obtain appointment information from HCOC at least 30 days prior to offender’s discharge from TTC.
   d) Coordinate post release planning with HCOC and communicate post release issues to treatment team staff at TTC and LMHA TCOOMMI Program.
   e) Notify offender of appointment prior to release from TTC.
f) Ensure appropriate mental health services are provided while at the TTC;
g) Report progress issues to HCOC.
h) Transfer appropriate treatment records to HCOC upon discharge from TTC.

3. HCOC shall:
   a) Ensure PCOC and Huntsville TCOOMMI have notification of appointment for release back to county of residence in 90 days;
      i. Coordinate post release service planning with PCOC;
      ii. Provide appointment information when requested
      iii. Follow post-release COC procedures as stated in section VII. (D)

V. Intermediate Sanction Facility (ISF)

A. Upon notification of sentencing to ISF

1. HCOC worker shall:
   a) Provide incident report to Austin TCOOMMI;
   b) Forward treatment records to Huntsville TCOOMMI.

2. Parole Division – Central Coordination will:
   a) Notify Huntsville TCOOMMI of ISF assignment and transfer date.

3. CJAD ISF Coordinator
   a) Notify Huntsville TCOOMMI of ISF assignment and transfer date.

4. Huntsville TCOOMMI shall:
   a) Generate a COC Referral form to the PCOC;
   b) Forward treatment records to appropriate medical staff upon notification of ISF assignment.

B. Upon Arrival at ISF

1. PCOC shall:
   a) Notify ISF intake staff of offender diagnosis; last known meds, last known mental health status upon intake.

2. Parole Division – Central Coordination will:
   a) Notify Huntsville TCOOMMI of discharge date and release location (county).

3. CJAD ISF Coordinator:
   a) Notify Huntsville TCOOMMI of discharge date and release location (county).
4. Huntsville TCOOMMI shall:
   a) Notify HCOC of discharge information to include all current meds.

5. HCOC shall:
   a) Ensure PCOC and Huntsville TCOOMMI have notification of
      appointment for release back to county of residence within ten (10)
      days of release;
   b) Complete 30 Days Post Release Report and submit to Huntsville
      TCOOMMI.

VI. Transferring From County to County
   Upon Offender’s Request to Relocate

A. HCOC worker shall:
   a) Contact local COC to check availability of services;
   b) Staff case with supervising parole/probation officer.

   1. If transfer is denied, continue current services.

   2. If approved:
      a) Provide TCOOMMI referral form to receiving COC with copy to
         Huntsville TCOOMMI Program Specialist;
      b) Forward appropriate treatment records to receiving COC;
      c) Ensure medications continue without interruption;
      d) Notify offender of appointment with receiving COC and copy
         parole/probation officer.

B. Receiving COC Worker shall:
   a) Provide appointment information upon notification of transfer to HCOC
      and Huntsville TCOOMMI;
   b) Coordinate services with sending COC to ensure a smooth transition;
   c) Make contact with offender within 48 hours of arrival.

VII. Referral to HSS:

A. Upon notification of significant illness or terminal illness as defined above
   and request for assistance:
   a) Complete HSS Referral Form
   b) Submit to TCOOMMI Austin
   c) Notify Community Supervision Officer of referral
   d) Continue with COC Services
   e) Provide HSS Worker with information upon request
VIII. Texas Youth Commission (TYC)

A. REFERRAL PROCESS
Upon receipt of a referral from TCOOMMI, the HCOC shall:

1. Within the first working day following referral:
   a) Schedule an intake appointment for the youth to be seen within fourteen (14) days following scheduled release;
   b) Notify TYC Family Liaison, facility case manager, supervising TYC parole officer, TCOOMMI, and youth’s parent or guardian of appointment information;
   c) Secure records from the youth’s previous records holder (s);
   d) Ensure the referral information is entered into the TCOOMMI Database.
   e) Continue to coordinate changes in appointment information and updates with TYC Family Liaison and TYC Case Manager.

2. On day of intake appointment:
The designated staff of the LMHA shall:
   a) Complete the assessment;
The HCOC worker shall:
   b) Notify the supervising TYC parole officer and TCOOMMI of appointment status;
The designated staff of the LMHA shall:
   c) Ensure medications are continued without interruption

3. Within 48 hours following missed intake appointment the HCOC shall:
   a) Meet with youth (face to face) and verify the status of the youth’s medication(s);
   b) Schedule new appointment;
   c) Notify supervising TYC parole officer, TCOOMMI, and, if appropriate, youth’s guardian of appointment information;
   d) Close case after two (2) failed collaborative attempts to engage the youth;
   e) Submit Incident Reports to TCOOMMI;
   f) Ensure the TCOOMMI Database is updated to reflect closure.

4. Within five (5) working days following intake appointment the designated staff of the LMHA shall:
   a) Complete any benefits application for which the youth may be eligible.
   b) This should include Transitional Living Services Program with the Texas Department of Family and Protective Services for foster care involved youth.

5. Within ten (10) working days following missed or completed intake appointment the HCOC shall notify TCOOMMI of appointment status and outcome.

6. Every juvenile and family shall have access to crisis services 24 hours a day, seven days a week and 365 days a year.
B. TYC COC

1. Bi-Weekly, until a case is assigned to a case manager, the HCOC shall:
   a) Contact the youth and supervising TYC parole officer by phone or in person;
   b) Evaluate youth for ongoing service and/or treatment needs;
   c) Review transition plan.

2. Refusal of Services
   a) Should a youth receive an assessment and be provided recommendations, but then refuse services, the LMHA shall:
      i. Complete and submit a TCOOMMI Incident Report within 24 hours
      ii. Complete and submit a TCOOMMI Refusal of Services form

C. TYC PAROLE CASE MANAGEMENT

1. TYC Parole Case Management youth shall receive a level of service no less than the level recommended by the Texas Department of State Health Services, Texas Recommended Assessment Guidelines for Adults or Children.
2. Refusal of Services
   a) Should a youth receive an assessment and be provided Recommendations, but then refuse services, the LMHA shall:
      i. Complete and submit a TCOOMMI Incident Report within 24 hours
      ii. Complete and submit a TCOOMMI Refusal of Services form

D. SPECIAL POPULATIONS

1. Mental Health Discharges
   Youth discharged from TYC based on Mental Health and/or Illness reasons are eligible to receive COC services for a minimum of 90 days after discharge and, for as long as necessary, for the child to demonstrate sufficient stability to transition successfully to mental health or mental retardation services provided by the LMHA

2. Youth 17 years and older
   a) Youth who are receiving continuity of care services while on TYC parole and who are no longer eligible to receive services from the LMHA when the child becomes 17 years of age because the child does not meet the requirements of a local service area plan may continue to receive continuity of care services from the office until the child completes TYC parole.
3. Flat Discharges
   a) Contact TCOOMMI if a discharged youth demonstrating a need for mental health or mental retardation services comes to the attention of the LMHA.
   b) Once a referral has been made, a youth shall receive an intake appointment for assessment. This assessment shall be the basis for non-TCOOMMI service recommendations.
   c) Within 48 hours following missed intake appointment:
      i. Meet with youth (face to face) and verify the status of the offender’s medication(s);
      ii. Schedule new appointment;
      iii. Notify supervising TYC parole officer, TCOOMMI, and, if appropriate, youth’s guardian of appointment information;
      iv. Close case after, at minimum, one (1) failed collaborative attempt to engage the youth;
      v. Submit Incident Reports to TCOOMMI;
      vi. Ensure the TCOOMMI Database is updated to reflect closure.

IX. TDCJ-Correctional Institutions Division/State Jail or Flat Discharge

A. TCOOMMI Pre-Referral Process

   Upon notification of sentencing to TDCJ-CID or State Jail
   1. HCOC shall:
      a) Provide Incident Report to TCOOMMI Austin;
      b) Notify Huntsville TCOOMMI of pending transfer to CID/State Jail;
      c) Forward treatment records to Huntsville TCOOMMI.

   2. Huntsville TCOOMMI shall:
      a) Monitor infopac for notification of offender’s transfer to intake facility;
      b) Forward treatment records to director of medical records to include in offender EMR records upon notification of transfer to intake;
      c) Begin tracking for release referral processing.

B. TCOOMMI CID/State Jail Pre-Referral Process

   1. Huntsville TCOOMMI shall:
      a) Thirty (30) days prior to offender’s release date or upon receipt of flat discharge or State Jail referrals:
         i. Submit a list of identified flat or State Jail discharge offenders to the Appropriate Staff on the unit of assignment to identify those scheduled to release;
         ii. Identify special needs (i.e. oxygen, nursing home, special transportation) and coordinate post-release service needs with appropriate agency and HSS if appropriate.
b) Weekly:
   i. Print Info Pac report of all cases approved for parole the previous week with a ‘P’ condition imposed;
   ii. Cross match all ‘P’ condition imposed referrals against the CARE system to identify prior LMHA services;
   iii. Refer appropriate cases following COC referral process outlined in section 2.A;
   iii. Refer ineligible cases to TDCJ-PD Program Specialist and TDCJ-CID Classification staff via e-mail.

2. TDCJ Chief of Classification shall:
   a). Within ten (10) working days of receipt of TCOOMMI list identifying flat or State Jail discharge, offenders will be provided a release directory on post release services.

C. TCOOMMI COC Referral Process

1. TCOOMMI Program Specialist shall:
   a) One (1) month prior to the scheduled release date or parole approval date:
      i. Generate a COC Referral Form (Addendum 02.01). The COC Referral Form shall include: identification information, release plan, CARE match, Veterans Administration (VA) match, and diagnostic information if appropriate;
      ii. Assign the Referral Form to the HCOC worker based on the approved release plan or county of conviction if no approved plan;
      iii. Update the Veterans Integrated Service Network (VISN) report with newly identified VA matches;
      iv. Forward the Referral Form to the HCOC worker via email;
      v. Forward updated VISN report to appropriate VA representative based on the offender’s unit of assignment.

   b) Weekly:
      i. Check all referrals against the TDCJ-CID computer system for parole plan approvals and release date;
      ii. Update referral form with action date and plan approval/release date changes and email updated Referral Form to the HCOC worker and VA representative. Release plans approved within three (3) days of scheduled release shall also be relayed, via phone contact, to the appropriate HCOC worker;
      iii. Submit a list via e-mail to TDCJ-PD Program Specialist of all TCOOMMI referred cases with newly approved plans, identifying Parole Office Region/District codes.
c) Daily:
   i. Check release list against COC database to identify offenders being released the next working day;
   ii. Update referral form with action date and final release date and forward to HCOC worker via e-mail;
   iii. Update VISN report with offender release information;
   iv. Prepare list of all TCOOMMI referred offenders scheduled to release the next working day and forward to TDCJ Field Services via e-mail;
   v. Forward appointment notification letter to the appropriate Regional Release Coordinator.

2. Regional Release Coordinator shall:
   a) Obtain offender’s signature on the appointment notification letter to verify receipt and understanding of COC appointment.
   b) Ensure the offender receives a copy of the appointment letter, a copy is forwarded to the DPO and a copy is returned to the Huntsville TCOOMMI Program Specialist.

3. HCOC Worker shall:
   a) Within five (5) working days following receipt of Referral Form:
      i. Print appropriate medical/psychiatric records via Electronic Medical Records;
      ii. Secure records from offender’s previous records holder for those identified through CARE match;
      iii. Schedule psychiatric appointment for the offender to be seen within ten (10) days after release with the intent of continuing medications as clinically indicated;
      iv. Update the Referral Form with action dates indicating appointment date/time and forward to TCOOMMI Program Specialist via email.
   b) Within one (1) working day following receipt of approved release plan:
      i. Notify parole office of upcoming release of TCOOMMI offender;
      ii. Update the Referral Form with action date indicating the parole office was contacted and forward to TCOOMMI Program Specialist via email.
4. PCOC Worker shall:
   a) Upon notification of offender releasing to detainer:
      i. Contact detaining agency and monitor for deposition for detainer;
      ii. Ensure appropriate mental health services are provided while in custody;
      iii. Report progress issues to HCOC;
      iv. Coordinate post release planning with HCOC;
      v. Transfer appropriate treatment records to HCOC if discharged to community with notification to TCOOMMI Program Specialist;
      vi. Transfer appropriate treatment records to TCOOMMI Program Specialist if transferred back to TDCJ custody with notification to HCOC.

D. TCOOMMI Post-Release Referral Process

1. Receiving HCOC Worker shall:
   a) Within first working day following release:
      i. Contact the Parole Office and complete the following tasks:
      ii. Verify the offender reported as required;
      iii. Identify the assigned Parole Officer;
      iv. Verify the offender’s contact information;
      v. Inform Parole Officer of service/treatment appointment information.
   b) Contact the offender as a reminder of their intake and psychiatric appointment(s).
   c) On day of intake appointment:
      i. Complete assessment;
      ii. Ensure medications continue without interruption;
      iii. Notify Parole Officer of appointment status.
   d) Within 48 hours following missed intake appointment:
      a) Meet with the offender (face-to-face) and verify the status of the offender’s medications;
      b) Set up a new appointment;
      c) After two (2) failed collaborative attempts to engage offender:
         1) Staff case with community supervision officer
         2) Notify TCOOMMI of IDT’s decision regarding case status
         3) Submit incident report to Austin TCOOMMI.
         4) Update database to reflect case closed status as appropriate
   e) Within five (5) working days following intake appointment:
      i. Complete appropriate benefits applications
      ii. Document application completion in the offender’s clinical record
f) Monthly:
   i. Contact offender and Parole Officer by phone or in person;
   ii. Evaluate offender for ongoing service and/or treatment needs;
   iii. Review transitional plan every 30 days.
   iv. When case has been assigned to an LMHA case manager, close TCOOMMI case and provide LMHA case manager contact information to Parole Officer.

g) Thirty (30) days after release:
   i. Complete post-release report and forward to TCOOMMI Huntsville office via email;
   ii. Close case and update database to reflect case closed status after 90 days of COC Service.

X. Miscellaneous COC Issues:

   a) Offenders with a Clinical Acuity Rating System (CARS) of 3 and 4 will be forwarded to the Medically Recommended Intensive Supervision (MRIS) Program Specialist on a monthly basis for review and action as needed. MRIS Program Specialist will submit a summary of findings to the Directors of TCOOMMI, Health Services, University of Texas Medical Branch, and Texas Tech Health Service Center for review and response;

   b) The EMR system provides instant access to medical and psychiatric records during the offender's TDCJ-CID incarceration. All contract COC providers are required to maintain access to the EMR system. In order to avoid interruption of EMR access, COC workers shall:

   - Log into the EMR system a minimum of one (1) time every two (2) weeks;
   - Immediately report viewing/printing problems to the CMC Helpdesk at 409-747-4346 and notify TCOOMMI via e-mail at TCOOMMI@tdcj.state.tx.us;
   - If problem is not resolved through the helpdesk, e-mail arnichol@utmb.edu detailing the problems with steps taken to resolve the issue and copy TCOOMMI as noted above.