

Continuity of Care Toolkit for Correctional Facilities

Continuing Quality Improvement (CQI) Group
Tuberculosis and Hansen's Disease Unit

Presentation Objectives



Summarize Continuity of Care (CoC)



Review the CoC toolkit



Discuss implementation of the toolkit



Demonstrate the interactive map

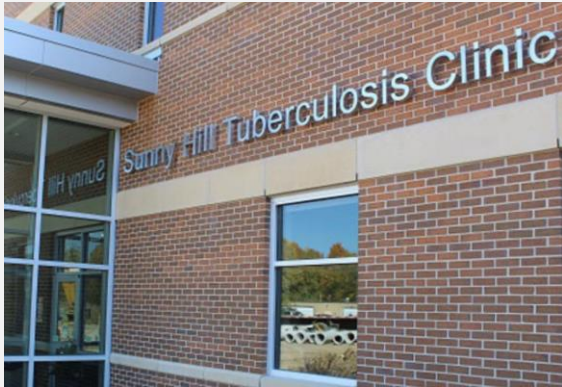
Overview of CoC

The Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter H, Rule 97.191 and Chapter 89 of the Health and Safety Code state that a correctional facility must assure continuity of care for inmates on TB treatment who are being released or transferred

Continuity of care involves collaboration between the correctional facility and health department to ensure inmates continue treatment post-incarceration and at a receiving facility

Continuity of care includes reporting, discharge planning, and coordinating with the health department

Purpose of the CoC Toolkit



Increase

Increase treatment completion rates for incarcerated individuals diagnosed with TB who are released to the community.

Improve

Improve reporting of released inmates with TB to the appropriate jurisdiction.

Encourage

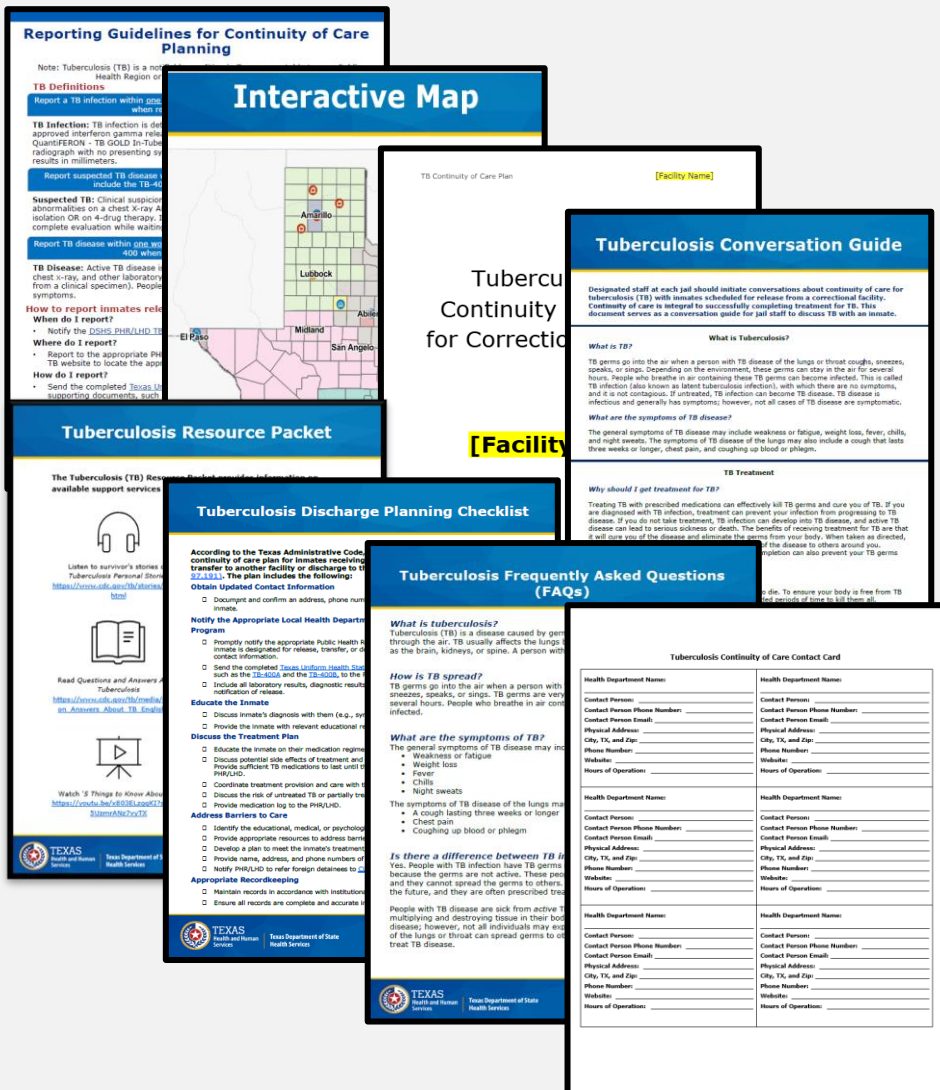
Encourage inmates to follow up with the local health department (LHD) or Public Health Region (PHR).

Facilitate

Facilitate discharge planning and coordination of care between correctional facility and LHD/PHR.



CoC Toolkit: A Closer Look



Reporting Guidelines for Continuity of Care Planning

Interactive Map

Sample Continuity of Care Plan

Tuberculosis Conversation Guide

Tuberculosis Resource Packet

Discharge Planning Checklist

Tuberculosis Frequently Asked Questions (FAQs)

Contact Card

Reporting Guidelines for Continuity of Care Planning



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Reporting Guidelines for Continuity of Care Planning

Note: Tuberculosis (TB) is a notifiable condition in Texas, reportable to your Public Health Region or local health department (PHR/LHD)

TB Definitions

Report a TB infection within one week to your PHR/LHD. Please include the TB-400 when reporting to your PHR/LHD.

TB Infection: TB infection is determined by a positive result from an FDA-approved interferon gamma release assay (IGRA) test, such as T-Spot® TB test, or QuantiFERON - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. Please report skin test results in millimeters.

Report suspected TB disease within one working day to your PHR/LHD. Please include the TB-400 when reporting to your PHR/LHD.

Suspected TB: Clinical suspicion of TB disease is based on signs, symptoms, and abnormalities on a chest X-ray AND the clinician intends to place the individual in isolation OR on 4-drug therapy. If TB is suspected, the clinician must perform a complete evaluation while waiting for final laboratory results.

Report TB disease within one working day to your PHR/LHD. Please include the TB-400 when reporting to your PHR/LHD.

TB Disease: Active TB disease is diagnosed by medical history, physical evaluation, chest x-ray, and other laboratory tests (i.e., isolation of M. tuberculosis complex from a clinical specimen). People with TB disease usually feel sick and present with symptoms.

Target Audience: Jail staff involved in reporting, providing healthcare services, and discharge planning activities. LHD or PHR staff involved in training new jail staff.

How to report inmates released from jail while on treatment for TB

When do I report?

- Notify the [DSHS PHR/LHD TB Program](#) immediately upon knowledge of release.

Where do I report?

- Report to the appropriate PHR/LHD. Refer to the [interactive map](#) on the DSHS TB website to locate the appropriate TB clinic.

How do I report?

- Send the completed [Texas Uniform Health Status Update Form](#) and other supporting documents, such as the [TB-400A](#) and the [TB-400B](#) to the PHR/LHD prior to release.
- Include all laboratory results, diagnostic results, medication regimens, and medical history are included in the notification of release.

Questions? Please reach out to your PHR/LHD.



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How to Implement



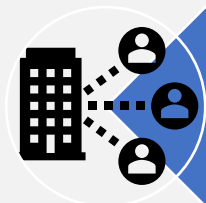
Review guidelines to understand TB conditions and reporting requirements.



Follow steps to report inmates diagnosed with TB infection, suspected TB disease, or confirmed TB disease.



Follow steps to report inmates released while on TB treatment.



Coordinate with your LHD/PHR for support, guidance, or next steps.

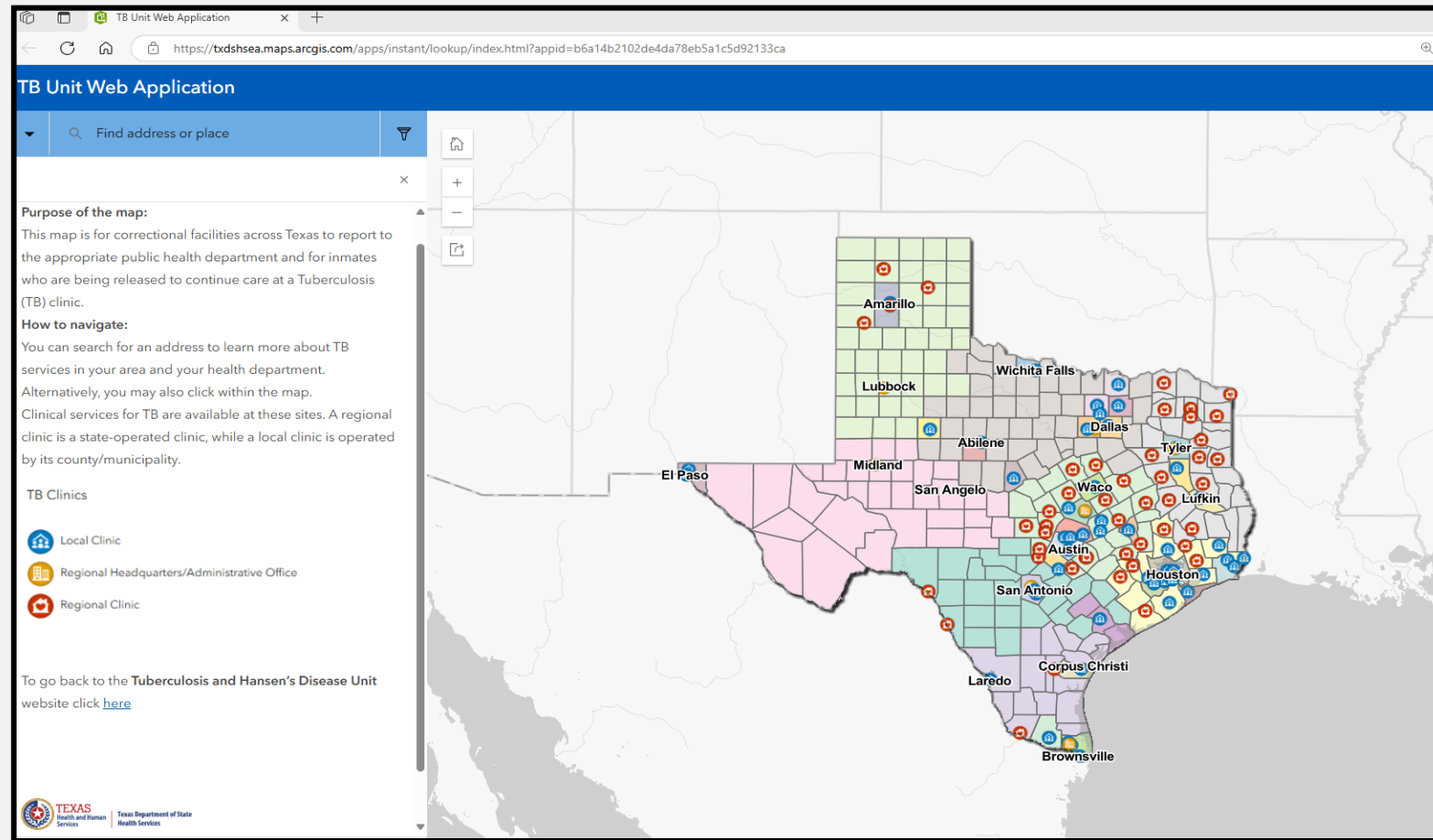
Interactive Map



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Interactive Map

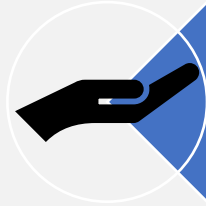


[TB Unit Web Application](#)

How to Implement



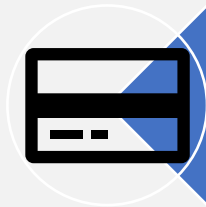
Enter facility address to obtain the LHD/PHR information.



Contact the health department to initiate discharge planning activities.



Contact the health department to report inmate being released to community.



Provide clinic information to inmate.

Sample Continuity of Care Plan



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Tuberculosis (TB) Continuity of Care Plan for Correctional Facilities

[Facility Name]

Adapted from Texas Department of State Health Services (DSHS) Public Health Region (PHR) 11

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Target Audience: Chapter 89-Designated facilities and their designated LHD/PHR.

I: Introduction

Tuberculosis (TB) is a disease caused by germs (*Mycobacterium tuberculosis*) that are spread from person to person through the air. TB usually affects the lungs but can also affect other body parts, such as the brain, kidneys, or spine. If left untreated or treatment is discontinued prematurely, TB can worsen and cause serious illness or death. Correctional facilities are considered high-risk settings for TB transmission due to the large number of individuals who are held and housed near each other.

The [Texas Administrative Code \(TAC\), Title 25, Part 1, Chapter 97, Subchapter H, Rule 97.191](#), states, "A correctional facility regardless of size that houses adult or youth inmates, must assure continuity of care for those inmates receiving treatment for tuberculosis who are being released or transferred to another correctional facility. A facility must contact the department prior to the inmate being released or transferred, if possible. If that is not possible, the facility must make the contact immediately upon the inmate's release from custody or transfer to another correctional facility."

The [Department of State Health Services \(DSHS\) Tuberculosis Standards for Texas Correctional and Detention Facilities](#), Chapter VII, *Continuity of Care*, refers to "the process of: 1) identifying an inmate's educational, medical or psychological needs; 2) developing a plan to meet treatment, care, and service needs; and 3) coordinating treatment provision, care, and services between various agencies to ensure continuity while incarcerated and during post-release".

Continuity of care is integral to treating latent TB infection (LTBI) and TB disease. Continuing treatment and case management post-incarceration is key to achieving high treatment completion rates and stopping the spread of TB. Advising an inmate to go to the DSHS Public Health Region (PHR) or local health department (LHD) upon release is not a continuity of care plan.

[Facility name] is committed to ensuring that inmates diagnosed with LTBI, suspected TB, or confirmed TB, receive consistent, high-quality care before, during, and after incarceration. This includes early identification, effective treatment, contact investigations, and discharge planning. The TB Continuity of Care Plan for Correctional Facilities has been developed to foster alignment between the LHD or PHR and the correctional facility regarding TB continuity of care for inmates. This plan is customizable and allows for the [LHD or PHR name] and [facility name] to collaborate and



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ensure their responsibilities and goals for continuing TB care post-incarceration for inmates are aligned.



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II: Responsibilities of [Facility Name]

Assignment of Responsibilities for Tuberculosis Continuity of Care:

Responsibility	Person(s) and Title Responsible
Monitor the implementation of the facility's Correctional TB Screening Plan and the TB Continuity of Care Plan.	
Ensure prompt identification of TB disease and enact the necessary infection control measures.	
Complete and update the [facility name] TB Continuity of Care Plan as needed.	
Educate the inmate about TB, treatment, and the importance of continuity of care post-incarceration.	
Provide the inmate with relevant educational resources regarding TB.	
Oversee TB education of staff, volunteers, and inmates at the facility.	
Perform TB case management activities at the facility.	
Notify [LHD or PHR name] when an inmate has suspected or confirmed TB disease.	
Inform and coordinate with [LHD or PHR name] regarding coordinated release.	
Send the appropriate documentation to [LHD or PHR name] before the inmate's release from the correctional facility.	
Work with [LHD or PHR name] to facilitate national and international referrals for continuity of care.	
Supply the inmate with TB medications (if applicable) for the estimated lapse in time in which they will be released, and their first appointment scheduled with [LHD or PHR name].	

III: Responsibilities of [LHD or PHR Name]

Assignment of Responsibilities for Tuberculosis Continuity of Care:

Responsibility	Person(s) and Title Responsible
Provide technical consultation on TB-related questions upon request.	
Coordinate inmate care following incarceration to ensure continuous care and treatment for TB.	
Provide TB education and training to staff and volunteers at [facility name] if needed.	
Perform TB case management activities following the inmate's release from [facility name].	
Work with the correctional facility to complete and update the TB Continuity of Care Plan for the facility as needed.	

IV: TB Education and Training at [Facility Name]

[Facility name] should encourage and consistently provide continuous training and education on TB to employees and volunteers (if applicable). Jail staff are often the first line to identify clinical changes in an inmate's health (e.g., coughing, weight loss, fatigue, etc.). It is important for jail staff and volunteers to recognize these symptoms and have the appropriate level of knowledge to inform the medical staff at the correctional facility of these changes in the inmate's health.

Jail staff should understand how TB is transmitted, its signs and symptoms, risk factors for TB (including the relationship between incarceration and an increased risk of contracting and developing TB) to reducing TB transmission in the facility, and how to ensure continuity of care for inmates after they have been released from [facility name].

[Facility name] will train jail medical staff on how to complete the Monthly Correctional TB Report and Report of TB Conditions and submit them to [LHD or PHR name] regardless of whether an inmate has TB or suspected TB during the reporting month.



V: Continuity of Care After Release

[Facility name] is committed to documenting the inmate's treatment status during incarceration and for continuation of TB treatment after release from the facility. [Facility name] will use the DSHS-provided [interactive map](#) to locate and refer the inmate to the appropriate PHR or LHD for TB treatment after release.



VI: Resources

Correctional Facility Contact Information	
Correctional Facility Name	
Key Staff and Title(s)	
Address	
Phone Number(s)	
Fax Number(s)	
Emails	

Health Department Contact Information	
Health Department Name	
Key Tuberculosis Staff	
Address	
Phone Number(s)	
Fax Number(s)	
Emails	

VII: Acknowledgment and Signatures

Facility Name: _____

Facility Address: _____

Date Created: _____

Date Most Recently Reviewed and Updated: _____

By signing this TB Continuity of Care Plan, I acknowledge and will enact the responsibilities as agreed upon between the two parties- **[LHD or PHR]** and **[facility name]**.

[Facility Name]_____
Facility Administrator_____
Date_____
Assistant Facility Administrator_____
Date_____
Health Services Administrator_____
Date**[LHD or PHR]**_____
TB Program Manager_____
Date_____
Congregate Settings Coordinator_____
Date

How to Implement

How to Implement

- Work with your LHD/PHR to designate responsibilities and roles in the continuity of care process.
- Fill in the **bold highlighted** spots with the applicable information (i.e., facility name, health department name, etc.).
- Upon filling out the continuity of care plan, both the jail administrator and LHD/PHR designee(s) should sign the last page of the document.

Other Considerations

Other Considerations

- It is not required for Chapter 89-designated facilities to use this specific sample continuity of care plan.
- This plan is editable and can be modified to the specific needs and setup of the correctional facility.
- Please work together with your designated LHD/PHR to create a continuity of care plan for your facility that ensures continuous TB care for inmates post-incarceration to increase treatment adherence.

Tuberculosis Conversation Guide



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Tuberculosis Conversation Guide

Designated staff at each jail should initiate conversations about continuity of care for tuberculosis (TB) with inmates scheduled for release from a correctional facility. Continuity of care is integral to successfully completing treatment for TB. This document serves as a conversation guide for jail staff to discuss TB with an inmate.

What is Tuberculosis?

What is TB?

TB germs go into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. Depending on the environment, these germs can stay in the air for several hours. People who breathe in air containing these TB germs can become infected. This is called TB infection (also known as latent tuberculosis infection), with which there are no symptoms, and it is not contagious. If untreated, TB infection can become TB disease. TB disease is infectious and generally has symptoms; however, not all cases of TB disease are symptomatic.

What are the symptoms of TB disease?

The general symptoms of TB disease may include weakness or fatigue, weight loss, fever, chills, and night sweats. The symptoms of TB disease of the lungs may also include a cough that lasts three weeks or longer, chest pain, and coughing up blood or phlegm.

TB Treatment

Why should I get treatment for TB?

Treating TB with prescribed medications can effectively kill TB germs and cure you of TB. If you are diagnosed with TB infection, treatment can prevent your infection from progressing to TB disease. If you do not take treatment, TB infection can develop into TB disease, and active TB disease can lead to serious sickness or death. The benefits of receiving treatment for TB are that it will cure you of the disease and eliminate the germs from your body. When taken as directed, treatment for active TB disease will stop the spread of the disease to others around you. Treating TB and following through with treatment completion can also prevent your TB germs from becoming drug (medication) resistant.

Why does treatment for TB take so long?

TB germs are very strong and can take a long time to die. To ensure your body is free from TB germs, you must take several medications for extended periods of time to kill them all. Treatment for TB is most effective when taken as your healthcare provider prescribes. If you stop treatment before it is finished, it can lengthen the time treatment will take when you start it up again.



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Why do I have to take so many medications to treat TB?

Since TB is a powerful germ, using several medications ensures that the germs will be killed and not return. Taking the different medications your health care provider prescribes will also prevent the germs from developing drug resistance.

What is directly observed therapy (DOT)? Why do I need to do DOT for my TB medication?

Directly observed therapy, or DOT, is a medication management method in which a healthcare worker observes you swallowing every dose of your prescribed medications. This is done to ensure that you take the medications, to monitor side effects, and to confirm that you complete the treatment. DOT is used for TB medications to improve adherence with treatment, prevent drug-resistant germs from developing, prevent relapse of TB disease, and improve your chances of killing all the TB germs in your body. It is very important for you to show up to your DOT appointments and take your TB medications as prescribed.

Do I need to continue my treatment post-incarceration?

It is important to continue your TB treatment post-incarceration to ensure that all the TB germs are killed and that you are no longer infectious to those around you (if you have active TB disease in your lungs).

How do I continue my treatment post-incarceration?

Upon your release from the correctional facility, the facility staff will notify the local health department or Public Health Region in the area of your release and will transfer your medical records. From there, the health department will work with you to set up and continue your medication routine and to continue the care that you were provided for TB while incarcerated. When you are released, you will also receive a contact card for the health department to continue treatment. Treatment for TB at a [Texas Department of State Health Services-funded TB program](#) is free.

Other

How do I contact my local health department or Public Health Region?

Your correctional facility will provide you with a pre-filled contact card for your [local health department or Public Health Region](#). This card will provide all the necessary contact information and details to connect with the health department. Once you are in contact with the health department, they will work with you to coordinate your TB medications and treatment post-incarceration.

How can I protect individuals around me and reduce the spread of TB if I am contagious?

If you have contagious TB disease, starting and finishing treatment with your prescribed TB medications is the best way to reduce the spread of TB germs in your home and within your community. Also, please attend all TB medical appointments and check-ins with your healthcare provider. Please try to stay home and isolate yourself to limit your contact with other people until the health department clears you.



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Target Audience: Inmates who have been diagnosed with TB and healthcare workers at the correctional facility facilitating conversations about TB.

How to Implement



Discuss tuberculosis-related questions and topics that are featured on the Tuberculosis Conversation Guide.



Ensure inmate understands their TB diagnosis and treatment.



Resources may also be provided to inmate upon diagnosis or discharge for their review and use.



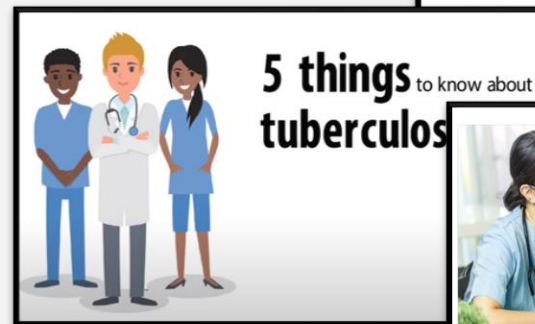
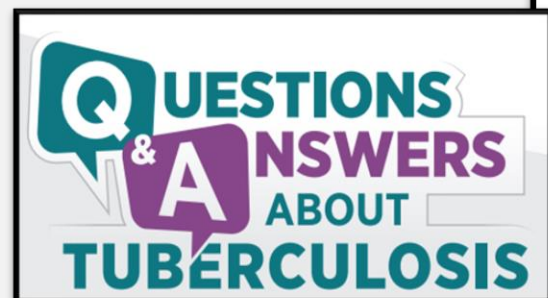
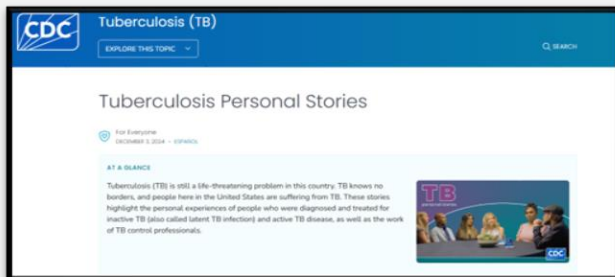
Allow time for questions.

Tuberculosis Resource Packet



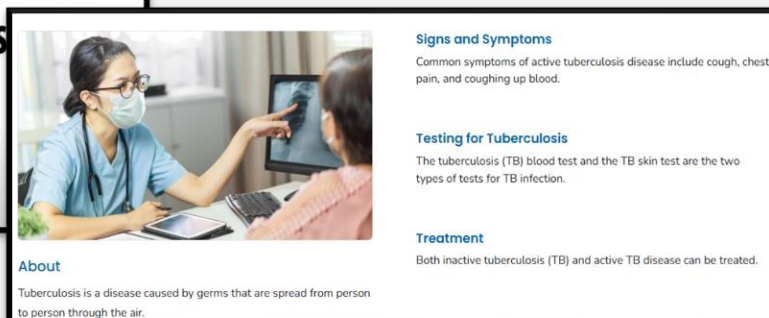
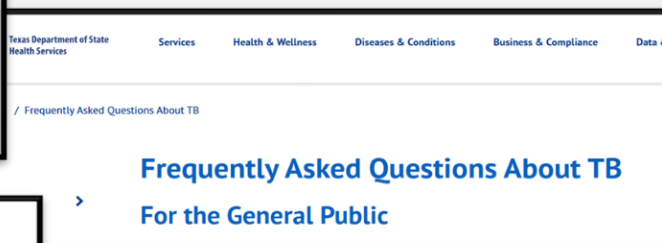
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we are TB:
TUBERCULOSIS SURVIVORS
& ADVOCATES

we are TB offers comprehensive peer support for current TB patients and TB clinics. *we are TB* is a growing survivor network that is fighting to achieve change in TB diagnostics, treatment regimens, and funding to support US-based public health programs. The group specializes in connecting medical professionals and current TB patients to TB survivors. We bring an unparalleled depth of knowledge and provide compassionate support while using personal stories to empower survivors to break the stigma.



Tuberculosis Resource Packet

The Tuberculosis (TB) Resource Packet provides information on available support services and resources.



Listen to survivor's stories on *Tuberculosis Personal Stories*
<https://www.cdc.gov/tb/stories/index.html>



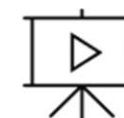
Consider joining the WeAreTB support group for survivors and advocates. They meet weekly on Zoom
<https://www.wearetb.com>



Read *Questions and Answers About Tuberculosis*
<https://www.cdc.gov/tb/media/QuestionsAnswersAboutTBEnglish.pdf>



Review *Frequently Asked Questions About TB*
<https://www.dshs.texas.gov/tuberculosis-tb/frequently-asked-questions>



Watch '5 Things to Know About TB'
<https://youtu.be/x803ELzggKI?si=Ga7SUzmrANz7vyTX>



Explore the Centers for Disease Control and Prevention Website
<https://cdc.gov/tb/index.html>

Target Audience: Inmates who have been diagnosed with TB.



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How to Implement



Provide the Tuberculosis Resource Packet to inmates upon release.



Explain each of the resources to the inmate.



Allow time for questions.

Discharge Planning Checklist



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Tuberculosis Discharge Planning Checklist

According to the Texas Administrative Code, all correctional facilities must prepare a continuity of care plan for inmates receiving tuberculosis (TB) treatment prior to transfer to another facility or discharge to the community. ([TAC, Chapter 97, Rule 97.191](#)). The plan includes the following:

Obtain Updated Contact Information

- ☐ Document and confirm an address, phone number, and emergency contact information for the inmate.

Notify the Appropriate Local Health Department or DSHS Public Health Regional TB Program

- ☐ Promptly notify the appropriate Public Health Region (PHR)/local health department (LHD) when an inmate is designated for release, transfer, or deportation from the facility and include the updated contact information.
- ☐ Send the completed [Texas Uniform Health Status Update Form](#) and other supporting documents, such as the [TB-400A](#) and the [TB-400B](#), to the PHR/LHD prior to release.
- ☐ Include all laboratory results, diagnostic results, medication regimens, and medical history in the notification of release.

Educate the Inmate

- ☐ Discuss inmate's diagnosis with them (e.g., symptoms, infectiousness, transmission, treatment).
- ☐ Provide the inmate with relevant educational resources (see the Tuberculosis Resource Packet).

Discuss the Treatment Plan

- ☐ Educate the inmate on their medication regimen (e.g., frequency, duration, dosage).
- ☐ Discuss potential side effects of treatment and whom they should contact if side effects occur. Provide sufficient TB medications to last until the inmate's first medical appointment with the PHR/LHD.
- ☐ Coordinate treatment provision and care with the appropriate PHR/LHD.
- ☐ Discuss the risk of untreated TB or partially treated TB.
- ☐ Provide medication log to the PHR/LHD.

Address Barriers to Care

- ☐ Identify the educational, medical, or psychological needs of the inmate.
- ☐ Provide appropriate resources to address barriers to continuity of care (educational, social, etc.).
- ☐ Develop a plan to meet the inmate's treatment, care, and service needs.
- ☐ Provide name, address, and phone numbers of appropriate community services and providers.
- ☐ Notify PHR/LHD to refer foreign detainees to [CURE-TB](#) or Migrant Clinicians Network.

Appropriate Recordkeeping

- ☐ Maintain records in accordance with institutional policies.
- ☐ Ensure all records are complete and accurate in accordance with local and state guidelines.



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Target Audience: Jail staff involved in reporting, healthcare, and discharge planning activities.

How to Implement



Use the checklist as a guide for discharge planning for all inmates diagnosed with TB.



Review the Discharge Planning Checklist as soon as an inmate is diagnosed with TB.



Gather contact information, notify the local health department or Public Health Region, provide education, address barriers to care, and ensure proper recordkeeping.



Collaborate with appropriate local health department or Public Health Region to ensure continuity of care upon release.

Tuberculosis Frequently Asked Questions (FAQs)



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Tuberculosis Frequently Asked Questions (FAQs)

What is tuberculosis?

Tuberculosis (TB) is a disease caused by germs that spread from person to person through the air. TB usually affects the lungs but can also affect other body parts, such as the brain, kidneys, or spine. A person with TB can die if they do not get treatment.

How is TB spread?

TB germs go into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. TB germs are very persistent and stay in the environment for several hours. People who breathe in air containing these TB germs can become infected.

What are the symptoms of TB?

The general symptoms of TB disease may include:

- Weakness or fatigue
- Weight loss
- Fever
- Chills
- Night sweats

The symptoms of TB disease of the lungs may also include:

- A cough lasting three weeks or longer
- Chest pain
- Coughing up blood or phlegm

Is there a difference between TB infection and TB disease?

Yes. People with TB infection have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future, and they are often prescribed treatment to prevent this.

People with TB disease are sick from *active* TB germs, meaning that the TB germs are multiplying and destroying tissue in their bodies. They usually have symptoms of TB disease; however, not all individuals may experience symptoms. People with TB disease of the lungs or throat can spread germs to others. They are prescribed drugs that can treat TB disease.



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What does a positive TB test mean?

A person with a positive tuberculin skin test, also known as a TST, or a TB blood test has TB germs in their body. The test does not tell whether the person has TB infection or TB disease. Other tests, such as a chest x-ray, symptom screening, and testing of sputum (phlegm), are needed to determine whether the person has TB infection or TB disease.

Why is TB infection treated?

If you have TB infection but not TB disease, your doctor may want you to take medicine to kill the TB germs and prevent you from developing TB disease. The decision about treating TB infection will be based on your chances of developing TB disease. Some people are more likely than others to develop TB disease once they have a TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions, including diabetes.

How is TB disease treated?

TB disease can be treated by taking multiple drugs for several months, generally six to nine months, sometimes longer. People who have TB disease must finish the medicine and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can experience symptoms again and be infectious to others. If they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is more difficult to treat. Local health department and Public Health Region staff meet regularly with patients who have TB to watch them take their medications. This is called *directly observed therapy (DOT)*. DOT helps the patient complete treatment in the least amount of time.

The Texas Department of State Health Services provides TB medications to public health clinics across Texas. These clinics treat patients with TB disease at no cost to the patient. Also, people who are presumed to have TB may be given treatment while their clinicians perform further testing to confirm or rule out TB disease.

Where can I find more information about TB?

Texas Department of State Health Services

- www.texastb.org

Centers for Disease Control and Prevention (CDC)

- Overview of Tuberculosis:
<https://www.cdc.gov/tb/about/index.html>
- Talking With Your Health Care Provider About Tuberculosis:
<https://www.cdc.gov/tb/talk-with-provider/>
- What You Need to Know About Tuberculosis Fact Sheet:
<https://www.cdc.gov/tb/communication-resources/tuberculosis-fact-sheet.html>



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Target Audience: Inmates who have been diagnosed with TB.

How to Implement



Discuss common questions about tuberculosis that the inmate may have at their time of diagnosis and/or discharge.



Pair with other resources in the Tuberculosis Continuity of Care Toolkit to ensure inmates follow through with care and treatment post-incarceration.



Allow time for questions.

Contact Card



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Health Department Name:

Contact Person: _____

Contact Person Phone Number: _____

Contact Person Email: _____

Physical Address: _____

City, TX, and Zip: _____

Phone Number: _____

Website: _____

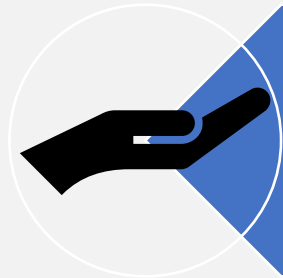
Hours of Operation: _____

Target Audience: Correctional facility staff and inmates on TB treatment who are being released.

How to Implement



Fill out sample contact card.



Provide contact card to inmate before release.



Remind inmate to contact TB clinic following release to continue TB treatment.

Summary

Continuity of care

- is a patient-centered approach to link inmates to medical care upon release
- helps stop TB transmission, assures care continues, and helps educate people about TB
- requires collaboration with your LHD/PHR
- is a statutory requirement

For assistance or questions, please reach out to your LHD/PHR.

The toolkit will be available on our website (texastb.org).

Questions?

Thank you!

Continuity of Care Toolkit for Correctional Facilities

cqiteam@dshs.texas.gov