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*

Table of Contents

[I: Introduction 3](#_Toc197507838)

[II: Responsibilities of [Facility Name] 4](#_Toc197507839)

[III: Responsibilities of [LHD or PHR Name] 5](#_Toc197507840)

[IV: TB Education and Training at [Facility Name] 6](#_Toc197507841)

[V: Continuity of Care After Release 7](#_Toc197507842)

[VI: Resources 8](#_Toc197507843)

[VII: Acknowledgment and Signatures 9](#_Toc197507844)

# 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](https://texas-sos.appianportalsgov.com/rules-and-meetings?$locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=09%2F25%2F2025&recordId=108833), 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](https://www.dshs.texas.gov/sites/default/files/IDCU/disease/tb/policies/TBCorrectionalStandards.pdf), 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 ensure their responsibilities and goals for continuing TB care post-incarceration for inmates are aligned.

# 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](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftxdshsea.maps.arcgis.com%2Fapps%2Finstant%2Flookup%2Findex.html%3Fappid%3Db6a14b2102de4da78eb5a1c5d92133ca&data=05%7C02%7CKatherine.Jones%40dshs.texas.gov%7Cb66a5c39eca34d95cad508ddfd0b06ae%7C9bf9773282b9499bb16aa93e8ebd536b%7C0%7C0%7C638944945973025810%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=JzbeT1mfmovAKv3zUWopETJMrEqAJrylPsa7pvsAzF8%3D&reserved=0) 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