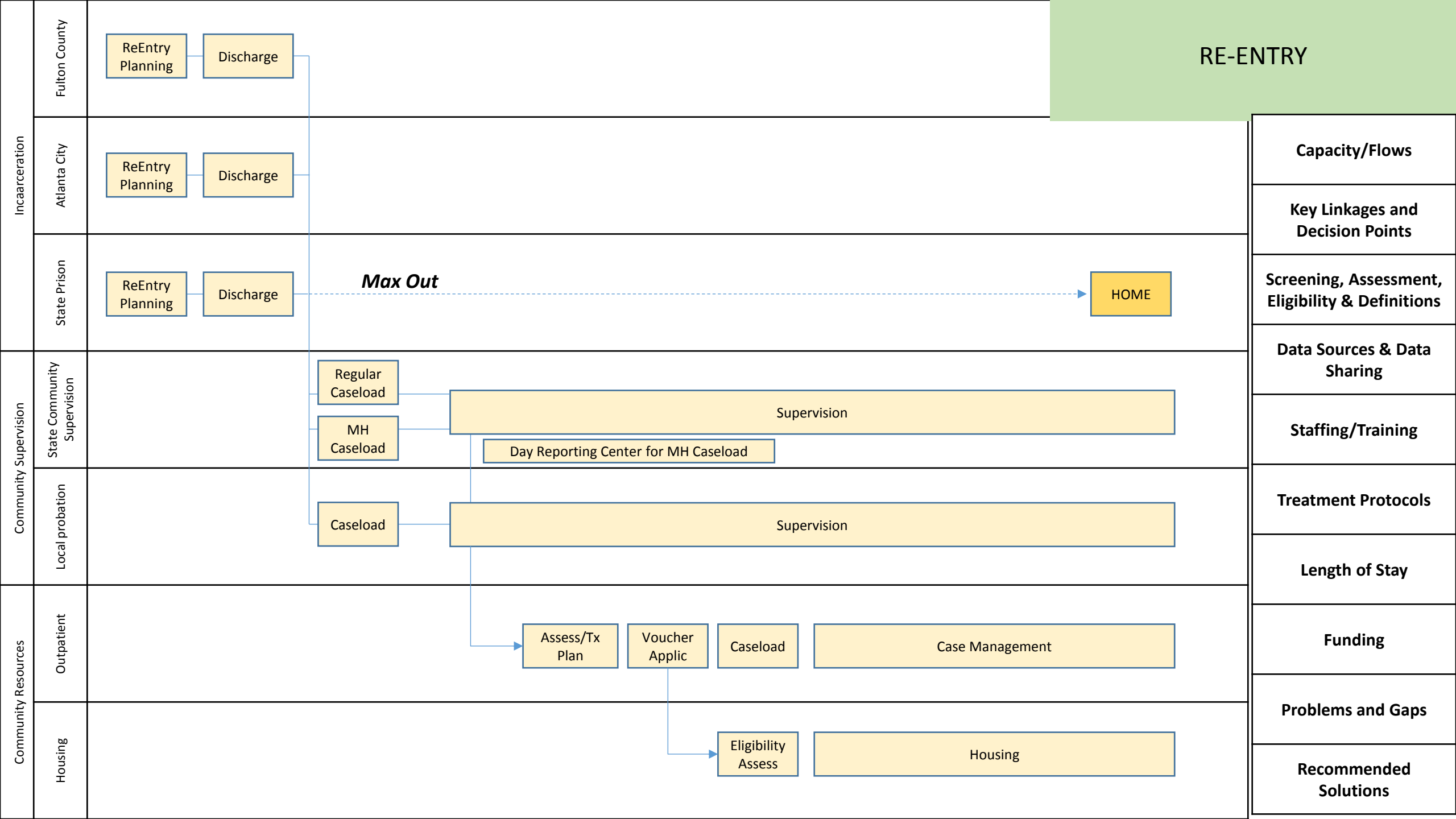


RE-ENTRY

Capacity/Flows
Key Linkages and Decision Points
Screening, Assessment, Eligibility & Definitions
Data Sources & Data Sharing
Staffing/Training
Treatment Protocols
Length of Stay
Funding
Problems and Gaps
Recommended Solutions



						COUNTRY	
Incarceration	Fulton County	ReEntry Planning	Discharge	<p>Correct Care/Morehouse Discharge Planning Unit</p> <ul style="list-style-type: none"> • Diversion Coordinators develop discharge plan • Recommendations presented at court <p>Public Defender ReEntry Services</p> <ul style="list-style-type: none"> • Many public defender clients who take probation with treatment as a condition are put on MH caseload. <p>SMART Entry Grant</p> <p>Department of Corrections</p> <ul style="list-style-type: none"> • MH Classification Tiers • RSAT • Other MH Treatment Options • Release protocols: 30 days meds • What MH info goes to community <p>Dept of Community Supervision</p> <ul style="list-style-type: none"> • 19,061 on probation/parole • MH caseload 150 individuals • Day Reporting Center (MH) • RSAT Programs in prisons <p>Fulton County has outsourced probation services to _____</p> <ul style="list-style-type: none"> • _____ on probation • MH caseload ????? <p>Viewpoint ReEntry See handout, incl. eligibility</p>			
	Atlanta City	ReEntry Planning	Discharge				
	State Prison	ReEntry Planning	Discharge				
Community Supervision	State Community Supervision	Regular Caseload	MH Caseload				
	Local probation	Caseload					
Community Resources	Outpatient						
	Housing						
Capacity/Flows							
Key Linkages and Decision Points							
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Problems and Gaps							
Recommended Solutions							

Department of Community Supervision

Prison Based Integrated Residential Substance Abuse Treatment Program

Focuses on SMI offenders
1 Male Unit at Appling (50 capacity); 1 Female Unit at West Central (50 capacity)
6 week wait time for Appling; 4 week wait time for West Central
_____ month program
DCS counselors work with family, individual

DCS Mental Health Caseload

Capacity = 120
2 MH officers
2 MH counselors
Individual can be transported to Intake or Walk-up
Integrated RSAT or Straight from Court
SMI

DCS Fulton Co. Intake

160 Pryor Street (Keith Camp)
Assessments
• Risk/Needs Assessment
• MH SAMSHA Assessment
• Both are self reported
• Low confidence in self reports: offenders know they will “be kept longer answer yes

Day Reporting Center

Multiple Positive Drug Tests
Severe behavioral, mental illness, cognitive issues

Diagnosis from the Community; renewed every 6 months
Medication – med counts
Day 8:00-4:30; evening for workers (3 hours) work is confirmed

Treatment
Case Management/Transportation/Housing

Capacity = 45
1 MH Officer
Forensic Peer Specialist (funded by DBHDD/Consumer MH Network)

Substance Abuse Aftercare Services

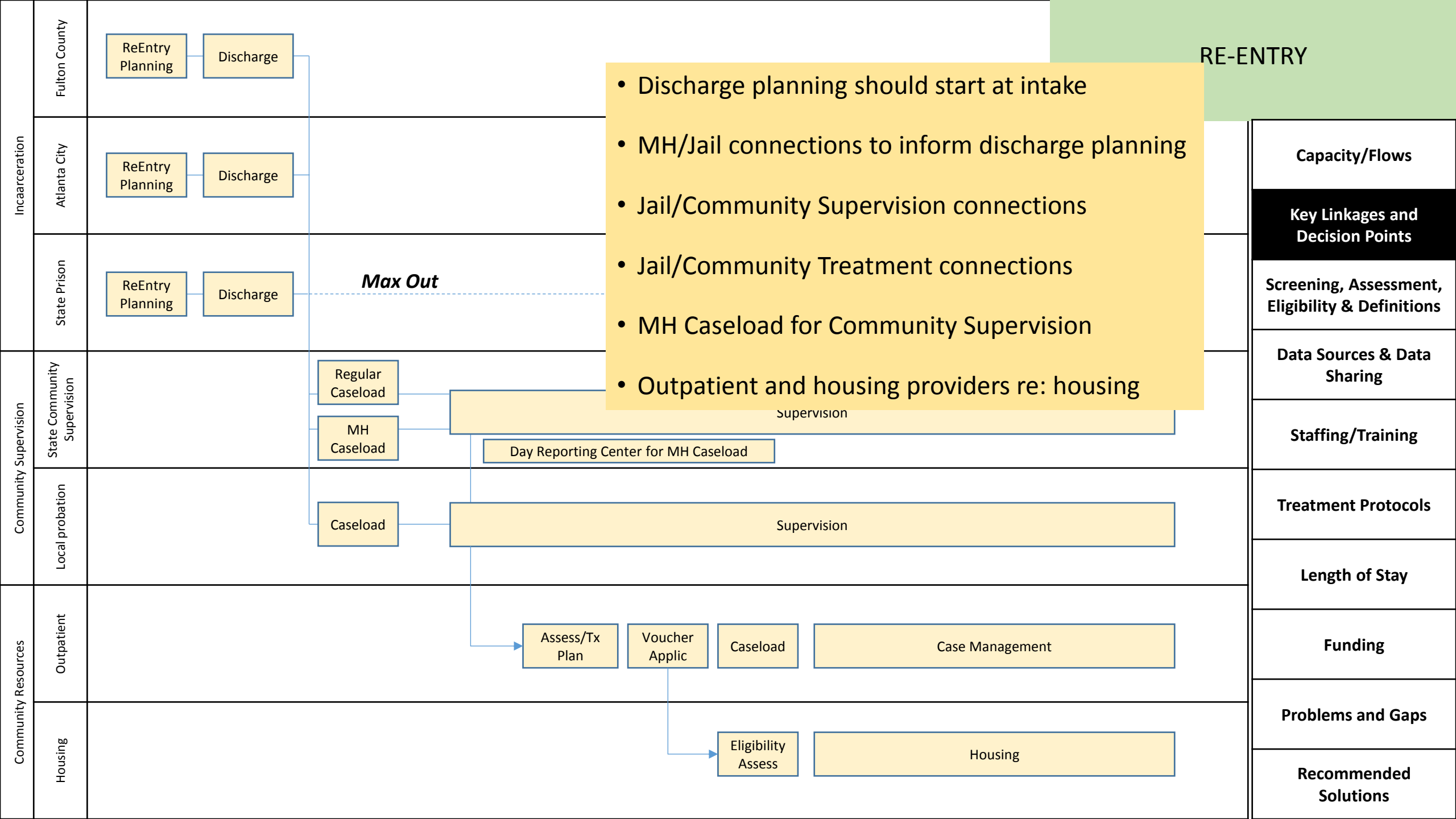
1 SAAS Officer

Data System
DOC uses SCRIBE
DCS uses PORTAL, however SCRIBE feeds into PORTAL

Housing

Problems and Gaps

Recommended Solutions



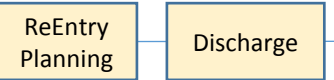
RE-ENTRY

- Discharge planning should start at intake
- MH/Jail connections to inform discharge planning
- Jail/Community Supervision connections
- Jail/Community Treatment connections
- MH Caseload for Community Supervision
- Outpatient and housing providers re: housing

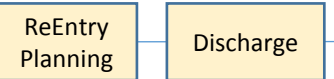
Max Out

Capacity/Flows
Key Linkages and Decision Points
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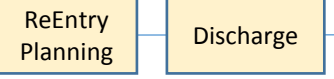
Fulton County



Atlanta City

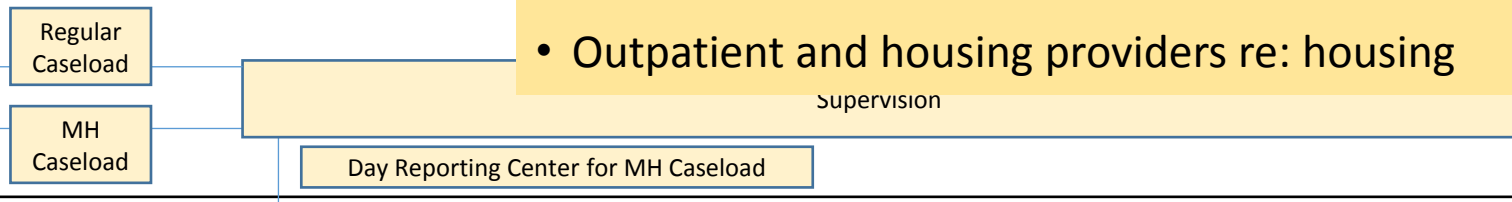


State Prison



Incarceration

State Community Supervision



Community Supervision

Local probation



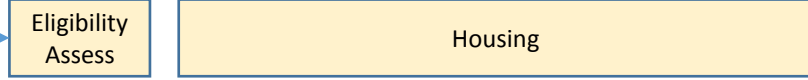
Community Supervision

Outpatient

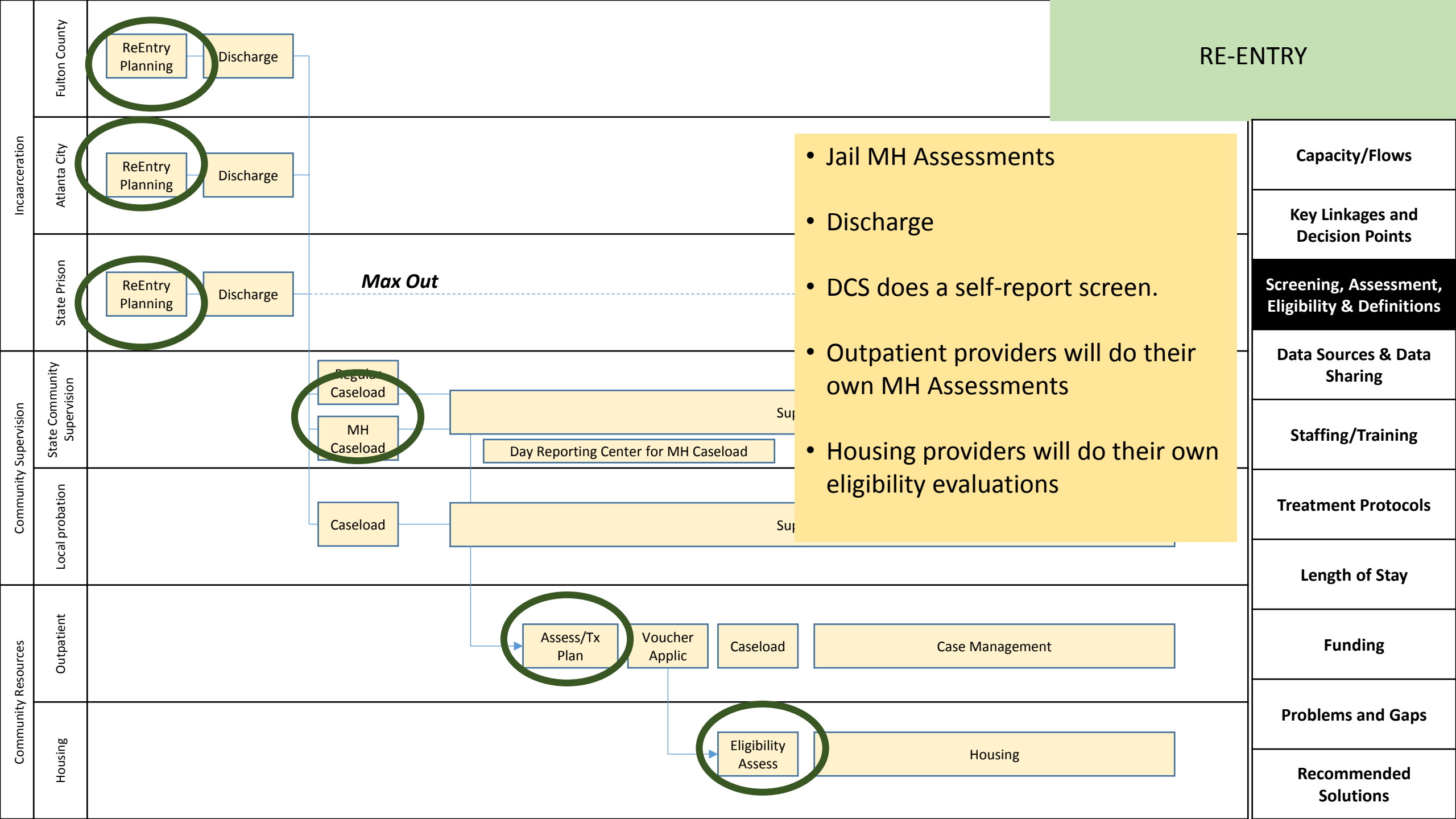


Community Resources

Housing



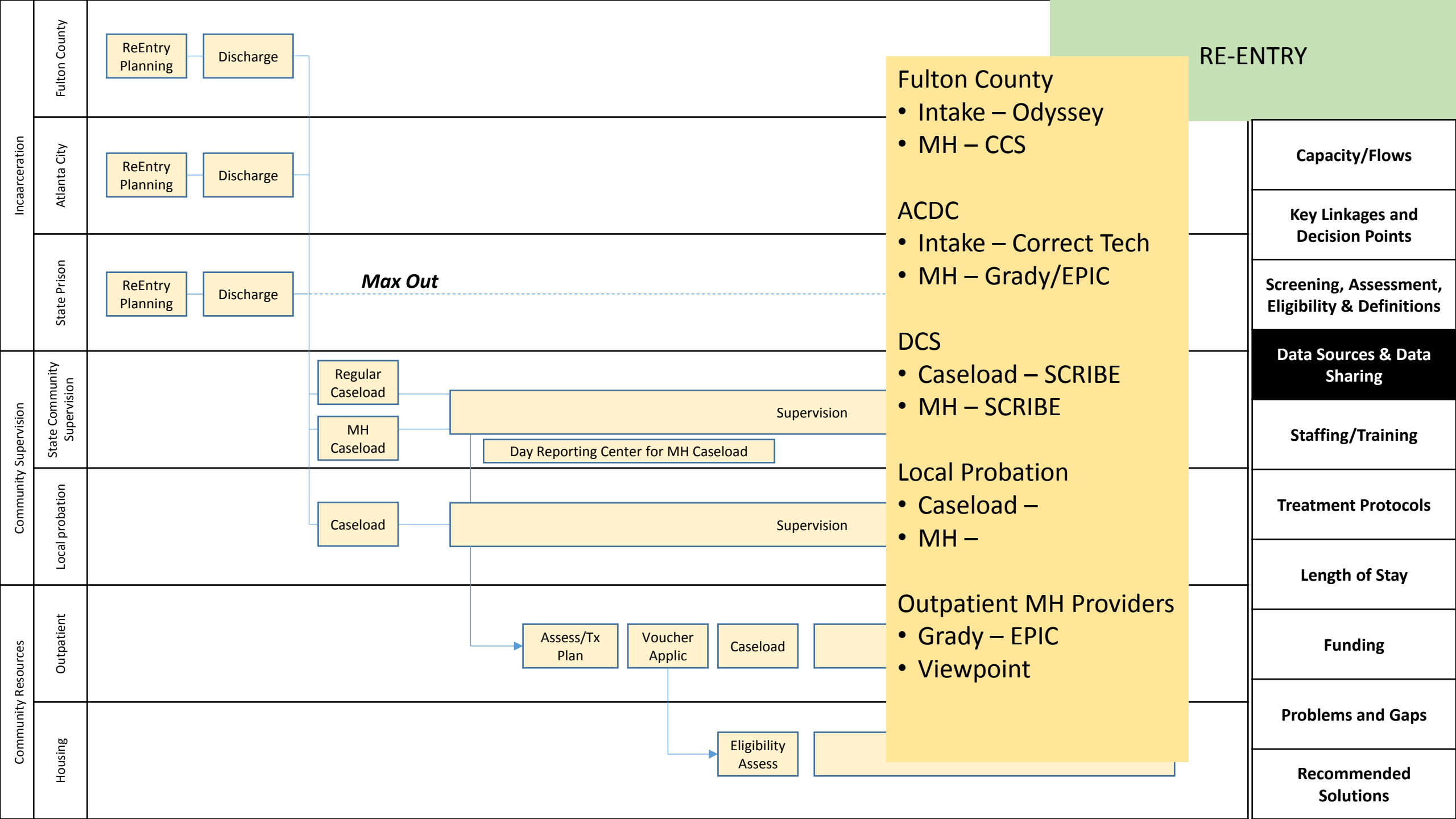
RE-ENTRY

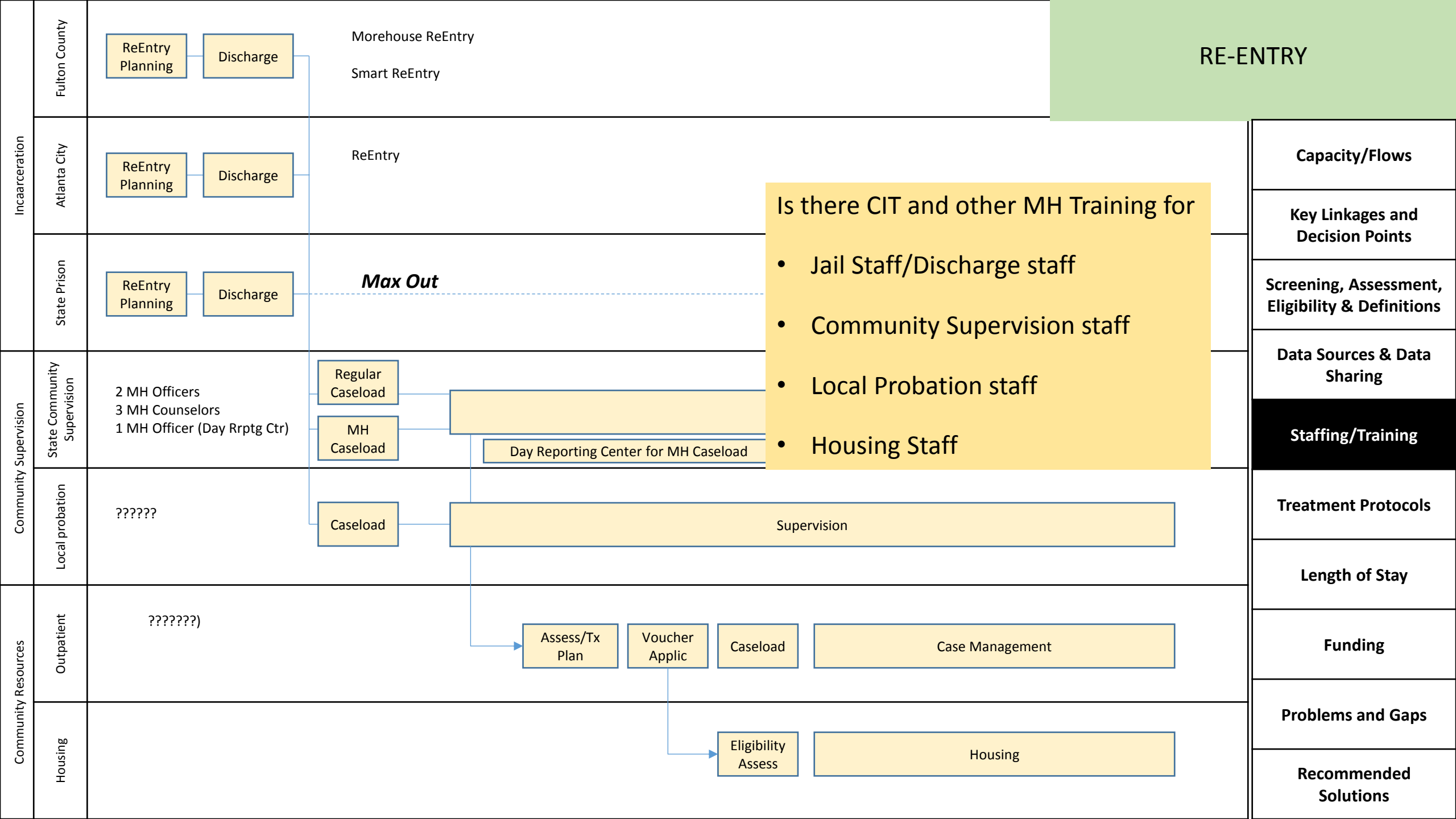


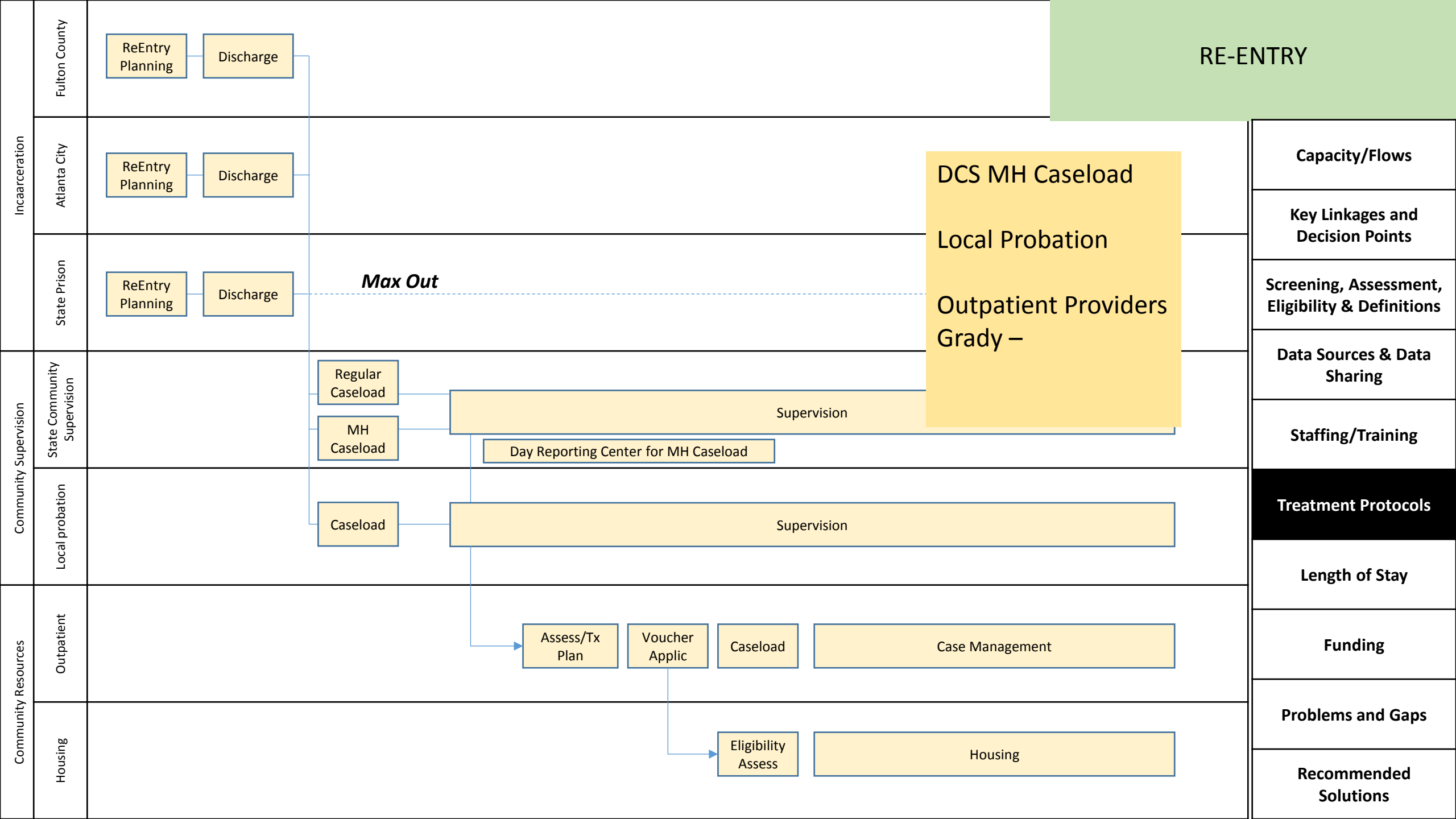
- Jail MH Assessments
- Discharge
- DCS does a self-report screen.
- Outpatient providers will do their own MH Assessments
- Housing providers will do their own eligibility evaluations

Max Out

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RE-ENTRY

Incarceration

Fulton County



Atlanta City



State Prison

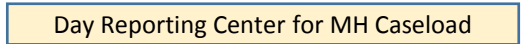
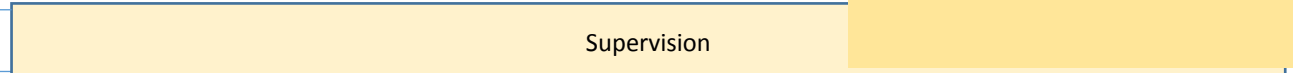
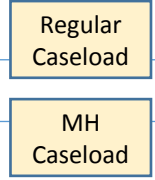


Max Out

DCS MH Caseload
Local Probation
Outpatient Providers Grady –

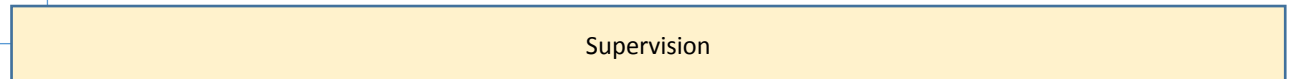
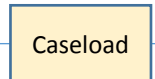
Community Supervision

State Community Supervision



Community Supervision

Local probation

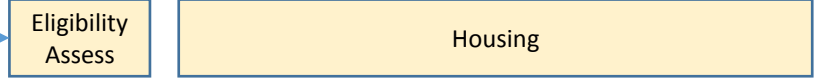


Community Resources

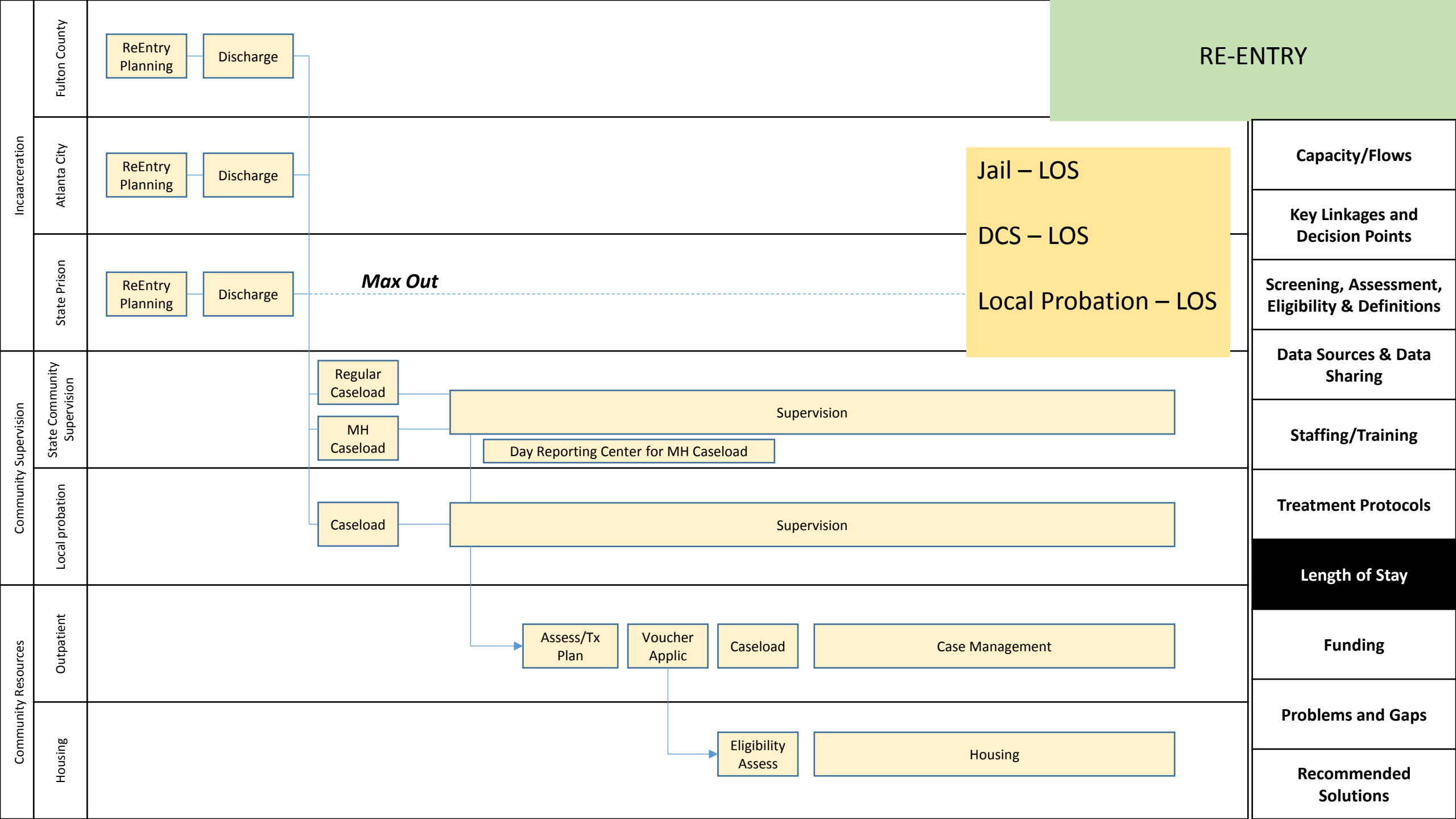
Outpatient

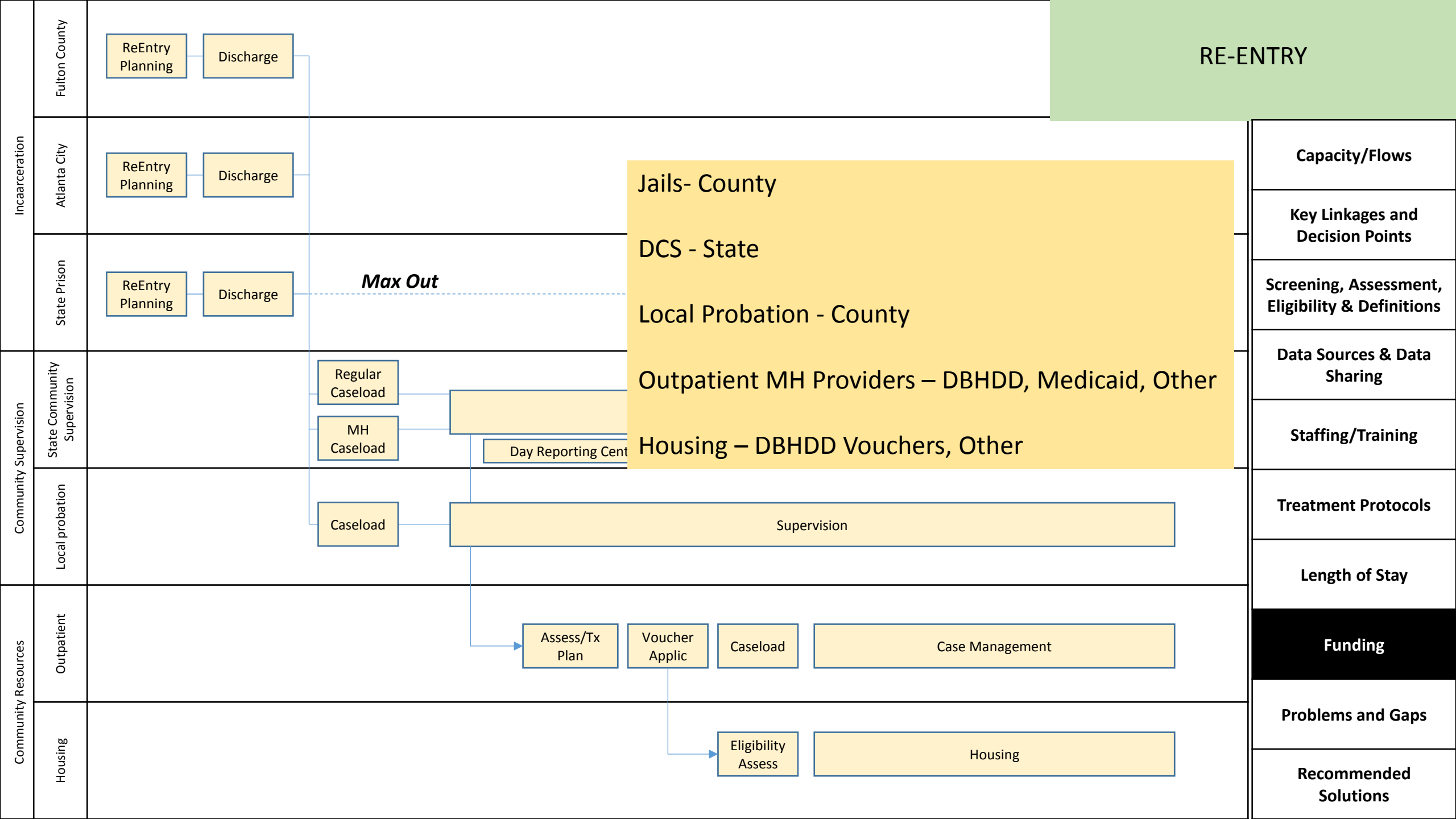


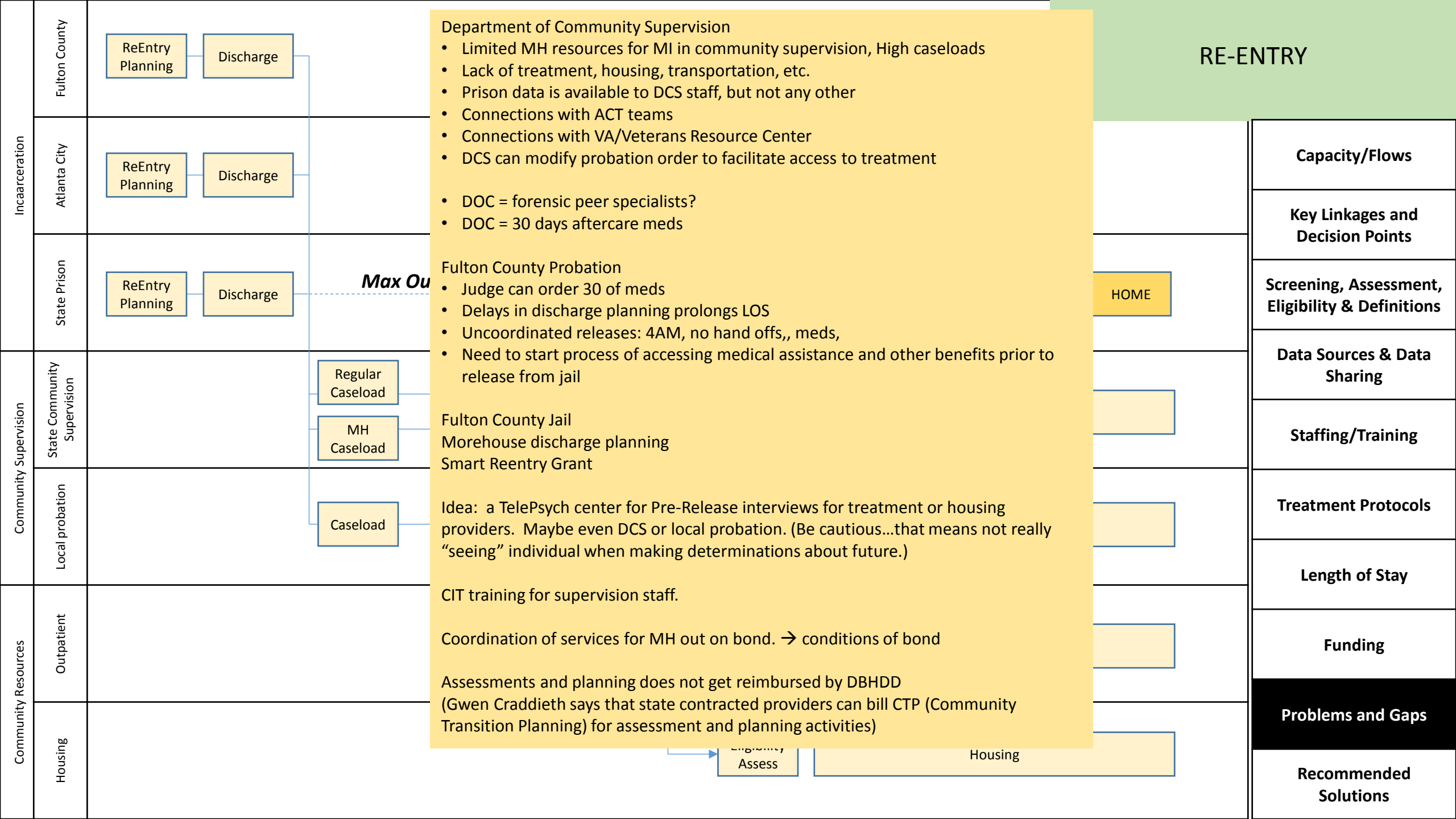
Housing



- Capacity/Flows
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RE-ENTRY

Department of Community Supervision

- Limited MH resources for MI in community supervision, High caseloads
- Lack of treatment, housing, transportation, etc.
- Prison data is available to DCS staff, but not any other
- Connections with ACT teams
- Connections with VA/Veterans Resource Center
- DCS can modify probation order to facilitate access to treatment

Fulton County Probation

- Judge can order 30 of meds
- Delays in discharge planning prolongs LOS
- Uncoordinated releases: 4AM, no hand offs,, meds,
- Need to start process of accessing medical assistance and other benefits prior to release from jail

Fulton County Jail

- Morehouse discharge planning
- Smart Reentry Grant

Idea: a TelePsych center for Pre-Release interviews for treatment or housing providers. Maybe even DCS or local probation. (Be cautious...that means not really "seeing" individual when making determinations about future.)

CIT training for supervision staff.

Coordination of services for MH out on bond. → conditions of bond

Assessments and planning does not get reimbursed by DBHDD (Gwen Craddieth says that state contracted providers can bill CTP (Community Transition Planning) for assessment and planning activities)

HOME

Capacity/Flows
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Recommendations Related to Re-Entry/Intercept 4

1. Institute a standardized process, to include a validated jail mental health screen for 100% of bookings, in the Fulton County Jail for identifying, assessing, and treating mentally ill offenders based on clinically sound best practices and verifiable data.
2. Coordinate re-entry services to track and monitor the validated jail mental health screen and re-entry assessment tools along with discharge planning
3. Connect re-entry services at the Fulton County Public Defender’s office with Fulton County Jail staff to increase the discharge planning capacity at the jail.
4. Create policies and procedures to ensure that inmates receive at least a 14 day supply of prescribed mental health medication upon release.
5. Develop and implement a strategy for coordinated information sharing between re-entry providers and community stakeholders to improve case coordination. Establish data-sharing agreements between the Fulton County Jail, the mentally ill offender’s behavioral health provider, and/or the Atlanta City Detention Center for improved access to services. Explore, create and implement a network information sharing database and data sharing agreements to be used by all justice and justice service entities.
6. Designate Fulton County Jail inmates with SPMI facing homelessness on release as being at “imminent risk” of homelessness so that care navigation can begin before release.
7. Increase the availability of supportive housing units with a Housing First model that includes care navigation services.
8. Establish a revolving fund for housing providers to cover bridge funding for “startup” expenses.
9. Expand the scope of services that transitional housing providers offer.
10. Establish a standing mechanism for the reporting of jail and housing data for decision makers.



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Recommended Solutions

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	Atlanta City	ReEntry Planning	Dis
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Community Supervision	State Community Supervision		
	Local probation		
Community Resources	Outpatient		
	Housing		