Incarceration
Fulton County
Atlanta City
State Prison

Community Supervision

State Community Supervision

Local probation

Community Resources

Outpatient

Housing

ReEntry Planning
Discharge

ReEntry Planning
Discharge

ReEntry Planning
Discharge

Max Out

HOME

Regular Caseload

MH Caseload

Day Reporting Center for MH Caseload

Caseload

Supervision

Assess/Tx Plan

Voucher Applic

Caseload

Case Management

Eligibility Assess

Housing

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
Correct Care/Morehouse Discharge Planning Unit
- Diversion Coordinators develop discharge plan
- Recommendations presented at court

Public Defender ReEntry Services
- Many public defender clients who take probation with treatment as a condition are put on MH caseload.

SMART Entry Grant

Department of Corrections
- MH Classification Tiers
- RSAT
- Other MH Treatment Options
- Release protocols: 30 days meds
- What MH info goes to community

Dept of Community Supervision
- 19,061 on probation/parole
- MH caseload 150 individuals
- Day Reporting Center (MH)
- RSAT Programs in prisons

Fulton County has outsourced probation services to ________
- ______ on probation
- MH caseload ??????

Viewpoint ReEntry
See handout, incl. eligibility
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
• 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
- 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
Is there CIT and other MH Training for:

- Jail Staff/Discharge staff
- Community Supervision staff
- Local Probation staff
- Housing Staff

2 MH Officers
3 MH Counselors
1 MH Officer (Day Reporting Ctr)
Jails - County

DCS - State

Local Probation - County

Outpatient MH Providers – DBHDD, Medicaid, Other

Housing – DBHDD Vouchers, Other
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
  - DOC = forensic peer specialists?
  - DOC = 30 days aftercare meds

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)
<table>
<thead>
<tr>
<th>Recommendations Related to Re-Entry/Intercept 4</th>
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<tr>
<td>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.</td>
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<td>2. Coordinate re-entry services to track and monitor the validated jail mental health screen and re-entry assessment tools along with discharge planning.</td>
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<td>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.</td>
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<td>4. Create policies and procedures to ensure that inmates receive at least a 14 day supply of prescribed mental health medication upon release.</td>
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<td>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.</td>
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<td>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.</td>
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<td>7. Increase the availability of supportive housing units with a Housing First model that includes care navigation services.</td>
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<td>8. Establish a revolving fund for housing providers to cover bridge funding for “startup” expenses.</td>
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<td>9. Expand the scope of services that transitional housing providers offer.</td>
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<td>10. Establish a standing mechanism for the reporting of jail and housing data for decision makers.</td>
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