Community Corrections and Mental Health Probation Supervision

Presented to:
Joint Study Committee on Mental Health Access

Presented by:
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Georgia Probation Population

10-year Growth (2002-2012) 29%!

Private Probation: Misdemeanors Law Passed
“People with mental illnesses are twice as likely as others under supervision to have their community sentence revoked — which only deepens their involvement in the criminal justice system.”

“10 Essential Elements for Successful Supervision of Mental Health Probationers”

The Justice Center
Probation Operations Initiatives

Integrated Treatment Program (ITP)

— Unsuccessful in the community
— Enhanced services in a residential treatment setting
— Co-occurring / dual diagnosis (Mental Health and Substance Abuse)

Mental Health Probation Officer Specialist

— Probationers with Mental Health or co-occurring diagnosis
— Collaborate with local service providers
— Treatment and services in the community
— Eliminate incarceration costs
Integrated Treatment Facility

Referral candidates

— Failed at the Day Reporting Center (DRC) and have a dual diagnosis

— Failed in Mental Health (MH) Court or Drug Court and have a dual diagnosis

— Current or previous Mental Health/Substance Abuse (dual diagnosis)

— History of MH treatment in prison or Probation Detention Center (PDC)

— Targeted population are those probationers with mental health and substance treatment needs (co–occurring diagnosis)
Admission Process for ITP

Screening and Evaluation
- Clinical Assessment completed by Mental Health Professional
  - CSB
  - Mental Health Court
  - GDCs MH Counselor
- Screening is done prior to sentencing (revocation hearing)

Placement
- Determined by a team (staffing)
  - Chief Probation Officer
  - Mental Health PO Specialist
  - Mental Health Counselor Mental Health
- No specified length of stay or location specified in the Court Order
- Duration: Until Program Completion (9 month program)
- Judicial Updates while in the facility
Re-entry and Aftercare

Requires the Mental Health PO Specialist to visit probationer **prior to release from ITP**

Smooth handoff from ITP back to the Circuit
- Transportation of probationers being released from Appling or West Central—determine best practices
  - Probation Officer
  - GDC transportation
  - Family

Return to Mental Health and/or Drug Courts program (if referred by MH or SA Court)
- Compliance Court-Judicial Oversight

Requires home visit within **24 hours** of release
Mental Health Probation Officer Specialist
MHPOS

Caseload Criteria

— Caseload maximum = 40
— ITP releases (Aftercare) 6 months
— Level III re-entry (Have had inpatient treatment) / Split Cases
— DRC Mental Health Aftercare
— Specialty Court (Mental Health Court) aftercare
— Existing caseloads that meet criteria
Mental Health Population

Challenges

Communication
— Internal and External
— Collaboration with shared information

Medication
— Released with 30 day supply (is this enough?)
— Medication runs out before appointments

Resources / Assistance
— Employment
  ➢ Improve skills
  ➢ Partner with potential employers
— Disability
  ➢ Improve process / wait time
— Housing
  ➢ Long waiting list
— Transportation
— Education
Mental Health Population

Challenges

Training
  — Improve data collections
  — Proper documentation
  — How to handle Crisis situations
    ➢ Provide more trainings with scenarios
    ➢ Critical Incident Training for current officers and in basic training

Sanctions
  — How to handle and address violations
    ➢ Failure/refusal to take medications
    ➢ Failure to attend treatment classes
    ➢ Continued drug use
  — Develop Matrix for sanctions
## Mental Health Statistics

Probationer Diagnosis Classification – male and female

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Males (%)</th>
<th>Females (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>210 (3.3%)</td>
<td>143 (4.0%)</td>
<td>353 (3.6%)</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>682 (10.8%)</td>
<td>568 (15.8%)</td>
<td>1250 (12.6%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>705 (11.1%)</td>
<td>587 (16.4%)</td>
<td>1292 (13.0%)</td>
</tr>
<tr>
<td>Depression</td>
<td>2298 (36.2%)</td>
<td>1385 (38.6%)</td>
<td>3683 (37.1%)</td>
</tr>
<tr>
<td>Schizophrenia/Psychotic</td>
<td>1200 (18.9%)</td>
<td>268 (7.5%)</td>
<td>1468 (14.8%)</td>
</tr>
<tr>
<td>PTSD</td>
<td>489 (7.9%)</td>
<td>442 (12.3%)</td>
<td>940 (9.5%)</td>
</tr>
<tr>
<td>Other</td>
<td>484 (7.6%)</td>
<td>159 (4.4%)</td>
<td>643 (6.5%)</td>
</tr>
<tr>
<td>Learning Disorders</td>
<td>263 (4.2%)</td>
<td>37 (1.0%)</td>
<td>300 (3.0%)</td>
</tr>
</tbody>
</table>
## Mental Health Statistics

MH Supervision Levels – males and females

<table>
<thead>
<tr>
<th>Supervision Level</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard/MH</td>
<td>753</td>
<td>566</td>
</tr>
<tr>
<td>High/MH</td>
<td>370</td>
<td>121</td>
</tr>
<tr>
<td>Special/MH</td>
<td>126</td>
<td>62</td>
</tr>
<tr>
<td>Special/MH Reentry</td>
<td>47</td>
<td>35</td>
</tr>
</tbody>
</table>

- **1,296 Males**
  - Standard/MH – 58.1%
  - High/MH – 28.6%
  - Special/MH Reentry – 3.6%
  - Special/MH – 9.7%

- **784 Females**
  - Standard/MH – 72.2%
  - High/MH – 15.4%
  - Special/MH Reentry – 4.5%
  - Special/MH – 7.9%

- **2,080 total MH cases**
- **56 MHPOs identified**
- **Average caseload – 37**
Thank you!