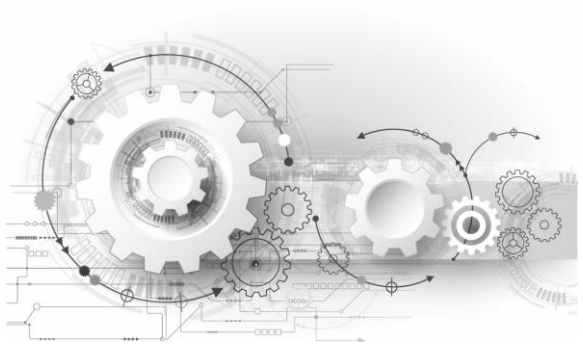
DCS Supervision of MH Offenders
February 25, 2020

GEORGIA DEPARTMENT OF COMMUNITY SUPERVISION
WHERE PUBLIC SAFETY AND PROGRESS MEET



MH by the numbers

- 18,522=Past/present MH needs identified
- 16,321= MH needs identified/referrals made
- 2557 = Number of MH on Specialized caseload
- 244= Number of homeless MH (47%)
- 243= MH on Problem Residence List

Identifying Individuals with Mental Health Needs

- During intake, all individuals under supervision are given MH Screening
  - If needs are identified, they are referred to local resources (i.e. CSB)
- Reentry Cases (Prison, TC, PDC, RSAT, ITF)
  - Level 1
  - Level 2
  - Level 3
  - Level 4

Supervision of Specialized Caseloads

- Caseload ratio: no more than 50:1; 40:1 is preferred.
- Caseloads consist of:
  - Released from RSAT ITF
  - All level 3 & 4 released from prison
  - Diagnosed by MH professional as having a SPMI
  - Level 2 showing signs of decompensation
  - A need to be more closely monitored due to MH concerns
  - MH screening referrals

MH caseload management: CSO

- F/F contact within 72 hours of receiving case
- Initial interaction
  - Review all clinical assessments and supervision conditions, Referrals to community resources
- Crisis intervention (suicidal, homicidal, self harm): GCAL or 911
- Referral to RSAT ITF (if needed to address non-compliance and/ or intensive MH/SA treatment)

Supervision of Specialized Caseloads

- Duration: SPMI cases remain for the duration of supervision
- All others may be assessed after 180 days to determine appropriate placement
  - CSO, CCSO have discretion to remove case if stable and compliant
  - Signs of decompensation, case can be placed back on caseload

Specialized Supervision Requirements:

Monthly minimum interaction

- Two (2) F/F Field interactions:
  - One must be an unannounced field interaction
  - Remaining interaction can be conducted via video or scheduled F/F
- Collateral: family, treatment provider or employer
- Employment verification
- Monthly residence verification

Training: *BCSOT*

- Trauma Informed Response (4)
- Mental Health First Aid (MHFA) (10)
- Supervising the Offender with a MH Disorder including Substance Related and Addictive Disorders (3)
- Autism Spectrum Disorder (1)
- Georgia Crisis and Access Line (GCAL) (1)
- Suicide Prevention and Awareness (2)
- Community Service Boards (1)
- De-escalation Options for Gaining Compliance (1)
- Day Reporting Centers (DRC) & Accountability Courts (2)
- Alternatives to Incarceration (2)

27 Hours Total Mandatory Training

Specialized Staff Training

- Specialized Mental Health Training (32)
- Crisis Intervention Training
- Use of Force and De-escalation training
- Community Policing training every year (minimum 2 hrs/yr)

Programs & Treatment

Forensic Peer Mentor Program

- Partnership with DHBDD and GMHCN
- 5 peer mentors
- 6 Vacancies

DCS Mental Health Counseling Staff

- 1 MH Counselor in each full DRC
- 6 MH Counselors in Metro area offices

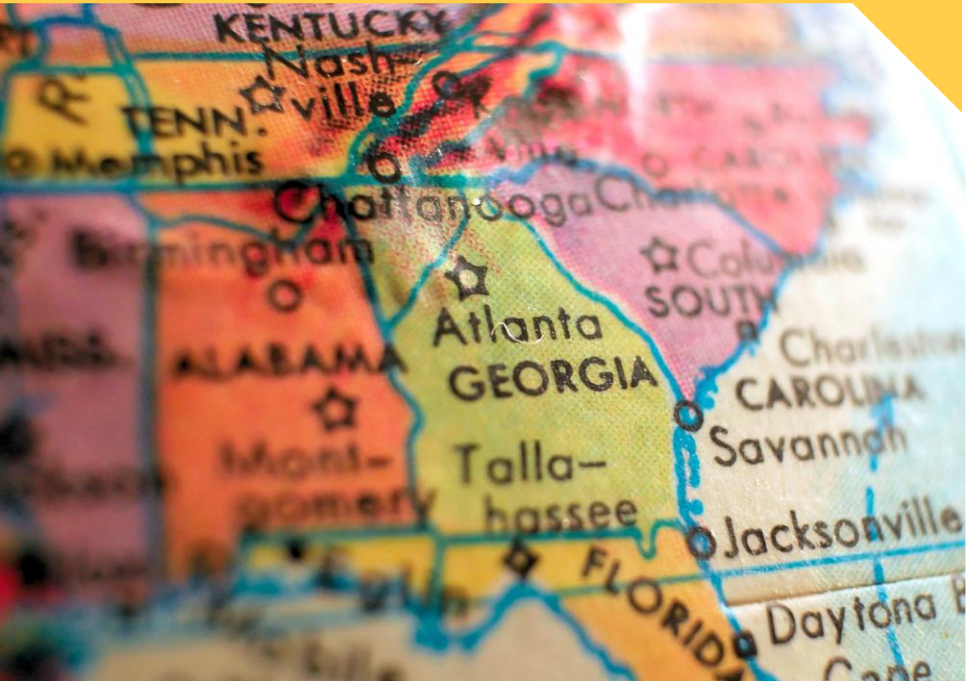
MH Counselors

- Conduct MH screenings to determine referral to MH caseload
  - DRC MH counselors carry a caseload of 25+
  - Field counselors support specialized CSO/assessments
- If referred, MH evaluation completed w/in 7 days
- Referral to CSB or other Behavioral Health provider for MH services w/7 days of initial office visit
- Obtain records (clinical diagnosis and meds: if prescribed)
- Medication compliance check as needed
- Individual sessions

MH Counselors

- Referrals for other community resources (Voc. Rehab, SSI/SSDI)
- Crisis intervention: GCAL or 911
- Provide Co-occurring Curriculum in DRCs
- Establish, foster and maintain collaborative relationships with community resources and attend meetings in local area

Housing MH Offenders



RPH MH Providers:

- 29 accept MH level 2's
- 6 (5 counties) accept SPMI

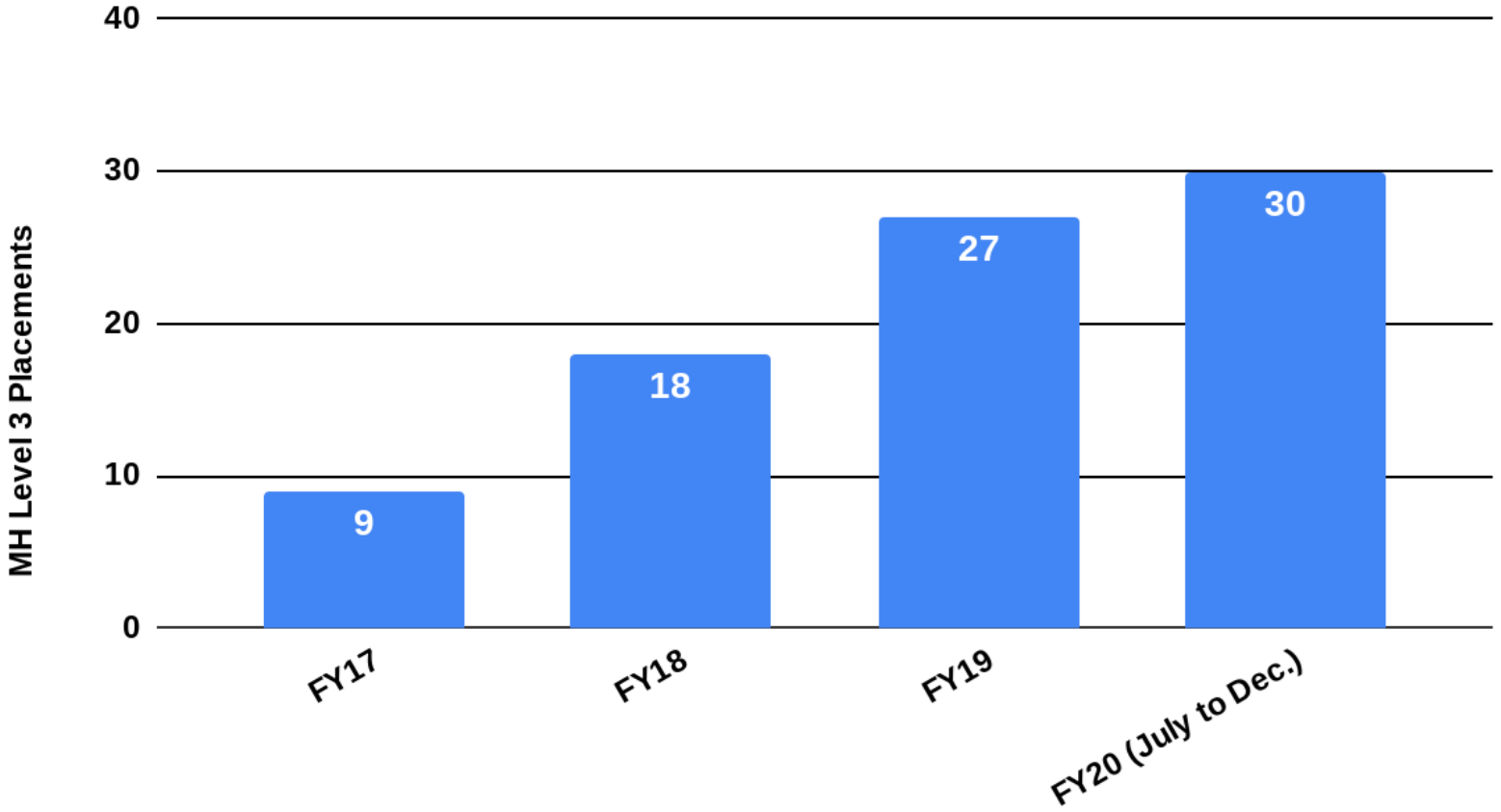
THOR Providers:

- 63/74 will consider "case by case"

Reentry Community Coordinators:

- Work at local levels to leverage resources

MH Level 3 Placements by FY



Challenges

- Continuity of Care: Need for seamless collaboration with local CSB and/or Behavioral Health providers for treatment and housing
  - Critical need for individuals who do not meet RPH criteria/ need for personal care home or skilled nursing
- Long wait times for individuals who are referred for services

Gaps

- Lack of funding for Forensic Peer Mentors
- Staff retention/ turnover: (DCS and outside providers)
  - Causes a breakdown in communication with established points of contact
  - Causes a break in services when CSB's have vacancies
  - Funding for services
  - Transportation issues, causing missed appointments

Data Needs

DCS

- Ability to distinguish MH from SO on specialized caseloads

External

- Ability to bridge CSB data with DCS database to identify/track individuals being served in the community

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