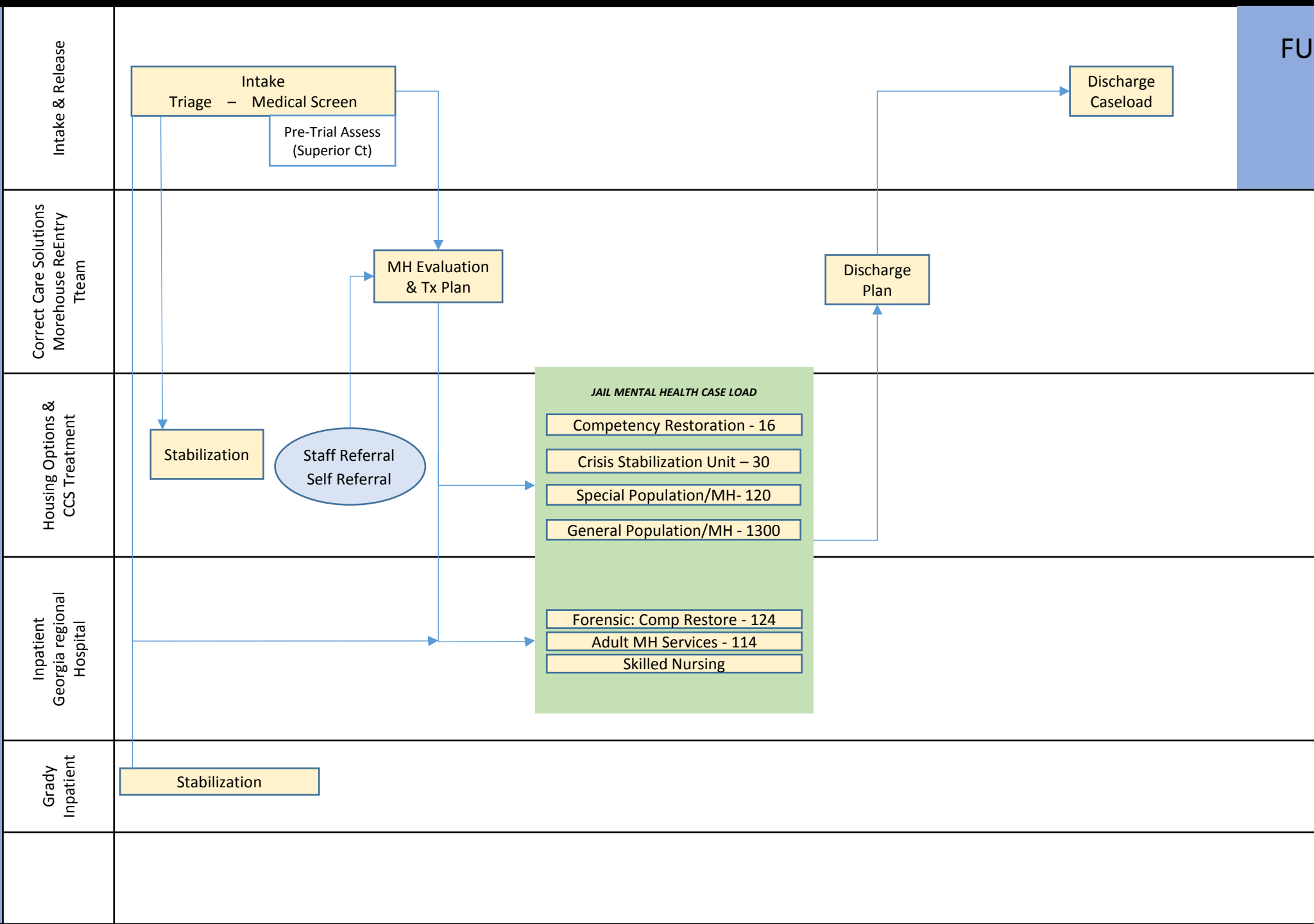


FULTON COUNTY JAIL Mental Health Treatment

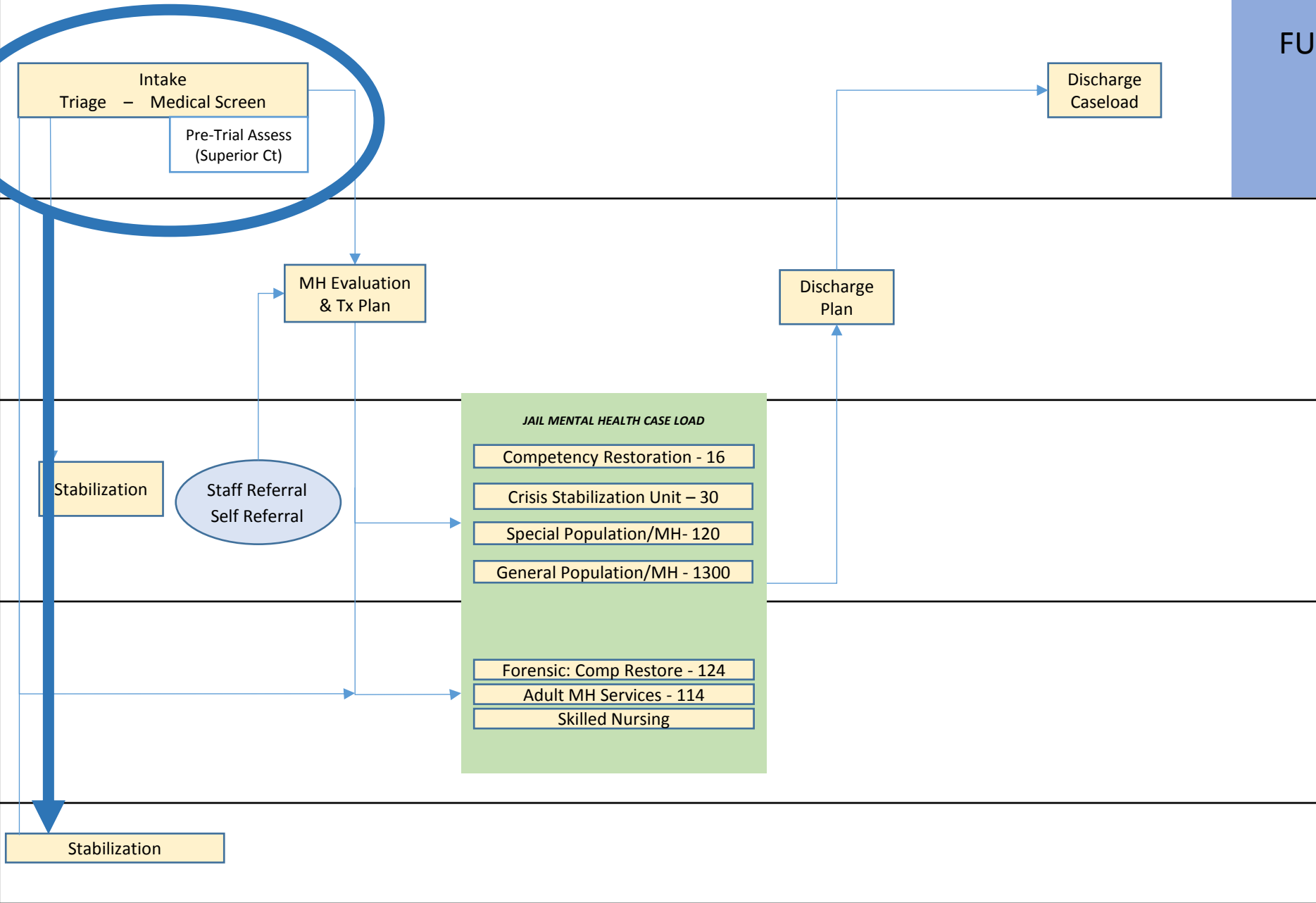


Intake & Release	
Correct Care Solutions Morehouse ReEntry Team	
Housing Options & CCS Treatment	
Inpatient Georgia regional Hospital	
Grady Inpatient	

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

FULTON COUNTY JAIL Mental Health Treatment



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Intake & Release

**Correct Care Solutions
Morehouse ReEntry
Team**

**Housing Options &
CCS Treatment**

**Inpatient
Georgia regional
Hospital**

**Grady
Inpatient**

Stabilization

**Staff Referral
Self Referral**

**MH Evaluation
& Tx Plan**

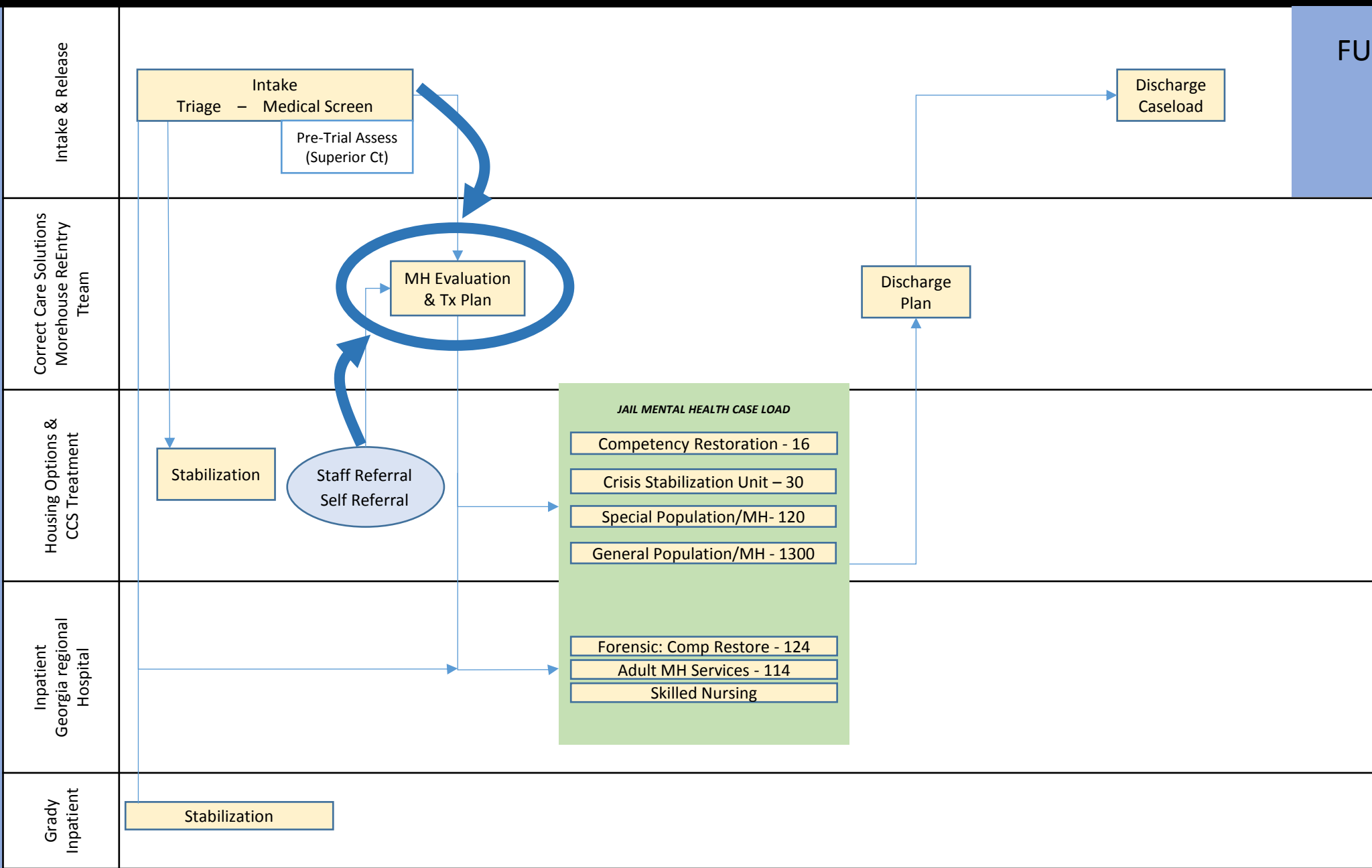
**Discharge
Plan**

**Discharge
Caseload**

JAIL MENTAL HEALTH CASE LOAD

- Competency Restoration - 16
- Crisis Stabilization Unit - 30
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- Forensic: Comp Restore - 124
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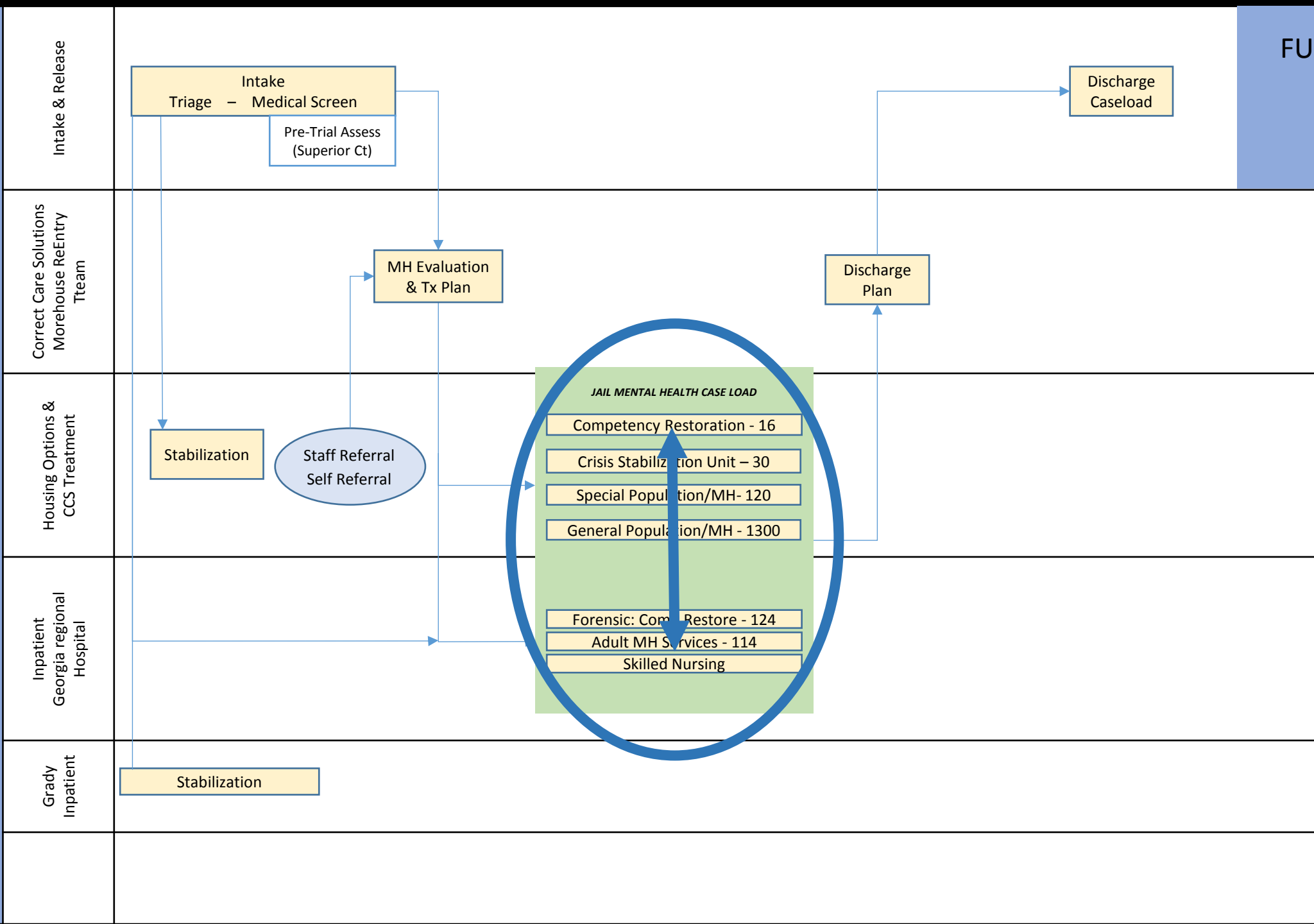
FULTON COUNTY JAIL Mental Health Treatment



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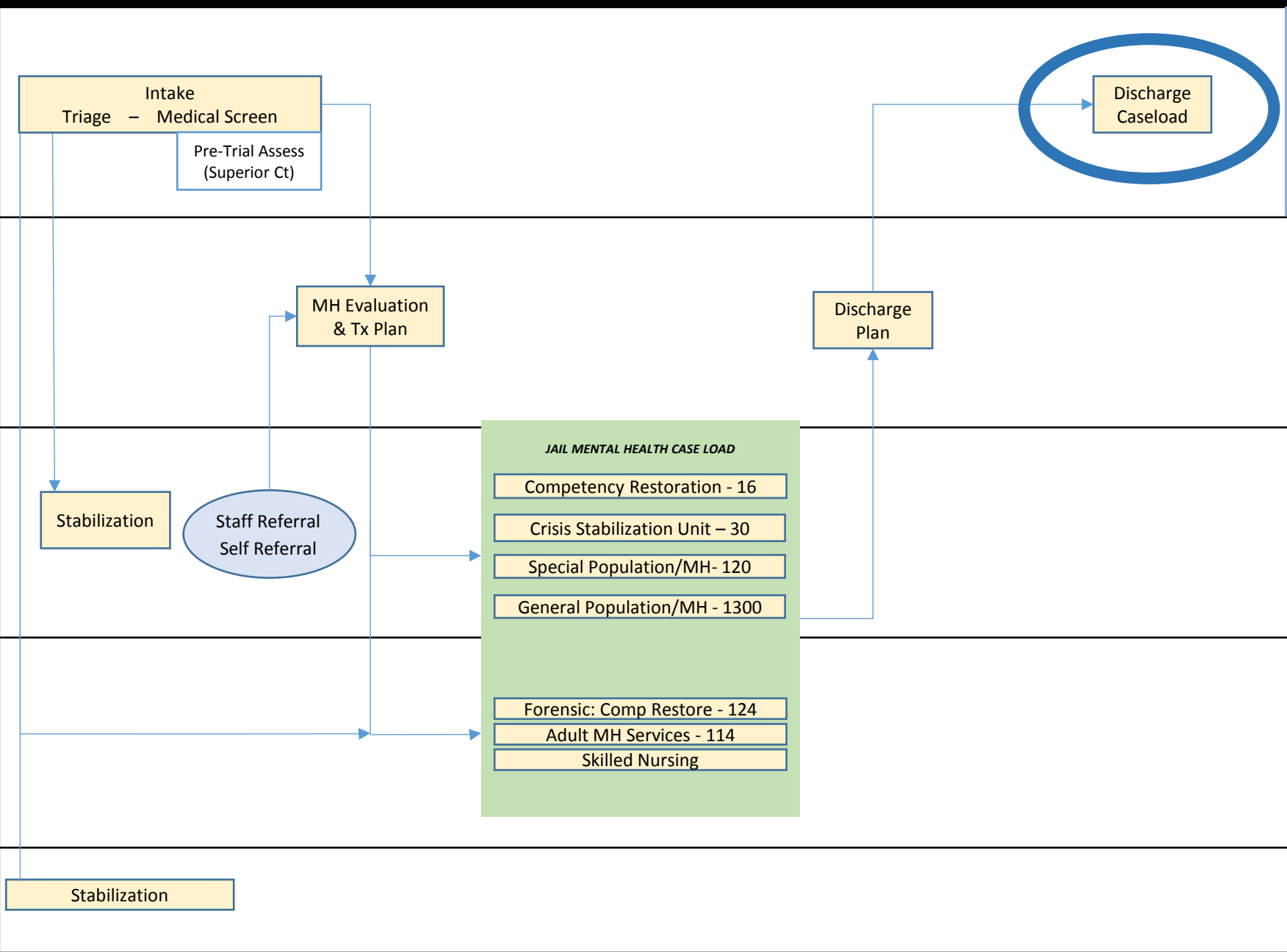
Recommended Solutions

FULTON COUNTY JAIL Mental Health Treatment



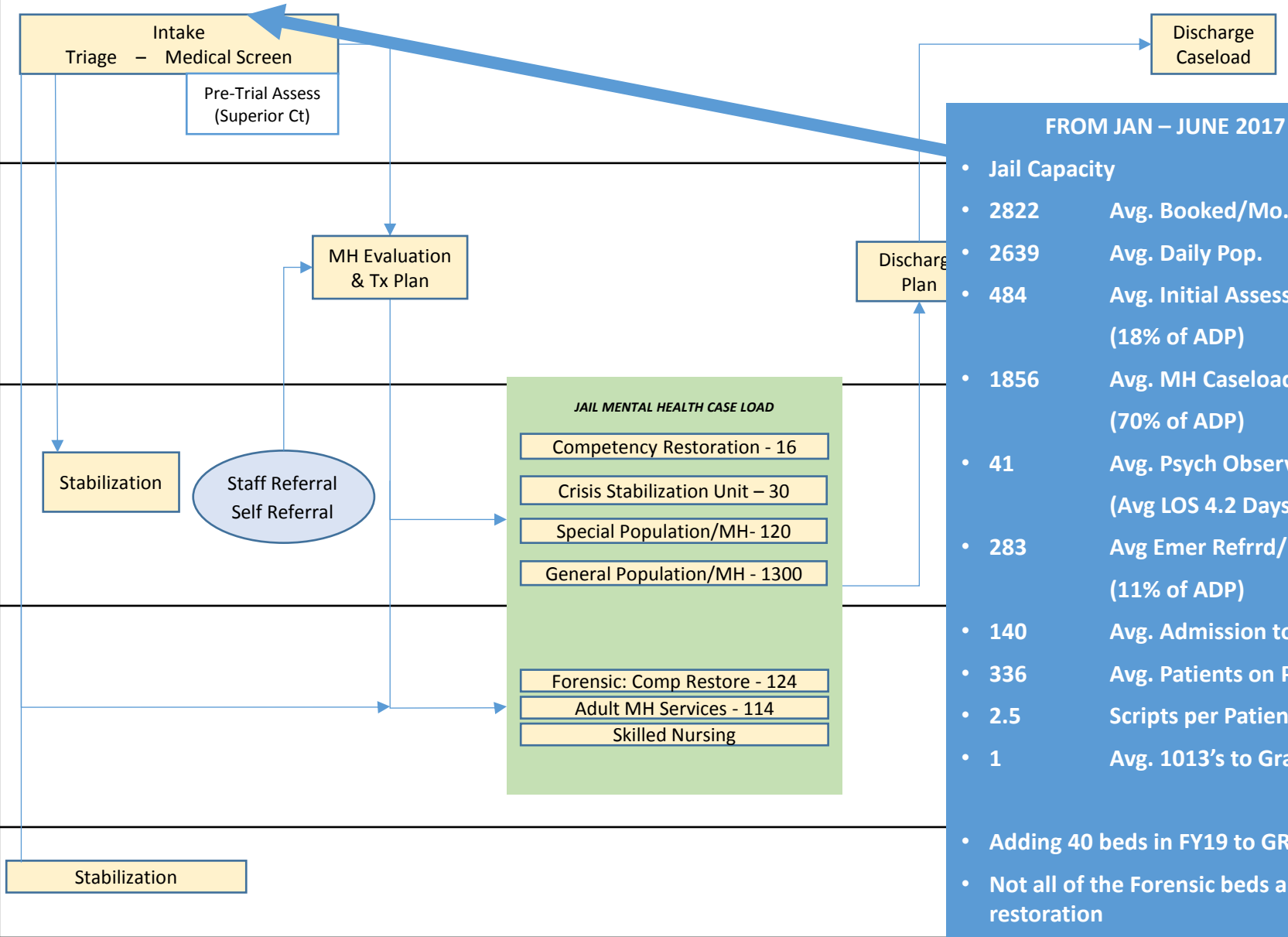
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FULTON COUNTY JAIL Mental Health Treatment



FROM JAN – JUNE 2017 (6 Months)

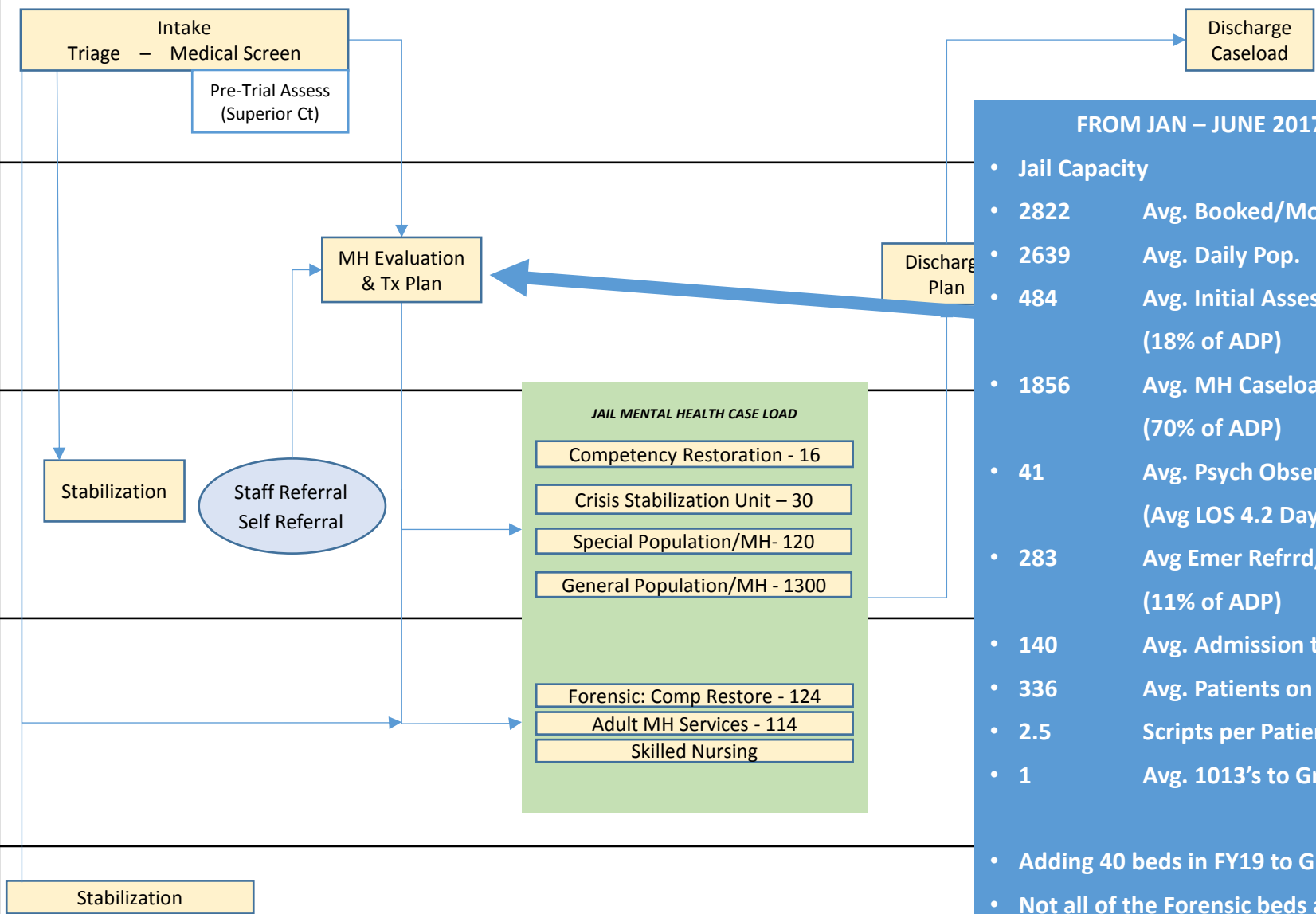
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- 2639 Avg. Daily Pop.
- 484 Avg. Initial Assessments (multi-Disc) (18% of ADP)
- 1856 Avg. MH Caseload/Mo (70% of ADP)
- 41 Avg. Psych Observation/Mo (Avg LOS 4.2 Days)
- 283 Avg Emer Refrrd/Mo. (Int & GP) (11% of ADP)
- 140 Avg. Admission to Acute Psych/Mo
- 336 Avg. Patients on Psych Meds
- 2.5 Scripts per Patient on Psych Meds
- 1 Avg. 1013's to Grady/Mo

- Adding 40 beds in FY19 to GRH
- Not all of the Forensic beds are competency restoration

Union City's Women's Pilot Program – 12 served

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FULTON COUNTY JAIL Mental Health Treatment



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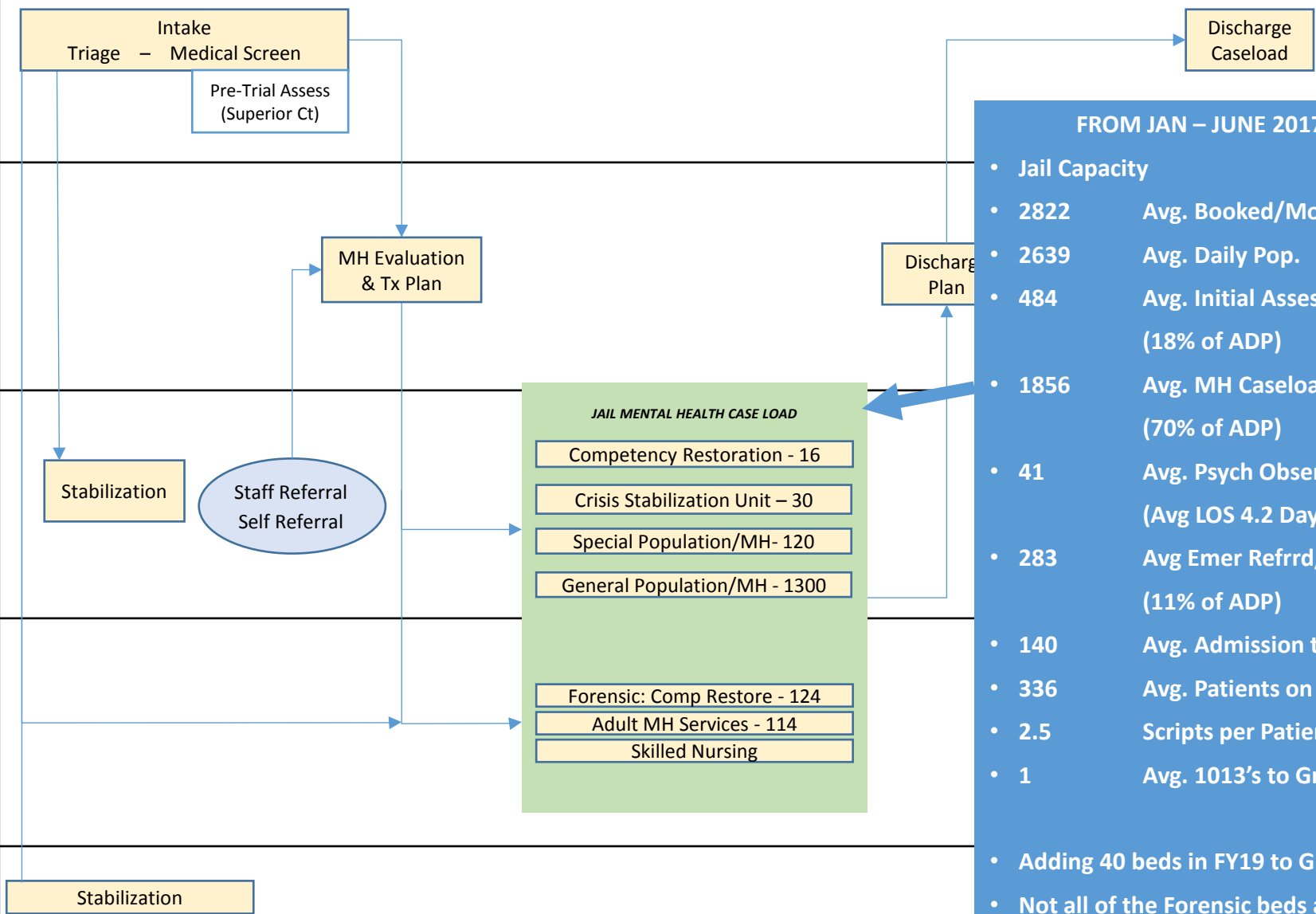
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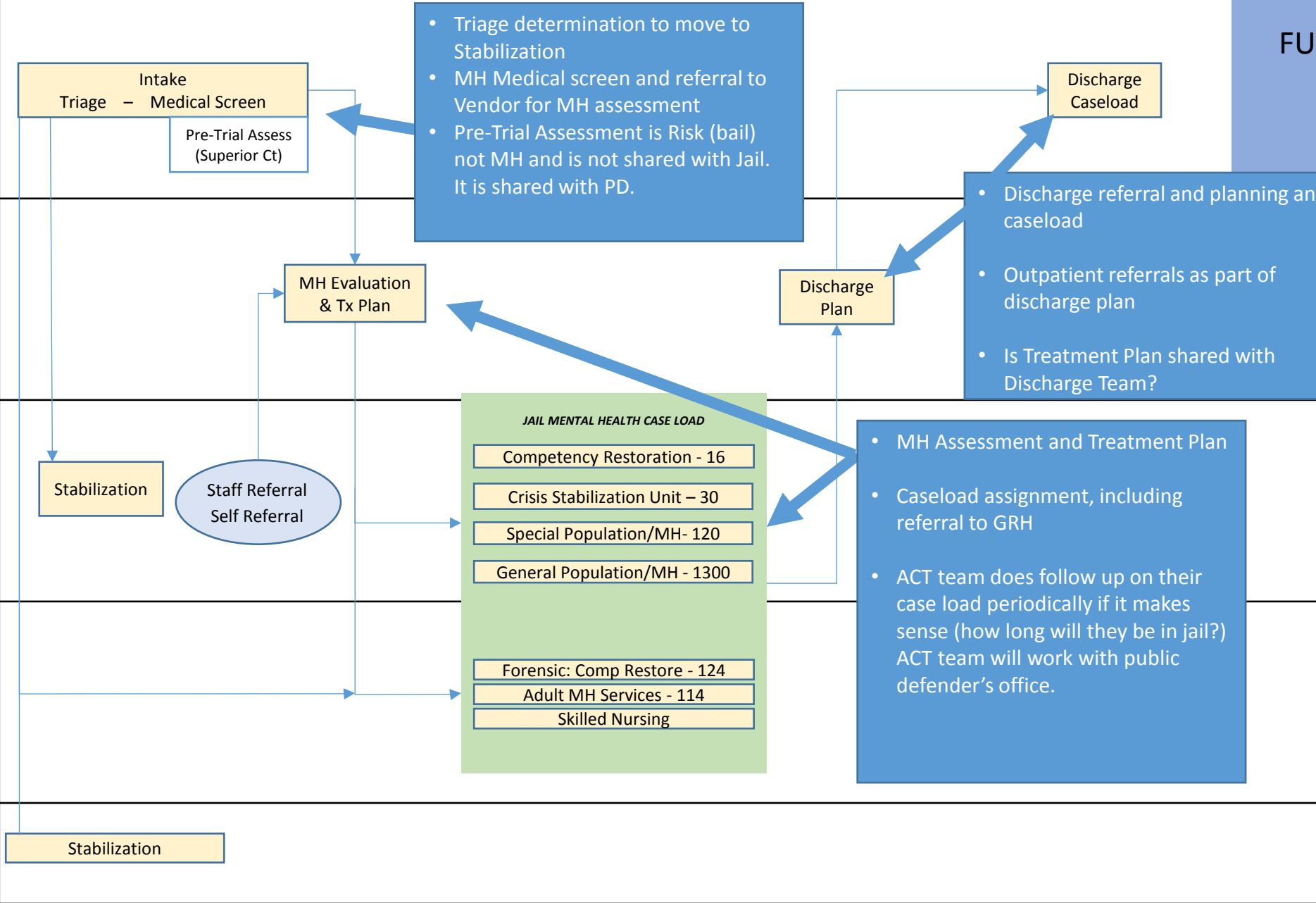
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FULTON COUNTY JAIL

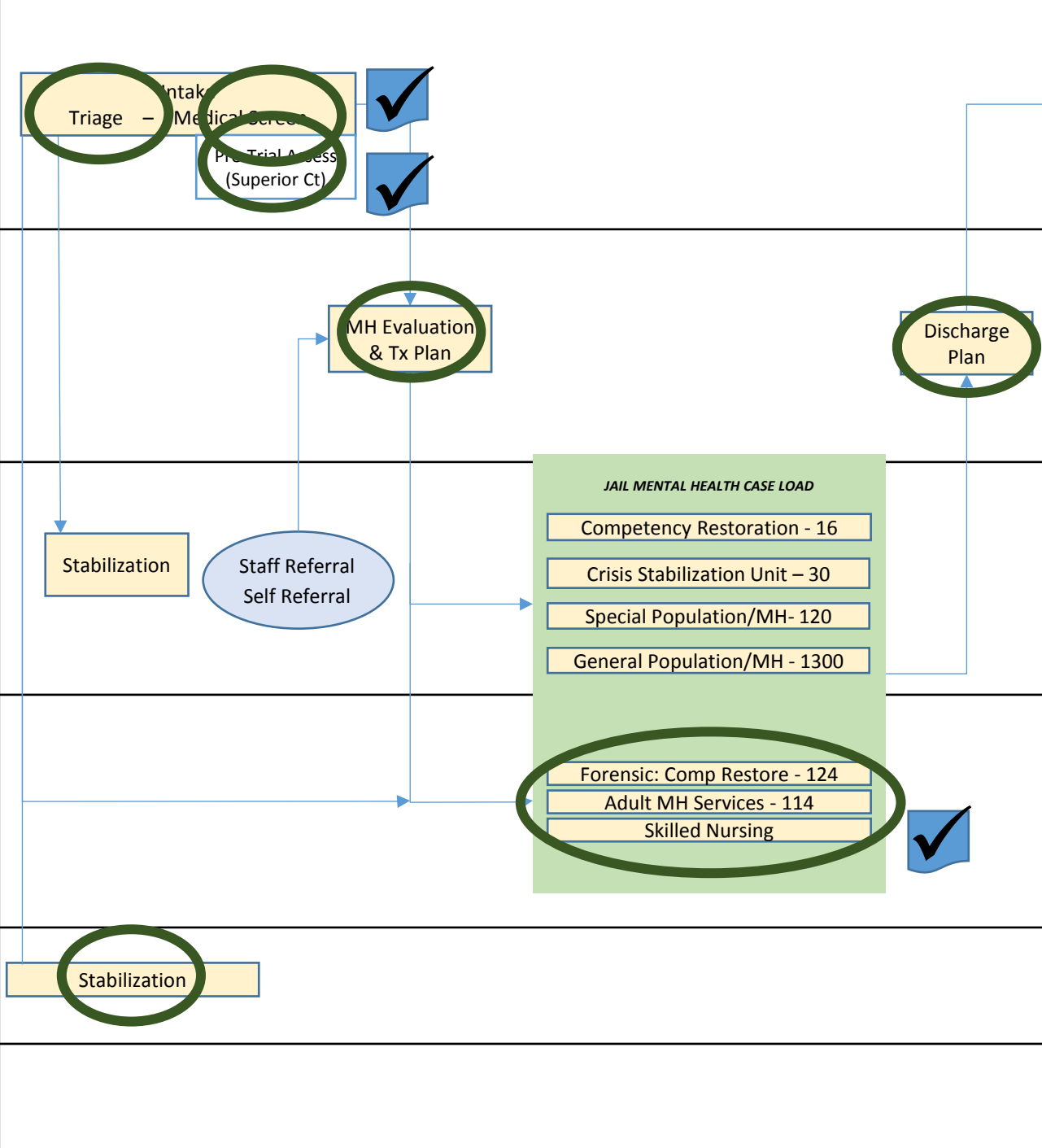
FULTON COUNTY JAIL
Mental Health Treatment



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FULTON COUNTY JAIL
Mental Health Treatment

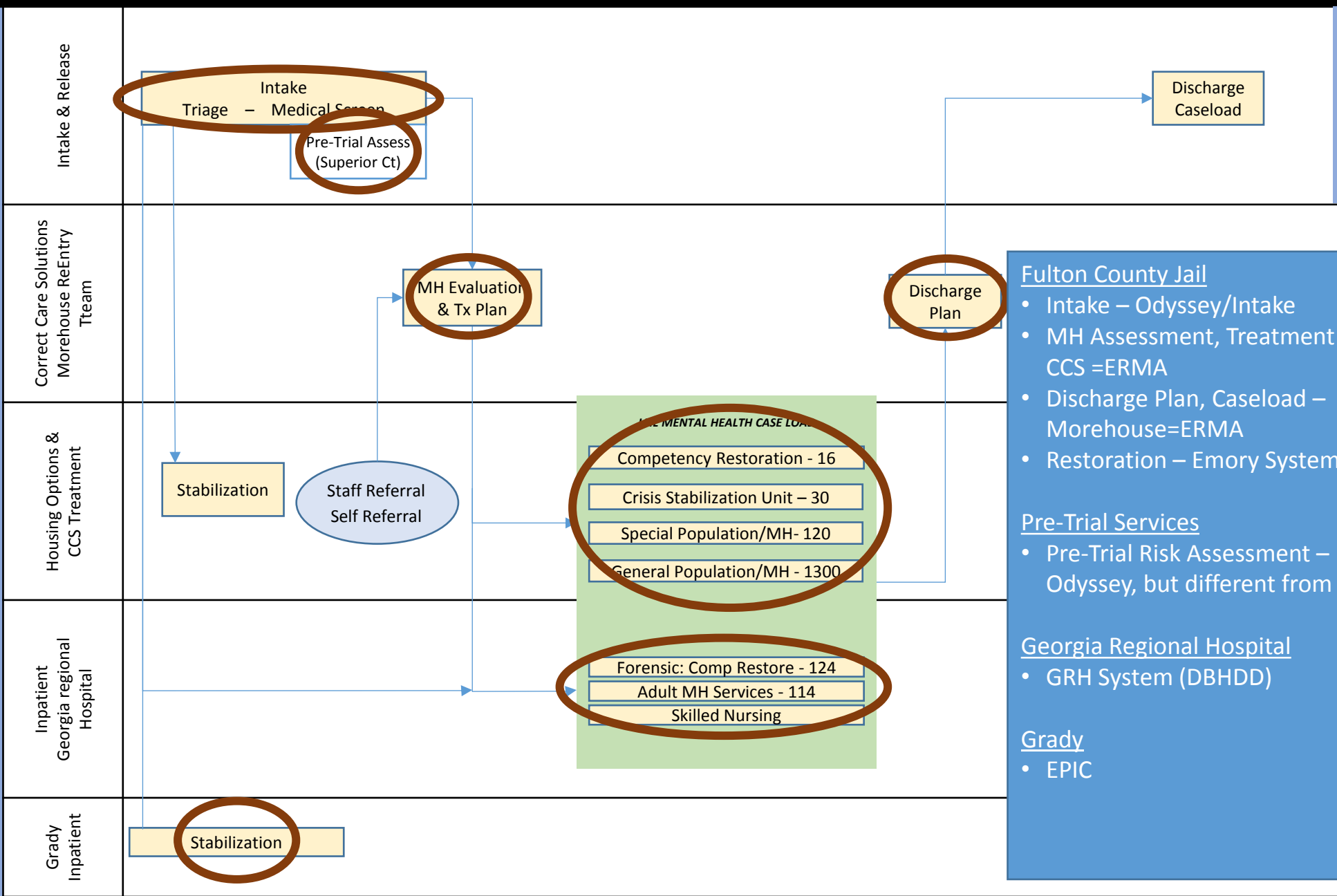
Intake & Release
Correct Care Solutions Morehouse ReEntry Team
Housing Options & CCS Treatment
Inpatient Georgia regional Hospital
Grady Inpatient



- Fulton County Jail**
- Triage
 - Medical Screen
 - MH Assessment
 - Treatment Plan
 - Caseload Eligibility
 - ReEntry Assessment Tool
 - Discharge Plan
- Pre-Trial Services
- Pre-Trial Risk Assessment
- Georgia Regional Hospital
- GRH Assessment
 - GRH Treatment Plan
 - GRH Discharge Plan
- Grady
- MH Assessment
- Definitions
- MI
 - SMI
 - COD

Capacity/Flows
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FULTON COUNTY JAIL
Mental Health Treatment



Fulton County Jail

- Intake – Odyssey/Intake
- MH Assessment, Treatment Plan – CCS =ERMA
- Discharge Plan, Caseload – Morehouse=ERMA
- Restoration – Emory System

Pre-Trial Services

- Pre-Trial Risk Assessment – Odyssey, but different from Intake

Georgia Regional Hospital

- GRH System (DBHDD)

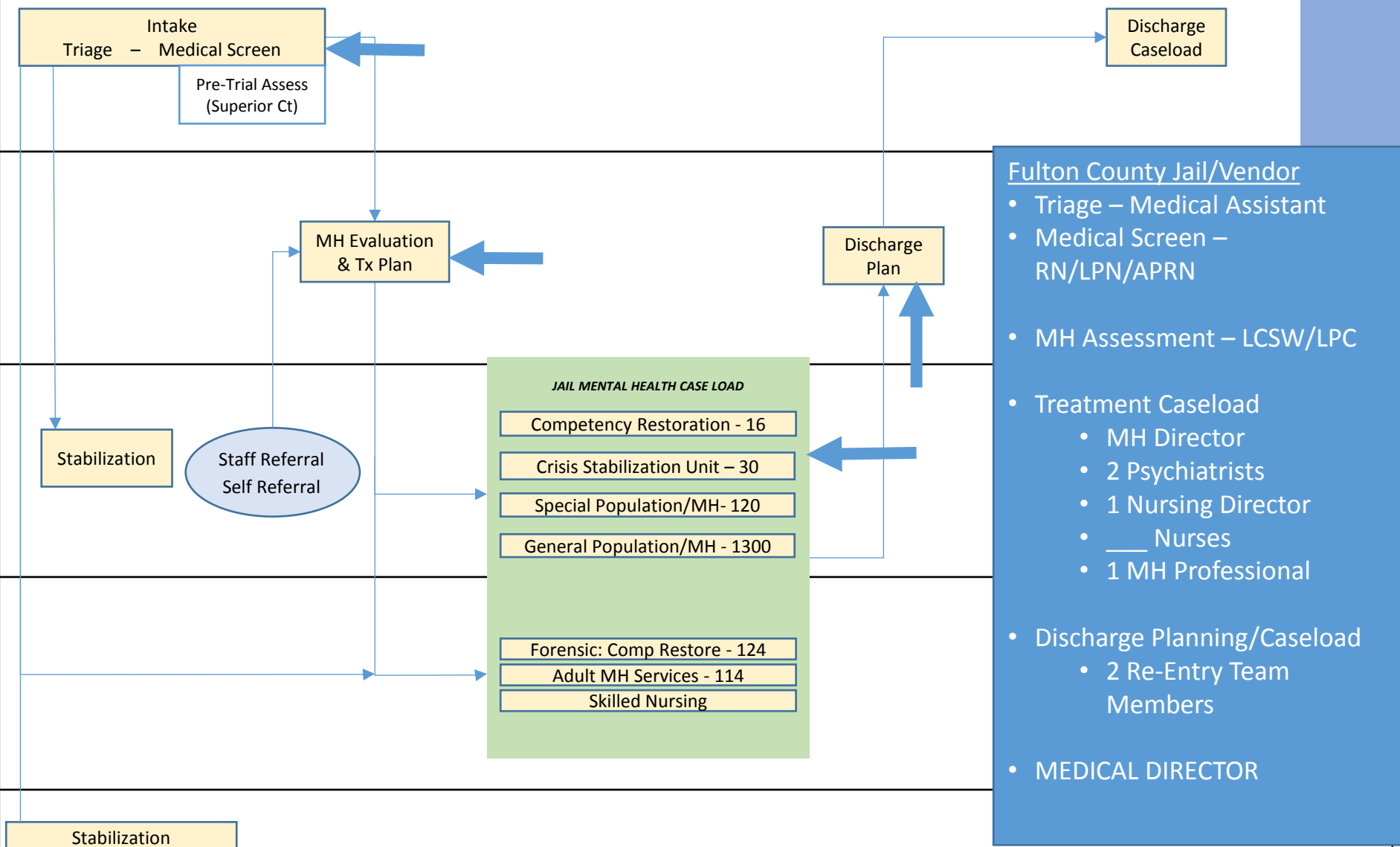
Grady

- EPIC

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CIT/MH training for correctional staff?

FULTON COUNTY JAIL
Mental Health Treatment

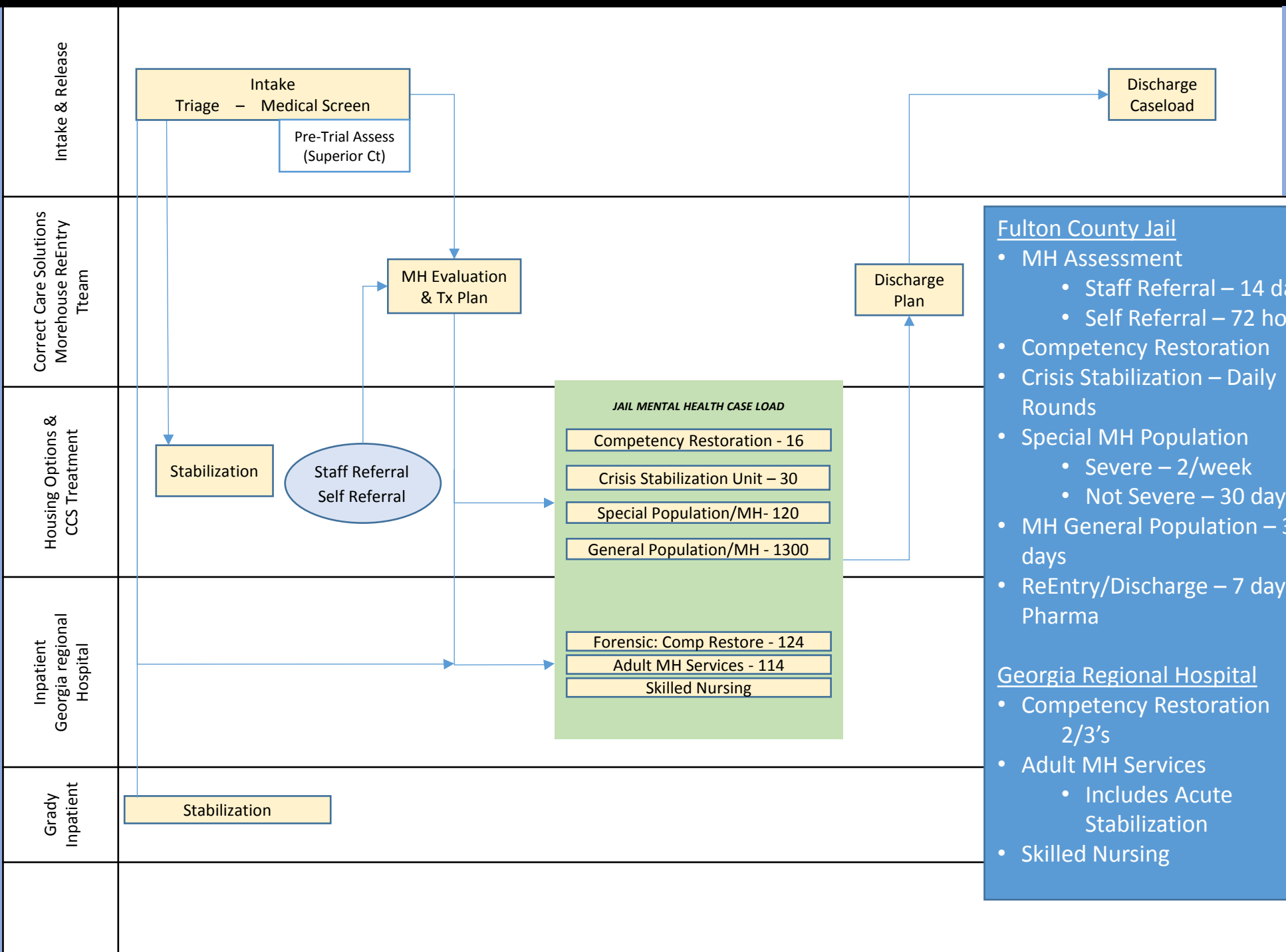


- Fulton County Jail/Vendor
- Triage – Medical Assistant
 - Medical Screen – RN/LPN/APRN
 - MH Assessment – LCSW/LPC
 - Treatment Caseload
 - MH Director
 - 2 Psychiatrists
 - 1 Nursing Director
 - ___ Nurses
 - 1 MH Professional
 - Discharge Planning/Caseload
 - 2 Re-Entry Team Members
 - MEDICAL DIRECTOR

Capacity/Flows
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FULTON COUNTY JAIL

Mental Health Treatment



Fulton County Jail

- MH Assessment
 - Staff Referral – 14 days
 - Self Referral – 72 hours
- Competency Restoration
- Crisis Stabilization – Daily Rounds
- Special MH Population
 - Severe – 2/week
 - Not Severe – 30 days
- MH General Population – 30 days
- ReEntry/Discharge – 7 day Pharma

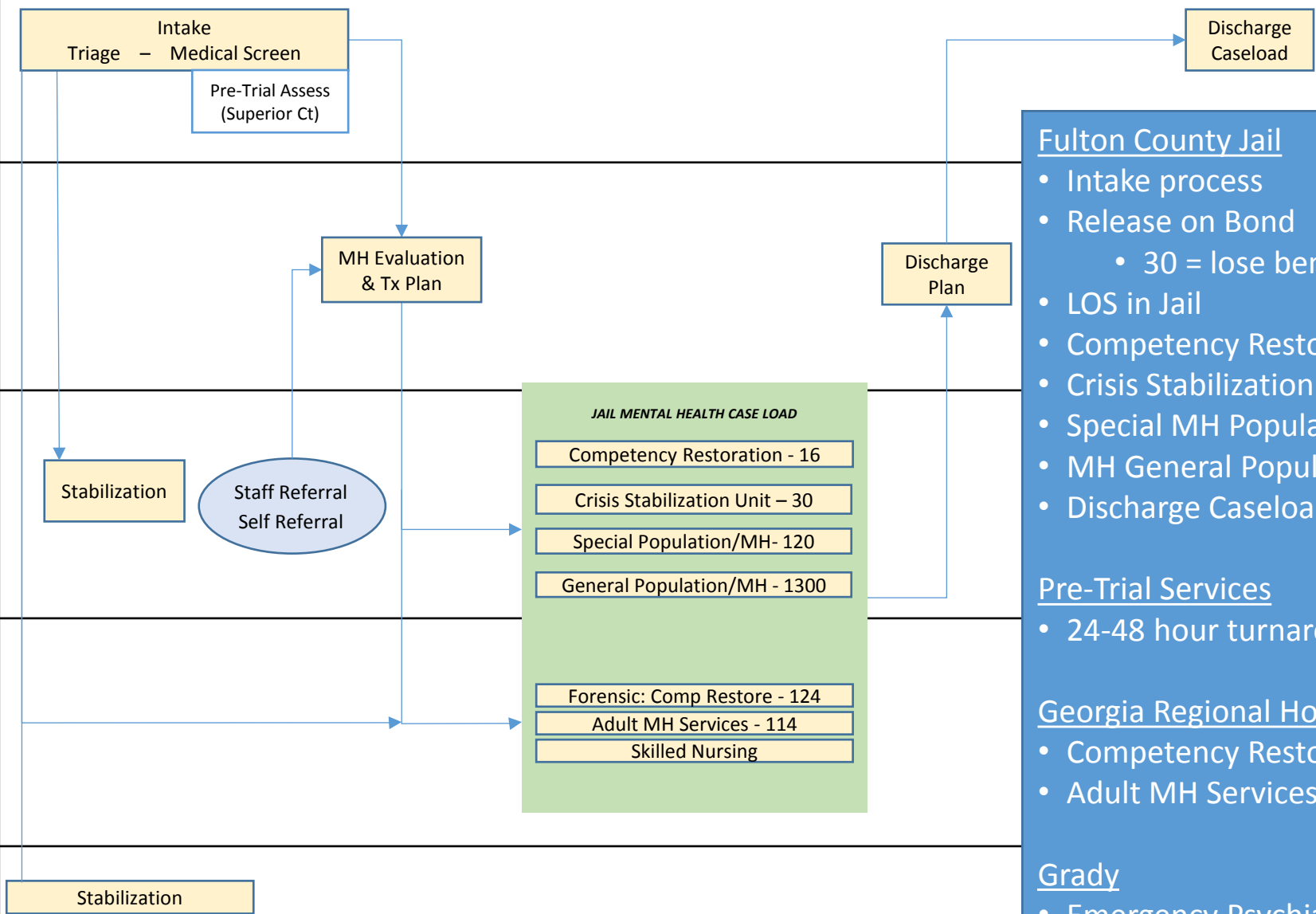
Georgia Regional Hospital

- Competency Restoration 2/3's
- Adult MH Services
 - Includes Acute Stabilization
- Skilled Nursing

Capacity/Flows
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FULTON COUNTY JAIL

FULTON COUNTY JAIL
Mental Health Treatment



Fulton County Jail

- Intake process
- Release on Bond
 - 30 = lose benefits
- LOS in Jail
- Competency Restoration
- Crisis Stabilization
- Special MH Population
- MH General Population
- Discharge Caseload

Pre-Trial Services

- 24-48 hour turnaround

Georgia Regional Hospital

- Competency Restoration
- Adult MH Services

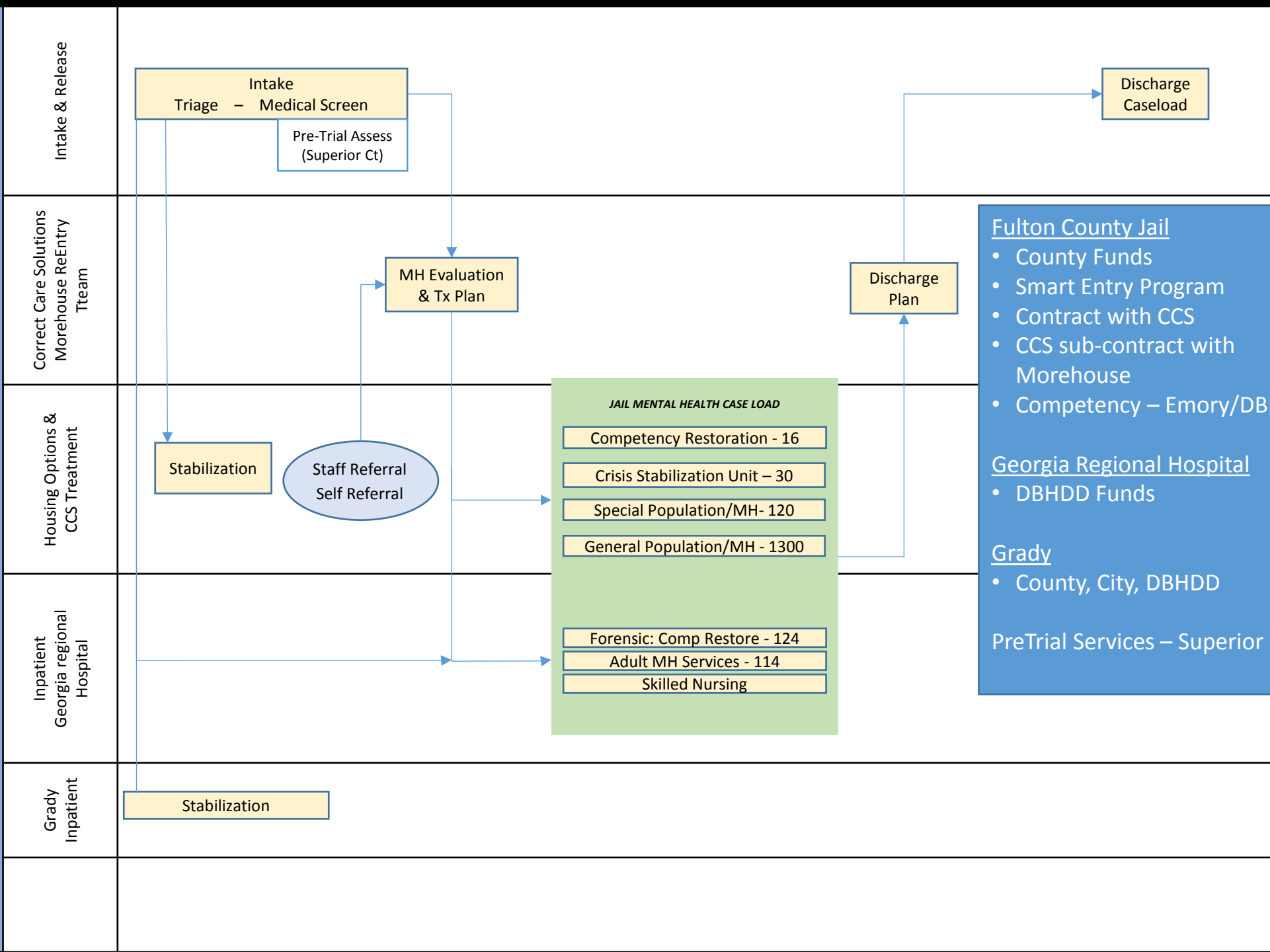
Grady

- Emergency Psychiatric Services
- Crisis Stabilization

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FULTON COUNTY JAIL

FULTON COUNTY JAIL
Mental Health Treatment



Correct Care Solutions
Morehouse ReEntry Team

Housing Options &
CCS Treatment

Inpatient
Georgia regional
Hospital

Grady
Inpatient

Fulton County Jail

- County Funds
- Smart Entry Program
- Contract with CCS
- CCS sub-contract with Morehouse
- Competency – Emory/DBHDD

Georgia Regional Hospital

- DBHDD Funds

Grady

- County, City, DBHDD

PreTrial Services – Superior Court

JAIL MENTAL HEALTH CASE LOAD

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PROBLEMS/GAPS 1

Intake

- Jail vs Pre-Trial – different purposes, different systems, do not share MH findings
- Limited Detox space

- MI do not get bail as quickly; due to risk factors for Pre-Trial Release. Lose benefits after 30 days in jail.
- Medical Screens are not adequate. MH not always ID'd in screens/self reports. Need to keep treatment file on individuals who return to jail frequently so a solid diagnosis is available.
- Medical screens should include toxicology test for drugs
- What % of individuals are assessed as “Maligering” by jail psychiatrist? What is the relationship between MH in jail and outside assessments ordered by judge requested by public defender?

- Verification of meds through outpatient treatment/other provider takes “forever.”

MH Assessment and Caseload

- Individuals will take Tx options to avoid jail; other will refuse Tx to avoid stigma of MI and can be longer in length of time
- It often takes 14 days after intake for medication to be provided. What if no prior diagnosis? Can Dr. Bond write a script?
- How many people on MH Caseload are going to stabilization frequently? High frequency indicates treatment is not working
- Limited MH diagnosis in jail. Is that appropriate? Should outside Tx providers (Grady, GRH, prior providers) be the diagnosis entities?
- Do they track duration of untreated psychosis
- No option for ongoing involuntary treatment to maintain stabilization
- Competency process – delays cause decompensation, cycle
- SMI not identified separate from MI?
- MI individual refuse to take meds

Recommended Solutions

Intake & Release

PROBLEMS/GAPS 2

Discharge Planning and Release

- Discharge planning should begin in intake
- Often notified of release 7 days in advance. Often less than that.
- No MH Treatment plan for individuals on probation
- Delays in discharge planning may delay release
- Time of Release = 4 AM
- No meds, or limited supply at release. "Typically, our clients only receive 3-4 days of meds without a court order." Judge can order 30 days supply of meds
- Linkages with Veterans Affairs.
- Release not coordinated with community resources (warm hand off)
- Jail/CCS does not share individual MH records with community supervision

Correct Care Solutions
Morehouse ReEntry

Housing Options &
CCS Treatment

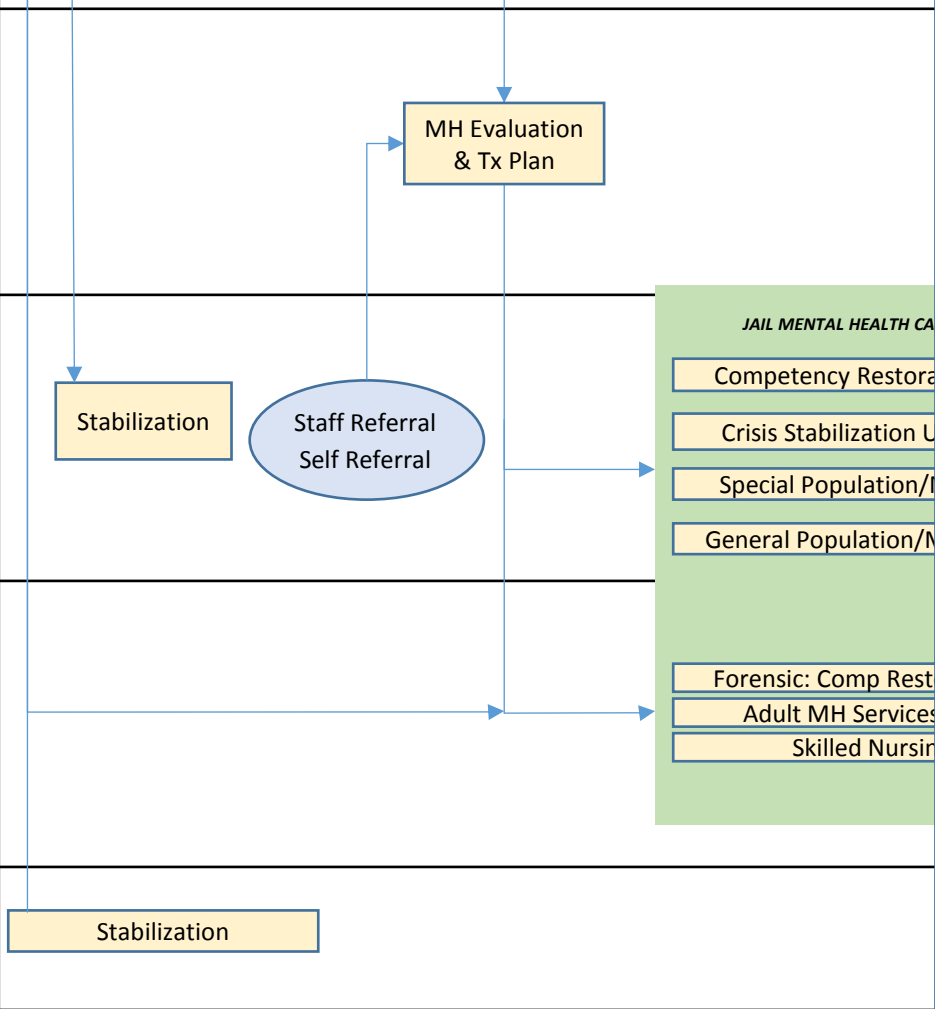
Inpatient
Georgia regional

Grady
Inpatient

Problems and Gaps

Recommended
Solutions

FULTON COUNTY JAIL
Mental Health Treatment



- Recommendations Related to Jail/Intercept 3**
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. [Re-Entry] Create policies and procedures to ensure that inmates receive at least 14 day supply of prescribed mental health medication upon release.
 3. {Re-Entry] 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.
 4. [Re-Entry] Reconnect 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.
 5. [Re-entry] Establish a standing mechanism for the reporting of jail and housing data for decision makers.
 6. [Re-entry] Coordinate re-entry services to track and monitor the validated jail mental health scree and re-entry assessment tools along with discharge planning.

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