Governor’s Office of Transition, Support and Reentry (GOTSR)

Collaborative Initiatives for Returning Citizens with Mental Illness and Housing Concerns for GA-PRI participants
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LEARNING OBJECTIVES:

➢ To develop understanding of reentry processes implemented under the Georgia Prisoner Reentry Initiative (GA-PRI), specific to returning citizens with Severe and Persistent Mental Illness transitioning into the community

➢ To gain understanding of evidenced based assessments provided within institutions, special needs addressed for returning citizens with mental health disorders, and best practices for the continuity of post-release care

➢ To achieve a working knowledge of reentry housing programs, accessibility, and goals for expansion of partnerships with community mental health providers
Strategic plan and framework focusing on transition accountability planning (TAP), case management, and evidence based practices (EBPs) for returning citizens.

Goal is for a risk and needs driven case management plan (TAP3) that will guide supervision, treatment, and other needed resource efforts from prison entry to a successful return to society.

GOTSR staff, corrections professionals, and local community service providers will assist returning citizens in navigating barriers to successful reentry in an effort to increase public safety and reduce recidivism.
➢ GA-PRI returning citizens are those releasing from prison and considered moderate to high risk to reoffend based on the GDC Next Generation Assessment (NGA) risk instrument.

➢ Initial focus will be on those returning citizens residing in eleven pilot counties (Bibb, Chatham, Dekalb, Dougherty, Floyd, Fulton, Hall, Lowndes, Muscogee, Richmond, and Troup). Expansion will occur to additional counties and ultimately statewide over the next 2-3 years.
Next Generation Assessment (NGA)

➢ Goal is to accurately identify an offender’s risk and needs using a series of eleven scales (each with a score of 1 – 10)

➢ Treatment planning is determined from the assessment results

➢ Agency and community resource limitations are utilized as a means of prioritizing treatment for offenders presenting with the highest levels of risk and needs

➢ Uses multiple institutional data points to prioritize programming needs, ensuring that offenders presenting with the highest risk, highest needs, and appropriate levels of motivation (responsivity) are given priority for the limited program resources available
# RISK AND NEEDS SCALES (SCALE OF 1-10)

## RISK SCALE
- >ARREST FOR ANY OFFENSE
- >ARREST FOR FELONY OFFENSE
- >ARREST FOR VIOLENT/SEX OFFENSE

## NEEDS SCALE
- >CRIMINAL THINKING
- >EDUCATION
- >EMPLOYMENT
- >PEER-FAMILY
- >MENTAL HEALTH
- >SUBSTANCE ABUSE
- >TRAUMA
- >MOTIVATION TO CHANGE

- **SCORE OF 1-8** INDICATES **LOW** OVERALL RISK/NEEDS SCORE
- **SCORE OF 9-18** INDICATES **MODERATE** OVERALL RISK/NEEDS SCORE
- **SCORE OF 19-25** INDICATES **HIGH** OVERALL RISK/NEEDS SCORE
Risk-Needs-Responsivity (RNR) Model

Objective of NGA is to achieve greater referral precision and promote increased alignment with the Risk-Needs-Responsivity (RNR) model (Bonta, J. & Andrews, D.A. (2007)). Three primary principles:

➢ **The Risk Principle**: The degree of programming should match the assessed degree of risk. The greater the risk, the more intensive the programming.

➢ **The Need Principle**: Programming should address criminogenic needs, those dynamic risk factors that influence criminal behavior and can realistically be modified in efforts to reduce risk.

➢ **The Responsivity Principle**: Programs should be evidence-based, cognitive behavioral in nature, and foster support and reinforce a motivation to change. Participants should have high motivation and skills necessary to participate appropriately in programming.
➢ Transition Teams assigned to identified offenders participating in GA-PRI:

- Prison In-Reach Specialist
- Reentry Counselor
- Community Coordinator
- MH Counselor
- Community Supervision Officer (CSO)
- Identified community/ancillary resources
9,207 Current GA *MH Level 2+ Inmates
(As of July 2015)

Probable Release Type

3,830 (41.64%) - parole w/probation to follow
1,679 (18.26%) – parole w/o probation to follow
2,193 (23.84%) - maxout with probation to follow

Prior GA Prison Incarcerations

55% (0) 18% (1) 10% (2) 6% (3) 11% (4+)

*MH Self-Reported at Prison Intake

www.dcor.state.ga.us/Research/AnnualProfileInmateRelease.FY2014
Level I- No need for mental health services. The inmate is able to adjust to living in the general prison population and is not significantly impaired due to the presence of a mental illness or mental retardation.

Level II- Outpatient Services  The inmate is receiving services in the general population due to a mental disorder of mild impairment; needs monitoring due to a recent discontinuation of psychotropic medication.

Level III- Supportive Living Unit  The inmate’s ability to function in general population is moderately impaired due to mental illness and/or mental retardation. May be easily overwhelmed by everyday institutional demands resulting in one or more of the following: impulsive behavior, poor judgment, deterioration in emotional controls, delusional thinking and/or hallucinations.
Level IV-Supportive Living Unit. The inmate’s ability to function in general population is severely impaired due to mental illness and/or mental retardation. This level reflects active symptoms of a major mental illness. Unable to attend most treatment or recreational groups in traditional settings and require ancillary services to be provided in the residential unit (i.e. special education, activity therapy, requires escort in the facility, assistance for sick call access).

Level V- Crisis Stabilization Placement. Indicated when an inmate’s ability to function is extremely impaired due to acute serious mental illness; there is a need for more intensive psychopharmacological interventions; and/or there is a need for continued observation. Intervention level takes place in designated medical infirmaries.
Level VI- Hospital Services. Indicated when an inmate has severely debilitating symptomatology which cannot be safely and adequately treated within an infirmary.

SOURCE: Georgia Department of Corrections, MH/MR Services Policies & Procedures, Reference No. VG01-0010, March 12, 1996
COLLABORATIVE PROGRAMS
PARTNERSHIP OBJECTIVES

➢ Enhance the re-entry success of returning citizens with Level III and IV mental health classifications

➢ Obtain expanded regional resources

➢ Establish dedicated mental health re-entry processes where appropriate services are immediately available to individuals upon their release
➢ Early Re-entry processes reduce no-show rates of initial assessment appointments and follow-on psychiatrist appointments for continuity of medications
   □ Assists in preventing loss of residential placement, re-hospitalization, recidivism

➢ Immediate access and assistance to community supports and housing provide for appropriate reintegration and long-term stability

➢ Provides for overall long-term benefits to population served, increased treatment compliance for community mental health providers, and stability in provision of community supervision
GA-PRI REENTRY NEEDS ADDRESSED THROUGH PARTNERSHIPS WITH COMMUNITY SERVICE BOARDS (CSBs)

- CSBs have the ability to bridge system gaps and coordinate services
- Evidence-based treatment models are practiced within CSBs
- Partnerships with GA-PRI Community Transition Teams afford utilization of legal methods to enhance adherence to treatment
GA-PRI In-Reach

Who are GA-PRI Participants?

- A returning citizen with a NGA score of 5 or greater on risk of new felony arrest
- Returning to a County of residence identified as a GA-PRI site
- Classified as medium to high risk of reoffending
- Eligible GA-PRI Participants are staged (transferred) to a GA-PRI facility in close proximity to their county of residence upon release
- The goal is to transfer 1 year prior to release date
GA-PRI In-Reach

Who Provides Prison In-Reach Services?

- In-Reach Specialists are assigned to a GDC facility in a GA-PRI site to provide case management services through development of a comprehensive Transition Accountability Plan to GA-PRI returning citizens.

- Regional Reentry Counselors are assigned to GDC facilities Statewide to provide case management services through development of a comprehensive Transition Accountability Plan to GA-PRI returning citizens who are not eligible for staging prior to their release.
GA-PRI In-Reach

In-Reach Services:

● Phase 1-Getting Ready-Institutional Phase
  ○ TAP 1- Prison Programming Plan

● Phase 2- Going Home-The Transitional Phase
  TAP 2-Parole and Reentry Plan

Phase 3- Staying Home- The Community Phase
  TAP 3-Treatment and Supervision Plan
  TAP 4-Discharge and Aftercare Planning
GA-PRI In-Reach

In-Reach Specialists/Regional Reentry Counselor

- Provide evidence-based practices
- Review the NGA to assess risks, needs, and strengths
- Collaborate with prison staff for treatment services and programming
- Partner with the Transition Team to schedule appointments for post release
- Provide ongoing communication with Community Coordinator on identified needs/risks
- Notify CSO of community service provider referrals and programmatic recommendations
- Continue developing TAP 3 with returning citizen to ensure successful community reentry from prison
- Document progression of TAP in Scribe
Important Facts on who RPH has assisted……

- During SFY 2012, the RPH assisted 506 eligible parolees with housing placement, meals and the opportunity to reintegrate into the general population to become reconnected with society. DCA disbursed $654,6000 of RPH funds to agencies and providers providing the required services.

- During FY2013, 393 people received housing meals and the opportunity to reintegrate with society through $639,753 in funding to assisting agencies for an average cost of $1,628 per person and saving Georgia taxpayers more than $2.6M.
Important Facts on who RPH has assisted……
(Cont’d.)

• Savings from FY2011 to FY2014 was $30.6 million

• Cost per day supervision is $4.32; cost to house $51.19

• As of July 1, 2015, we have 58 people classified with severe mental health issues who are on the Problem Residence List.
Replicability

- The Reentry Partnership Housing Program is easily duplicated by states interested in offering housing options to hard to house returning convicted felons with mental health issues.

- The key to the program’s success has been the collaborative partnership between various state agencies (GDC/DCA/DCS) and community based housing providers.

- The Program also has been met with support at the community level as housing providers must obtain a letter from a local government jurisdiction where properties will be located.
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Transitional Housing for Offender Reentry

- An online directory of transitional homes and recovery residences throughout the state accessible by Parole, Probation, Department of Corrections or anyone who has access to internet services.

- All THOR residences have met the State Board of Pardons and Paroles' standards regarding safety, communication with agency staff, programming, and employment.
Transitional Housing for Offender Reentry (Cont’d.)

3 types of THOR residences:

- Structured housing: all programming (substance abuse, employment, etc.) is optional
- Standard Recovery Residence: 1 or more hours of substance abuse counseling per week are required
- Intensive Recovery Residence: 5 or more hours of SAC per week are required
The Georgia Parole Board receives the 2014 Excalibur Award
Presented by the Technology Association of Georgia
Transitional Housing For Offender Reentry Directory

The State Board of Pardons and Paroles welcomes you to the Transitional Housing for Offender Reentry (THOR) Directory, an on-line directory of community-based housing for persons releasing from prison or on probation or parole. The sites contained herein have met the State Board of Pardons and Paroles' standards regarding safety, communication with agency staff, programming, employment, and other factors.

Are you aware that the Transitional Housing for Offender Reentry (THOR) Directory is accessible now to anyone with internet access and Internet Explorer? Neither a user ID nor a password is needed - click on "Facility Search below (Authorized User)" then click on "Log in as a Guest."

About THOR

- Facility Types
- Housing Provider Information: Facility standards, approval process and application

Resources

- Other (non-THOR) Housing
- Substance Abuse Services
- Mental Health Services
Facility Search

Facilities licensed by the Department of Human Resources Office of Regulatory Services, including those that serve persons with a mental health or substance abuse diagnosis, are listed under "Health Care Related Facilities" at www.ors.dhr.state.ga.us. Also available 24 hours a day is the Georgia Crisis & Access Line: 4225.

Use "Quick Facility Search"

Find Facility By Name
Enter Facility Name: 
Select Facility You Wish to View: 
Display Facility

-OR- Select the Criteria for Your Desired Search:

*Gender (REQUIRED)
- Male
- Female
- Female-with Children
- Female-Pregnant

*Facility Type (REQUIRED)
- Structured Housing: Optional programming
- Standard Recovery Residence: One or more hours of weekly substance abuse services/counseling
- Intensive Recovery Residence: Five or more hours of weekly substance abuse counseling

Select any of these optional criteria for a more refined search

Restrict Facility Location To
Please only select a Parole Office -OR- a Probation Office -OR- a City -OR- Counties
QUESTIONS?
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