



Fulton County Board of Commissioners  
**Agenda Item Summary**

**# 18-0199**

**BOC Meeting Date**  
**3/21/2018**

**Requesting Agency**

Superior Court Administration

**Commission Districts Affected**

All Districts

**Requested Action** *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Presentation: Findings and executive summary of the Fulton County Justice and Mental Health Task Force. Reference: BJA Grant #2016-MO-BX-002, Fulton County BOC Agenda# 17-0141

**Requirement for Board Action** *(Cite specific Board policy, statute or code requirement)*

O.C.G.A. § 36-10-1: All official contracts entered into by the County governing authority with other persons in behalf of the County shall be in writing and entered on its minutes.

**Is this Item related to a Strategic Priority Area?** *(If yes, note strategic priority area below)*

No All People are safe

**Is this a purchasing item?**

No

**Summary & Background**

*(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

**Scope of Work:** (Provide a brief project scope of work of the services/work to be provided) The goals of the Fulton County Justice and Mental Health Task Force are to: (1) promote communication, collaboration, and partnerships among intergovernmental, criminal justice, mental health and substance abuse treatment agencies, (2) develop recommendations that recognize this issue as one that affects many agencies and will require collective thinking to achieve meaningful, measurable reform, (3) create an action plan that directs public safety resources to where they will have the most impact, and (4) improve outcomes for the mentally ill who come in contact with the criminal justice system leading to a reduction in the jail population.

**Community Impact:** (Provide the overall impact on community health, whether the impact would be Countywide or to a specific District, if applicable) This project will impact the way the mentally ill intersect with the criminal justice system in Fulton County.

**Department Recommendation:** (Provide the user department recommendation) There are no department recommendation at this time.

**Project Implications:** (What are the future implications of the item in terms of potential changes in budget, service provision, or County policy/operations?) This project will impact the way the mentally ill intersect with the criminal justice system in Fulton County.

**Community Issues/Concerns:** (Identify any issues/concerns raised by constituents or clients concerning the agenda item and if those issues have been addressed?) There are no Community

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

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issues or concerns at this time.

Department Issues/Concerns: (Identify any additional department recommendations or concerns including funding, staffing, external/internal partnerships and operational inefficiencies) There are no department issues or concerns at this time.

History of BOC Agenda Item: (Has this item previously been before the BOC? Yes or No. If yes, for non-purchasing item(s), describe what action(s) were taken.) BOC approval February 15, 2017 Agenda Item #17-0141. (Recess Meeting). Initial BOC approval October 19, 2016 Agenda Item #16-0898.

(For purchasing items, provide the project history chart or if a new procurement, insert “New Procurement”.)

<b>Contract &amp; Compliance Information</b>	<i>(Provide Contractor and Subcontractor details.)</i>
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Agency Director Approval		County Manager's Approval
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Signature	Date	

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**# 18-0199**

<b>Solicitation Information</b>	<b>NON-MFBE</b>	<b>MBE</b>	<b>FBE</b>	<b>TOTAL</b>
No. Bid Notices Sent:				
No. Bids Received:				
<b>Total Contract Value</b>	.			
<b>Total M/FBE Values</b>	.			
<b>Total Prime Value</b>	.			
<b>Fiscal Impact / Funding Source</b>	<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>			
.				
<b>Exhibits Attached</b>	<i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i>			
<b>Source of Additional Information</b>	<i>(Type Name, Title, Agency and Phone)</i>			

<b>Agency Director Approval</b>		<b>County Manager's Approval</b>
<b>Typed Name and Title</b>	<b>Phone</b>	
<b>Signature</b>	<b>Date</b>	

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Continued

**Procurement**

<b>Contract Attached:</b> .	<b>Previous Contracts:</b> .		
<b>Solicitation Number:</b> .	<b>Submitting Agency:</b> .	<b>Staff Contact:</b> .	<b>Contact Phone:</b> .

**Description:.****FINANCIAL SUMMARY**

<b>Total Contract Value:</b>	<b>MBE/FBE Participation:</b>
Original Approved Amount: .	Amount: . %: .
Previous Adjustments: .	Amount: . %: .
This Request: .	Amount: . %: .
TOTAL: .	Amount: . %: .

**Grant Information Summary:**

Amount Requested: .	<input type="checkbox"/>	Cash
Match Required: .	<input type="checkbox"/>	In-Kind
Start Date: .	<input type="checkbox"/>	Approval to Award
End Date: .	<input type="checkbox"/>	Apply & Accept
Match Account \$: .		

<b>Funding Line 1:</b> .	<b>Funding Line 2:</b> .	<b>Funding Line 3:</b> .	<b>Funding Line 4:</b> .
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**KEY CONTRACT TERMS**

<b>Start Date:</b> .	<b>End Date:</b> .
<b>Cost Adjustment:</b> .	<b>Renewal/Extension Terms:</b> .

**ROUTING & APPROVALS**

(Do not edit below this line)

X	Originating Department:	Lewis, Yolanda	Date: 9/26/2017
.	County Attorney:	.	Date: .
.	Purchasing/Contract Compliance:	.	Date: .
.	Finance/Budget Analyst/Grants Admin:	.	Date: .
.	Grants Management:	.	Date: .
.	County Manager:	.	Date: .

# Fulton County Justice and Mental Health Task Force

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2017 Final Report

The University of Georgia  
Carl Vinson Institute of Government

## Acknowledgments

The project team consisted of the following staff:

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*The Carl Vinson Institute of Government and the Superior Court of Fulton County gratefully acknowledge the contributions of the following individuals:*

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*The Carl Vinson Institute of Government and the Superior Court of Fulton County also gratefully acknowledge the following organizations who provided data, tours, and other relevant information and guidance:*

- |  |  |
|--|--|
| Athens–Clarke County Justice and Mental Health Collaboration Program/Advantage Behavioral Health | Behavioral Health Link                     |
|  | Centers for Disease Control and Prevention |
| Atlanta 911 Communications Center  | Central Atlanta Progress                   |
| Atlanta City Detention Center  | ChatComm                                   |
| Atlanta/Fulton Pre-Arrest Diversion Initiative   | City of Atlanta Pretrial Services          |
| Atlanta Police Department  | City of Atlanta Public Defender’s Office   |
| Atlanta Public Schools   | City of Atlanta Solicitor’s Office         |

- |  |  |
|--|--|
| Emory University, Psychiatry and Law Services                                | Georgia Department of Behavioral Health and Developmental Disabilities   |
| Fulton County Adult Felony Drug Court  | Georgia Health Information Network                                       |
| Fulton County Behavioral Health Treatment Court                              | Georgia Mental Health Consumers Network                                  |
| Fulton County Board of Commissioners   | Georgia Public Defender Council  |
| Fulton County Conflict Defender's Office                                     | Georgia Regional Hospital – Atlanta                                      |
| Fulton County Department of Behavioral Health and Developmental Disabilities | Grady Health System  |
| Fulton County District Attorney’s Office                                     | Grady Memorial Hospital  |
| Fulton County Emergency Services 9-1-1                                       | Interagency Law Enforcement Task Force – Downtown Improvement District   |
| Fulton County Jail   | Intervention Education Programs  |
| Fulton County Manager’s Office   | Johns Creek Police Department  |
| Fulton County Marshal’s Office   | Juvenile Court of Fulton County  |
| Fulton County Office of the Public Defender                                  | J.W. Fanning Institute for Leadership Development, University of Georgia |
| Fulton County Police Department  | Magistrate Court of Fulton County  |
| Fulton County Pretrial Services  | MARTA Police   |
| Fulton County Sheriff’s Office   | Mary Hall Freedom House  |
| Fulton County Solicitor General’s Office                                     | Mental Health America of Georgia   |
| Fulton County Treatment Diversion Court                                      | Mercy Care   |
| Georgia Crisis and Access Line   | Morehouse School of Medicine   |
| Georgia Department of Community Affairs                                      | Municipal Court of Atlanta   |
| Georgia Department of Community Supervision                                  |  |

National Alliance on Mental Illness (NAMI) Georgia	Superior Court of Fulton County
National Incarceration Association	Trinity Community Ministries
Sandy Springs Police Department	Union City Police Department
Saving Our Society	United Way of Greater Atlanta
Second Chance Services	Office of the Assistant Secretary for Health, Region IV, U.S Department of Health and Human Services
Southern Center for Human Rights	Veteran’s Justice Outreach Program
St. Jude’s Recovery Center	View Point Health
State Court of Fulton County	

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Introduction

Fulton County is part of Georgia’s Fifth Judicial Administrative District, which is the largest and busiest jurisdiction in Georgia, handling more than 100,000 legal matters each year. These legal matters include criminal cases, civil disputes, divorces, and mediations and are handled in five trial courts: Juvenile, Magistrate, Probate, State, and Superior.

An average of more than 32,000 bookings occurred at Fulton County Jail each year between 2012 and 2016. Fulton County is the largest feeder of Georgia’s 159 counties to the state Department of Corrections (DOC): In 2015, 9% of DOC prison admissions were from Fulton County. Locally, recidivism rates are high: In 2014, 77% of offenders<sup>i</sup> in Fulton County Jail had been arrested two or more times. Fulton County is also the largest feeder to the Georgia Department of Behavioral Health and Developmental Disabilities’ (Georgia DBHDD) Forensic Services. In 2015, Fulton County defendants occupied 13% of Georgia DBHDD’s forensic beds, and 33% of the waiting list for those forensic beds were Fulton County defendants.<sup>1</sup>

Mental health services in Georgia have been gradually improving since 2010, when the state entered into a settlement agreement with the Civil Rights Division of the US Department of Justice. As part of this settlement, the state “will increase its assertive community treatment, intensive case management, case management, supported housing, and supported employment programs to serve 9,000 individuals with mental illness in community settings. The agreement will also increase community crisis services to respond to and serve individuals in a mental health crisis without admission to a state hospital, including crisis services centers, crisis stabilization programs, mobile crisis, and crisis apartments.”<sup>2</sup> Despite this progress, in 2015, Georgia still ranked seventh out of all 50 states and the District of Columbia in terms of mental health needs, but 45th in terms of access.<sup>3</sup>

<sup>i</sup> Throughout this report, the term “offender” is used to refer to an individual involved in the criminal justice system, whether he or she is in jail, convicted of a crime or not, awaiting trial, or awaiting transfer to another jurisdiction or

In October 2016, the Superior Court of Fulton County was awarded a \$250,000 grant from the US Department of Justice to conduct a comprehensive analysis of Fulton County’s criminal justice and behavioral health systems with special consideration given to the mentally ill booked into Fulton County Jail. This analysis was intended to lead to recommendations on how to improve the system’s outcomes, shorten the length of stay for mentally ill offenders, increase their accessibility to treatment connections upon release, and lower the rates of recidivism among these offenders. This project provided an opportunity for innovative cross-system collaboration as representatives from state, county, and city agencies; behavioral health providers; community stakeholders; health care providers; and law enforcement worked to identify the barriers and gaps in the Fulton County justice system and community support system.

This project provided an **opportunity for innovative cross-system collaboration** as representatives from state, county, and city agencies; behavioral health providers; community stakeholders; health care providers; and law enforcement worked to identify the **barriers and gaps in the Fulton County justice system and community support system.**

Between April and December 2017, the Fulton County Justice and Mental Health Task Force and five work groups documented policies and processes and identified opportunities for improvement in the county’s criminal justice and behavioral health systems. In addition to the process improvements that came from this collaboration, the Task Force proposed more than 30 distinct recommendations. This report outlines the methodology for accomplishing the objectives of the grant, provides an overview of the criminal justice and community behavioral health systems in Fulton County, and presents the Task Force’s findings and recommendations.

SECTION 1

Project Background



Carl Vinson  
Institute of Government  
UNIVERSITY OF GEORGIA



FULTON COUNTY JUSTICE AND  
MENTAL HEALTH TASK FORCE  
2017 Report



Project Background

GETTING THE GRANT

Fulton County has been working on the issue of reducing the number of offenders with a mental illness and/or co-occurring disorder in Fulton County Jail for several years. The Superior Court of Fulton County began an effort to improve access to justice for those with a mental illness in its 2014–2016 strategic plan. In the plan, seven strategies specifically related to the mentally ill are suggested for Priority 5: Access to Justice. One of those strategies was to “develop a mental health symposium for the jurisdiction.” This strategy resulted in the Superior Court convening the Metro Atlanta Justice Mental Health Symposium in October 2015 in an effort to refine and define issues related to mental health and the criminal justice system.

The symposium brought together 200 participants from nine metro-Atlanta counties representing the judicial community; city, county, and state officials; the legal community; law enforcement; social service providers; behavioral health providers; and others. Attendees took part in training and facilitated collaborative discussions on how to improve outcomes for the mentally ill in the criminal justice system.<sup>4</sup>

In January 2016, Fulton County established the Justice Reinvestment Initiative “to develop a system-wide plan to drive better outcomes across the justice agencies”<sup>5</sup> with an initial \$2.5 million investment. One of the initiative’s performance measures is ensuring that “individuals with mental illness who interact with the criminal justice system receive humane and appropriate treatment to address their condition and maintain public safety.”<sup>6</sup> In 2017, the initiative provided \$7.4 million to more than 20 projects, of which at least five, totaling more than \$1.17 million, are directly related to treating the mentally ill. Several other projects also positively impact the mentally ill.

What Is the Stepping Up Initiative?

# 18-0199

The Stepping Up Initiative, launched in May 2015, is a national effort by the National Association of Counties (NACo), the American Psychiatric Association Foundation, and the Council of State Governments Justice Center to combat the swelling numbers of people with mental illness in US jails. These partners recognized the critical role that local and state officials play in systems change. According to the initiative’s website, “Stepping Up is a national movement to provide counties with the tools they need to develop cross-systems, data-driven strategies that can lead to measurable reductions in the number of people with mental illnesses and co-occurring disorders in jails.”

Throughout the project, the Task Force members and project team worked to address the Stepping Up Initiative six questions county leaders need to ask:

- Is our leadership committed?
- Do we conduct timely screening and assessments?
- Do we have baseline data?
- Do we conduct a comprehensive process analysis and inventory of services?
- Have we prioritized policy, practice, and funding improvements?
- Do we track progress?



In May 2016, the Fulton County Board of Commissioners passed a resolution “urging the Fulton County justice system and public safety agencies [and] the Fulton County Department of Behavioral Health and Development Disabilities ... to reduce the number of people with mental illness in Fulton County Jail [and] Fulton County courts.”<sup>7</sup> The resolution is modeled on the Stepping Up Initiative’s county resolution template.<sup>8</sup> The Stepping Up Initiative is a national effort spearheaded by the American Psychiatric Foundation, National Association of Counties, and Council of State Governments Justice Center that focuses on four key data-driven measures:

1. Reduce the number of people with mental illness booked into jail
2. Shorten the average length of stay for people with mental illness in jails
3. Increase the percentage of connection to care for people with mental illness in jail
4. Lower the rates of recidivism

In concert with the Stepping Up resolution, in 2016 the Superior Court of Fulton County applied for and received a \$250,000 two-year Category 1 Justice and Mental Health Collaboration Program (JMHCP)<sup>ii</sup> grant from the US Department of Justice Bureau of Justice Assistance. This JMHCP grant program emphasizes increasing collaboration between criminal justice and behavioral health partners. The grant is one of a series of three “to increase early identification and front-end diversion of people with mental health and co-occurring substance use disorders identified at early intercept points within the justice system. This program seeks to increase the number of justice, mental health, and community partnerships; increase evidence-based practices and treatment responses to people with behavioral health disorders in the justice system; and increase the collection of health and justice data to accurately respond to the prevalence of justice-involved people with mental health and co-occurring substance use disorders.”<sup>9</sup>

Using the Category 1 grant funds, the Superior Court convened the Fulton County Justice and Mental Health Task Force to collaboratively develop a systems-level, data-driven action plan that would measurably reduce the number of people with mental

<sup>ii</sup> The JMHCP program is authorized by the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (Pub. L. 108-414) and the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2008 (Pub. L. 110- 416).

illness in jail. The Superior Court contracted with the Carl Vinson Institute of Government at the University of Georgia to assist with documentation, identifying and organizing data, meeting facilitation, analysis, and project management. Policy Research Associates, Inc. was engaged to conduct a two-day Sequential Intercept Mapping Workshop. Staff from the Superior Court of Fulton County managed the overall project and Task Force activities. The Council of State Governments Justice Center provided technical assistance through links to national resources, monthly calls, and expert recommendations to ensure the project was a success.

### PROJECT STRUCTURE

The project kicked off in January 2017 with the first Task Force meeting. The Task Force was made up of stakeholders from Fulton County agencies, state agencies, housing providers, behavioral health providers, the community, health care providers, and law enforcement.

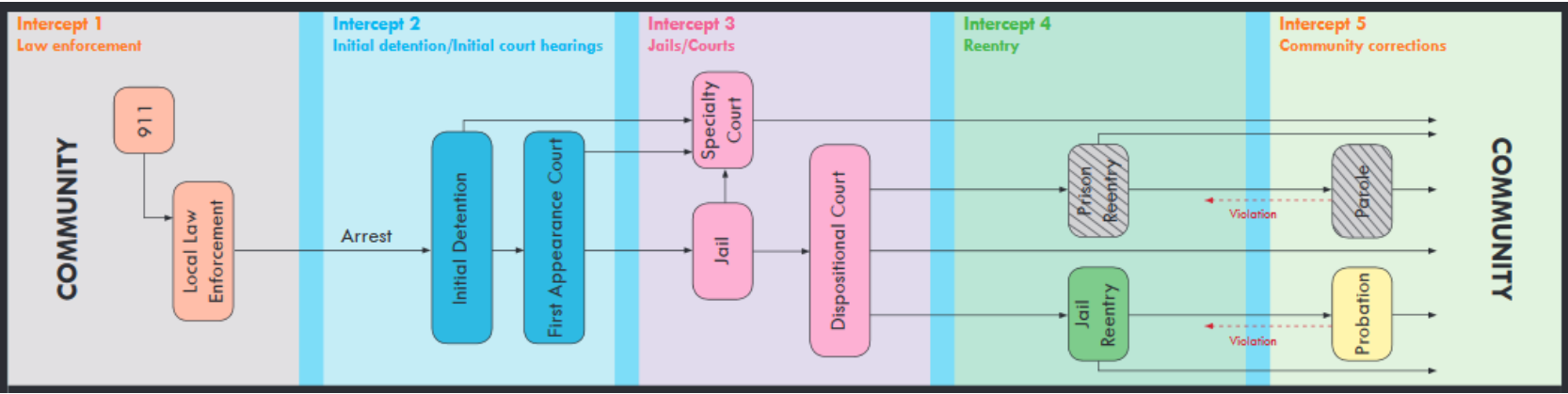
In April 2017, the Superior Court of Fulton County invited Policy Research Associates, Inc. (PRA) to conduct a Sequential Intercept Mapping (SIM) Workshop. The Sequential Intercept Model is being used by many communities as a guide to behavioral health service system transformation and, more specifically, as a tool to identify strategies to better respond to the needs of people with behavioral health conditions who come into contact with the criminal justice system. The model helps communities assess where diversion programs may be useful, how institutions can improve treatment services, when to begin activities to facilitate re-entry, and how to provide appropriate supervision and support in the community.<sup>10</sup>

More than 50 attendees participated in a day-and-a-half workshop to map out how individuals with mental illness come into contact with the criminal justice system at different “intercepts,” or points, along the justice continuum. Invitees included representatives from law enforcement agencies throughout the county, the Fulton County court system, behavioral health providers, housing providers, and other stakeholders.

During the workshop, participants mapped how people with mental illness come in contact with and flow through Fulton County’s criminal justice system. Workshop facilitators and participants identified opportunities for linking individuals to services and for preventing them from penetrating further into the criminal justice system. Figure 1 shows a model of the justice system intercepts. Figure 2 is the intercept map specific to Fulton County created by PRA as a result of the SIM Workshop. PRA also provided an action plan based upon the comments and insights of the workshop participants.

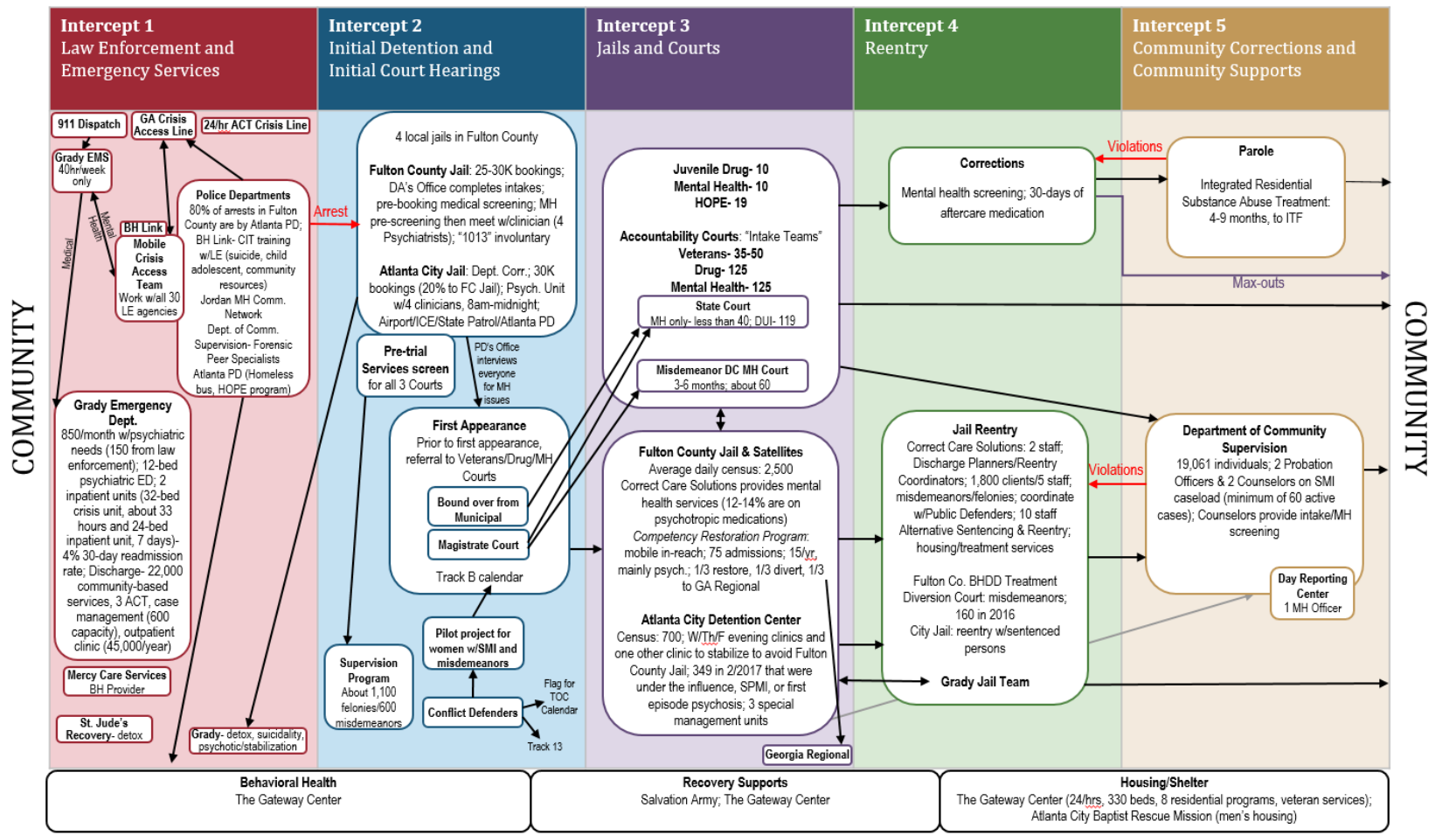
The Fulton County Justice and Mental Health Task Force was made up of stakeholders from **Fulton County agencies, state agencies, housing providers, behavioral health providers, the community, health care providers, and law enforcement.**

Figure 1: Sequential Intercept Model



Source: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, [www.prainc.com/wp-content/uploads/2016/04/SIMBrochure.pdf](http://www.prainc.com/wp-content/uploads/2016/04/SIMBrochure.pdf).

Figure 2. Sequential Intercept Model Map for Fulton County



Source: Policy Research Associates, Inc.

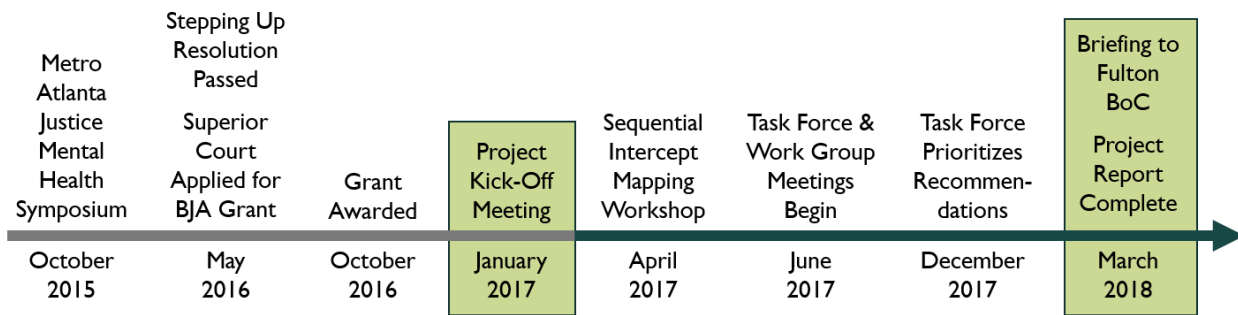
At the conclusion of the SIM Workshop, the following five priority areas were identified and became the basis for creating smaller work groups from the larger Task Force:

- 1. Develop pre-arrest diversion strategies (Pre-Arrest Work Group).
- 2. Expand housing options (Housing Work Group).
- 3. Improve collaboration between the courts (Court Collaboration Work Group).
- 4. Refine and expand re-entry (Re-Entry Work Group).
- 5. Assess the feasibility of a coordinated database to provide better information sharing regarding individuals with behavioral health disorders in the criminal justice system (Data Work Group).

The work groups met monthly from June to November 2017. The groups were tasked with improving relationships and partnerships, refining process flow maps, identifying existing programs and resources, providing baseline data, and identifying early wins and long-term priorities. Each work group was led by a chair or by co-chairs. The project team met with the work group chairs quarterly to review their progress, activities, and responsibilities.

Task Force meetings were held monthly from June to December 2017. During the meetings, participants shared the information learned in the work groups, reported work group progress, discussed issues that crossed organizational boundaries, and learned from subject matter experts. Special topics presented at Task Force meetings included evidence-based practices, transitional housing for those with mental illness, common definitions, the Georgia Crisis and Access Line, and the Georgia Health Information Network. In addition, one session included a presentation from the Council of State Governments Justice Center.

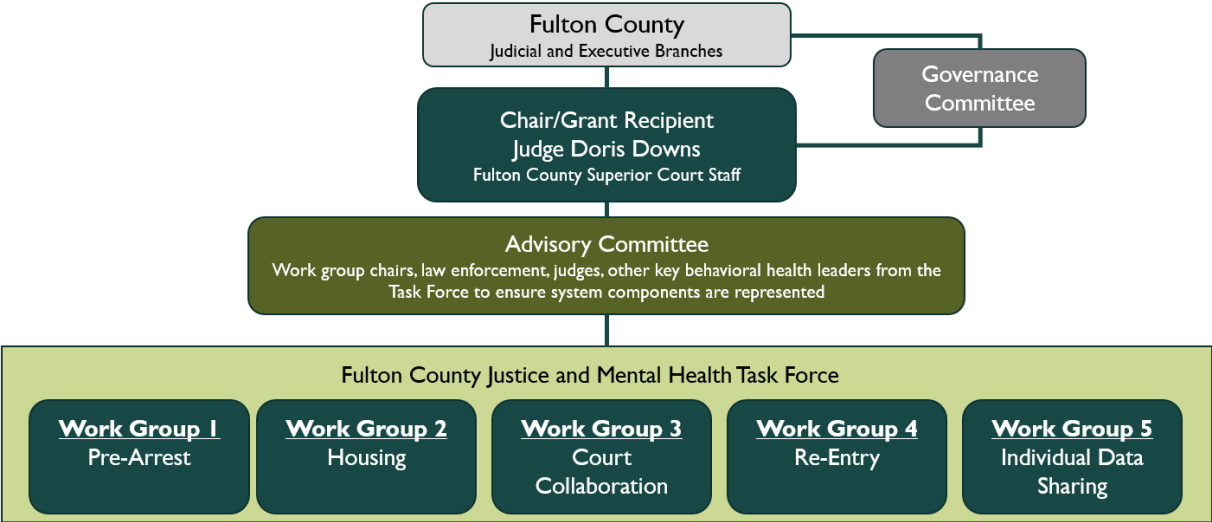
Figure 3. Project Timeline



Note: BoC = Board of Commissioners.

The Task Force was chaired by Judge Doris Downs of the Superior Court of Fulton County. The project team, work group chairs, judges, law enforcement representatives, and other key behavioral health and court system personnel formed an advisory committee that guided the work of the project team and Task Force. Figure 4 shows the structure of the overall project.

Figure 4. Project Governance Structure



In addition to the work of Task Force and work groups, the project team<sup>iii</sup> conducted more than 30 stakeholder interviews to document how individuals with mental illness move through the Fulton County criminal justice system and to develop options for safely reducing the prevalence of individuals with mental illness and co-occurring disorders in jail through diversions, alternative sentencing, or other strategies.

PROJECT METHODOLOGY

The project methodology consisted of a wide variety of activities designed to shed light on and expand upon each item identified in the SIM Workshop.

**Research.** The project team conducted research on various aspects of mentally ill individuals’ involvement in the criminal justice system. The research focused on organizational services and clients, treatment practices, similar initiatives, and news items.

<sup>iii</sup> The project team consisted of staff from the Carl Vinson Institute of Government and the Superior Court of Fulton County.



**Interviews.** Project staff conducted stakeholder interviews to better understand roles and responsibilities, key linkages, coordination, and decision points, as well as problems, weaknesses, and opportunities for improvement in the system. Interviewees represented a cross-section of stakeholders, including inpatient and outpatient behavioral health providers, public defense, pretrial services, special initiatives, substance abuse treatment, health care, human services, corrections, courts, re-entry staff, community advocates, housing, probation, law enforcement, and emergency call centers. The simple, semistructured, one-on-one interviews provided rich insights from both internal and external stakeholders.

Based on research and interviews, the swim lane process flow maps were developed to help Task Force members **identify the diverse organizations in the system, better understand roles and responsibilities, highlight key linkages and decision points, and uncover gaps, weaknesses, and problems.**

**Data Collection and Analysis.** The project team worked with Fulton County Jail, the Atlanta City Detention Center, Fulton County Pretrial Services, treatment providers, 911 centers, and other entities to collect and analyze data.

**Process Mapping.** Given the complexity and fragmentation of the criminal justice and behavioral health systems in Fulton County, organizational process flow maps called “swim lanes” were developed to expand upon the process mapping initially identified in the April 2017 SIM Workshop. The swim lane process flow maps produced by the Institute of Government created operational transparency and accountability and contributed to the efficiency of the collaboration within the system.

Based on research and interviews, the swim lane process flow maps were developed to help Task Force members identify the diverse organizations in the system, better understand roles and responsibilities, highlight key linkages and decision points, and uncover gaps, weaknesses, and problems. (Due to the lack of law enforcement participation at the initial April 2017 SIM Workshop, a “mini SIM” exercise was conducted with law enforcement officers to get their input for the pre-arrest swim lane.)

A total of seven swim lanes were produced:

- The Community
- Pre-Arrest
- Jail
- Courts (one map each for felony, misdemeanor, and municipal misdemeanor)
- Re-entry

**Focus Groups.** Small groups of Task Force members were brought together to develop and provide feedback on several work products, including the swim lanes and common definitions.

**Work Group Meetings.** The five work groups met to share information, roles, and responsibilities; identify key problems and weaknesses; and develop recommendations.

**Task Force Meetings.** The monthly Task Force meetings included several types of activities:

- “Spotlight” presentations to increase understanding and awareness of system agencies, including the Georgia Crisis and Access Line, Georgia Health Information Network, and behavioral health housing and funding provided by Georgia DBHDD
- Training on evidence-based research methods
- Networking to meet others in the criminal justice and behavioral health systems and build relationships
- System analysis and review of findings through a presentation of the swim lanes
- Prioritization of recommendations

**Project Management.** The project team conducted many project management activities, including the following:

- Held weekly status meetings
- Developed a website ([www.fultoncountystepsup.org](http://www.fultoncountystepsup.org)) and project management software
- Participated in monthly technical assistance calls with the Council of State Governments Justice Center
- Attended a training summit in Washington, DC for grant recipients
- Held quarterly work group chair meetings
- Provided briefings on the grant project to various organizations, including the US Department of Health and Human Services, the Georgia Department of Community Affairs, Fulton County Police Chiefs, the Integrated Law Enforcement Council, and Behavioral Health Link and its partners

- Met with Athens–Clarke County grant project managers to learn about their planning grant process and lessons learned based on their work with the same JMHCP planning grant received a year earlier

**Research and Evaluation.** The Institute of Government’s Survey Research and Evaluation Unit reviewed interview protocols to ensure that they adhered to best practices; monitored data use agreements, data sources, and analytics; monitored and reviewed the swim lane process mapping; and monitored attendance at Task Force, work group, and focus group meetings.

COUNTY LAW ENFORCEMENT AND 911 OPERATIONS

With the exception of Mountain Park, 14 of the 15 municipalities in the county maintain their own law enforcement agencies. The new City of South Fulton is expected to absorb many members of the Fulton County Police Department. In addition, there are at least nine educational law enforcement/public safety agencies. Multiple state and federal law enforcement agencies also operate within the county, mostly within the city of Atlanta, including the Georgia State Patrol, the Georgia World Congress Center Authority Public Safety Department, MARTA Police, the US Marshals Service, and the US Department of Homeland Security.

There are at least eight 911 emergency systems within the county, serving multiple jurisdictions and public safety agencies. Fulton County’s 911 operations answer calls from Chattahoochee Hills, Fairburn, Palmetto, and Union City as well the Fulton County Public School Police. Alpharetta’s 911 system also provides service for Milton. Chatcomm provides 911 services for Johns Creek and Sandy Springs as well as for several jurisdictions in DeKalb County. The cities of Atlanta, College Park, East Point, Hapeville, and Roswell all maintain their own 911 systems. Many of the education law enforcement/public safety agencies also have their own emergency numbers.

Fulton County contains at least seven adult city, state, and federal prisons, jails, and detention centers. The two largest of these jails are Fulton County Jail, run by the Fulton County Sheriff’s Office, and the Atlanta City Detention Center, run by the City of Atlanta. See Appendix A for the locations of these jails and detention centers.

Atlanta/Fulton County Pre-Arrest Diversion Initiative

The Atlanta/Fulton County Pre-Arrest Diversion (PAD) Initiative officially launched in July 2017. Modeled after similar Law Enforcement Assisted Diversion, or LEAD, programs around the country, the PAD Initiative seeks to divert individuals before they are arrested, or instead of being arrested. The initiative is directed at those who come into contact with law enforcement primarily due to mental illness, drug and alcohol addiction, or extreme poverty.

The PAD Initiative is currently a 24-month pilot being conducted during certain hours in zones 5 and 6 of the Atlanta Police Department. The initiative is supported by the Atlanta City Council, the Fulton County Board of Commissioners, local law enforcement agencies, the city and county solicitor’s offices, social service providers, the Fulton County District Attorney, local businesses, representatives of commercial districts, the faith community, local neighborhood leaders, and others.

The PAD Initiative has six primary goals:<sup>11</sup>

1. To reduce criminal justice system involvement
2. To reorient attitudes and responses
3. To improve public safety and public health
4. To strengthen social service infrastructure
5. To reinvest criminal justice savings
6. To shift culture and heal relationships

As of October 4, 2017, three individuals had been successfully diverted. Awareness of the initiative is growing among Atlanta Police Department officers as the initiative reported receiving 15 additional referral calls, but most of the calls were during nondiversion hours or outside the pilot project area of service. The PAD Initiative’s goal for 2018 is to expand the pilot project to all eight beats within the Atlanta Police Department and to divert at least one individual per day. In an effort to make this happen, training time has been shortened and more officers are being trained and encouraged to make referrals.

SECTION 2

# Key Stakeholders and Current Conditions

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Carl Vinson  
Institute of Government  
UNIVERSITY OF GEORGIA



**FULTON COUNTY JUSTICE AND  
MENTAL HEALTH TASK FORCE**  
2017 Report



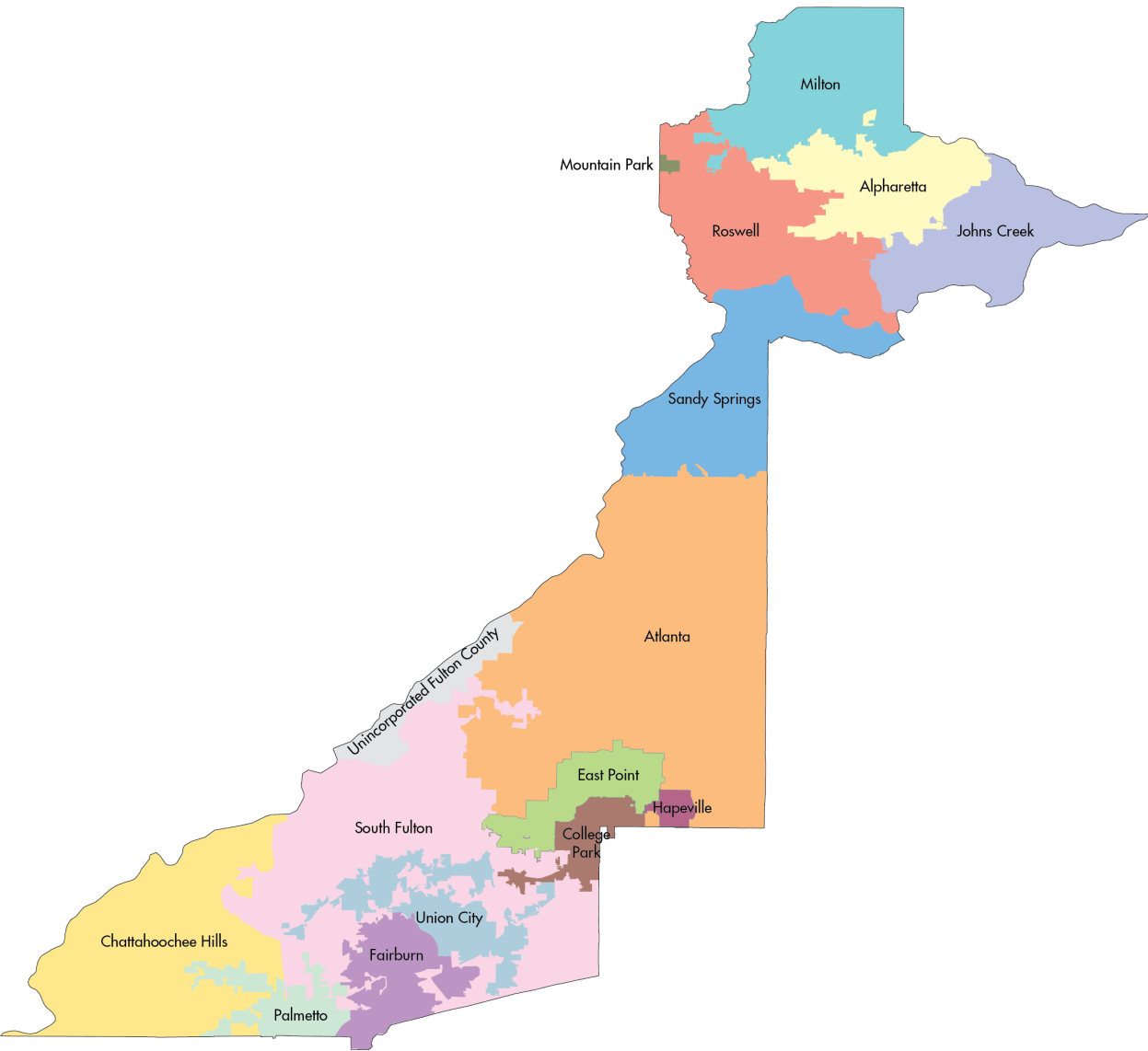
Key Stakeholders and Current Conditions

Several key stakeholders were identified early in the grant project. In addition, other important stakeholders became apparent as the project went on. Below are descriptions of these key stakeholders, their role in the criminal justice and/or behavioral health systems, and how their work impacts the mentally ill in the justice system in Fulton County.

FULTON COUNTY

Fulton County is the largest county in Georgia by population. The 2010 decennial census found that 920,581 people were living in Fulton County. As of 2016, the population had grown by an additional 10% to more than 1,020,000 people.<sup>12</sup> The county’s population is expected to grow by an additional 250,000 through 2040.<sup>13</sup> In 2016, Fulton County’s population was 46% White, 45% Black or African American, and 7% Asian. More than 91% of the population had a high school diploma or higher. The median household income was nearly \$59,000, while 16% of the population was living in poverty.<sup>14</sup> Metro Atlanta’s current unemployment rate is lower (around 5%)<sup>15</sup> than that of either Fulton County (5.8%)<sup>16</sup> or the city of Atlanta (6.3%).<sup>17</sup>

Figure 5. Map of Fulton County and Its Municipalities



Source: Carl Vinson Institute of Government, University of Georgia.

Fulton County contains 15 municipalities, the most recent of which—South Fulton—was created in 2016. (A small portion of the county remains unincorporated but is expected to be annexed soon.) The most well-known city in Fulton County is Atlanta, which is Georgia’s capital. Atlanta’s population topped 470,000 in 2016, which was an increase of more than 10% over the 2010 Census.<sup>18</sup> Overall, the 10-county metro-Atlanta area is currently home to 4.4 million people.<sup>19</sup> Metro Atlanta is considered the economic engine of the state, boasting the

headquarters of 15 Fortune 500 companies, with an additional 11 among the Fortune 1000.<sup>20</sup> In addition, Atlanta is home to Hartsfield-Jackson International Airport, the world’s busiest airport.

FULTON COUNTY JAIL

Fulton County Jail is operated by the Fulton County Sheriff’s Office. There are three locations: Rice Street, which houses men and a small number of women and is the main facility; an annex in Alpharetta in northern Fulton County; and an annex in Union City in southern Fulton County, where only females are housed. The majority of this project focused on the Rice Street facility.<sup>iv</sup> Tables 1, 2, and 3 show the number of bookings, the status of offenders, and the average daily population at Fulton County Jail over the past several years.

Table 1. Bookings at Fulton County Jail (Rice Street), 2012–2016

	Per Year	Average per Month
2012	48,146	4,012
2013	34,786	2,899
2014	29,627	2,469
2015	26,063	2,172
2016	24,608	2,051

Source: Fulton County Pretrial Services Intake Unit, Monthly Intake Unit Statistics.

Table 2 provides information on the status of those being held at Fulton County Jail. Between 75% and 80% of offenders at the jail are awaiting trial, while only 4% are serving a county sentence.

<sup>iv</sup> Additional information is needed from the Union City Annex of Fulton County Jail to fully document how the mentally ill female population is processed.



Table 2. Status of Offenders at Fulton County Jail, 2015–2017 (monthly average for all locations)

	# of Inmates	% of Capacity	Sent to State Prison		Awaiting Trial		Serving County Sentence		Other	
			#	%	#	%	#	%	#	%
2015	2,581	96.0%	137	5.3%	2,054	79.6%	87	3.4%	303	11.8%
2016	2,612	97.2%	178	6.8%	1,957	74.9%	109	4.2%	368	14.1%
2017	2,657	98.9%	108	4.1%	2,077	78.2%	110	4.1%	362	13.6%

Note: Fulton County Jail capacity is 2,688. Numbers are an average of monthly totals during that year.

Source: Monthly Jail Reports, Georgia Department of Community Affairs. Accessed at [dca.ga.gov/local-government-assistance/research-surveys/monthly-jail-reports](http://dca.ga.gov/local-government-assistance/research-surveys/monthly-jail-reports).

Table 3. Fulton County Jail (all locations) Average Daily Population, 2013–2017

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2013	2,271	2,377	2,414	2,374	2,433	2,491	2,611	2,682	2,694	2,686	2,631	2,440
2014	2,431	2,446	2,402	2,445	2,418	2,473	2,535	2,565	2,543	2,548	2,509	2,458
2015	2,520	2,534	2,548	2,569	2,458	2,444	2,504	2,472	2,491	2,505	2,543	2,547
2016	2,607	2,611	2,546	2,610	2,553	2,513	2,522	2,563	2,541	2,511	2,507	2,421
2017	2,495	2,652	2,648	2,665	2,703	2,669	NA	NA	NA	NA	NA	NA

Note: Data for 2017 were available for January through July only.

Source: Fulton County Jail Medical Administrative Committee Meeting, Monthly Administrative Census Report.

More than 70% of the offenders who arrive at Fulton County Jail are brought in by the Fulton County Sheriff’s Office or the Atlanta Police Department. The remainder are brought in by various other agencies.

Table 4. Percentage of Type of Law Enforcement Agencies Bringing Offenders to Fulton County Jail (all locations), January 2012–July 2017

Atlanta Police Department	40.5%
Fulton County Sheriff’s Office	30.6%
Fulton County Municipalities (except Atlanta)	16.7%
Other Fulton County Agencies	6.3%
State Agencies	2.6%
Education	1.5%
Other Georgia Counties	0.1%
Federal Agencies	0.1%
Other	1.6%

Source: Odyssey, Fulton County Court Case Management Information System.

Mentally Ill at Fulton County Jail

The Task Force gathered baseline data about the current state of activities in Fulton County related to serving offenders with mental illness in the criminal justice system. An average of more than 32,000 bookings occurred in Fulton County Jail Rice Street location each year between 2012 and 2016.

The Task Force learned that the mentally ill on average spend much longer in Fulton County Jail than do those without a mental illness: **58 days versus only 26 days.**

Additional data are needed to accurately calculate the percentage of offenders with mental illness, but it is estimated that the number ranges from as low as 40% to as high as 70%.<sup>21</sup> With capacity for 2,688 offenders, this equates to between 1,075 and 1,881 at any given time.

The project team received deidentified, individual offender booking data from Fulton County from January 2012 through June 2017. The project team also requested a deidentified<sup>v</sup> list of offenders on the mental health caseload. Unfortunately, the project team was only provided with a small number of those on the caseload in part because data were lost when the medical/mental health provider at the jail transitioned from Corizon Healthcare in 2016 to Correct Care Solutions in 2017.

Based on the small amount of data that the project team received related to the mental health caseload, as well as an analysis of the individual booking data, the project team was able to identify 1,144 offenders who were on the mental health caseload out of a total of 105,169 booked into Fulton County Jail between January 2012 and June 2017. Based on that data, the team was able to do a demographic comparison of the mentally ill population to those who were not mentally ill (general jail population). Table 5 provides a demographic breakdown of the two populations.

<sup>v</sup> The first time an offender is booked into the jail, he or she receives a Sheriff’s Office, or SO, number, which is unique to him or her and used any subsequent times that offender is booked. A single SO number may be associated with multiple booking numbers. That SO number is also associated with the medical records of the respective offender.

Table 5. Demographic Comparison of Fulton County Jail Offenders on the Mental Health Caseload and General Jail Population (all locations), January 2012–June 2017

	General Jail Population	Mentally Ill Jail Population
<b>Gender</b>		
Female	25.4%	20.5%
Male	74.6%	79.5%
<b>Race</b>		
Asian	0.6%	0.0%
Black	76.5%	88.0%
Indian	0.2%	0.0%
Multiracial	0.9%	0.9%
Native Hawaiian or Other Pacific Islander	0.3%	0.0%
White	20.0%	10.9%
Other	0.3%	0.1%
Unavailable	1.1%	0.1%
<b>Ethnicity</b>		
Hispanic	2.4%	0.3%
Non-Hispanic	79.6%	94.6%
Refused to Respond/Field Blank	18.0%	5.1%
<b>Average Age at Booking</b>	34	38

Source: Carl Vinson Institute of Government, University of Georgia, analysis of Fulton County data from Odyssey (Fulton County court and jail information management system).

Those in the mentally ill population in Fulton County Jail tend to be male and black, and older than the general jail population. Table 5 indicates that nearly nine out of 10 offenders on the mental health caseload are black, and nearly eight out of 10 are male. Strikingly, the percentage of blacks in the mentally ill jail population is higher than in the general jail population, but the proportion of whites is almost half that of whites in the general jail population. In addition to the racial disparity of those in the mentally ill population, their ethnicity differs as well. While 2.4% of the general jail population is Hispanic, less than a half of 1% of those in the mentally ill population are Hispanic.

The Task Force learned that the mentally ill on average spend much longer in Fulton County Jail than do those without a mental illness: 58 days versus only 26 days.<sup>vi</sup> This fact has cost implications for the jail and the county. The average cost per day to house an offender between

<sup>vi</sup> Calculations based on deidentified charging, booking, and demographic data from Odyssey, Fulton County’s court information management system. Data on a portion of the mental health caseload came from ERMA, Correct Care Solutions’ medical management system for Fulton County Jail.

2011 and 2015 was \$75.37.<sup>22</sup> Therefore, it costs Fulton County \$1,960 to house an offender for 26 days (the average length of stay for those not on the mentally ill caseload) compared to \$4,371 for 58 days (the average length of stay for those who are mentally ill). In addition, an offender who is mentally ill likely uses a disproportionate share of medical and mental health services compared to an offender who is not mentally ill: In 2012, an average of 261 offenders were on psychotropic medication, costing an average of \$41,000 per month.<sup>23</sup>

Table 6 provides information on a variety of data points related to the mentally ill at Fulton County Jail. The total number of mental health contacts includes initial assessments of those offenders who screen positive for a mental illness; self- or staff referrals for evaluation; and any daily, weekly, or monthly visits deemed necessary.

Table 6. Fulton County Jail (Rice Street) Mental Health Caseload Data, 2013–2017

	Average Monthly Ongoing Care/ Active Mental Health Caseload	Total Number of Mental Health Contacts	Average Monthly Mental Health Contacts	Total Emergency Referrals to Acute Psychiatric Unit
2013	1,674	30,645	2,554	1,593
2014	2,121	33,682	2,807	815
2015	2,781	40,641	3,387	1,576
2016	2,609	37,359	3,113	1,723
2017	1,856	14,037	2,340	900

Note: Data for 2017 represent January through June only.

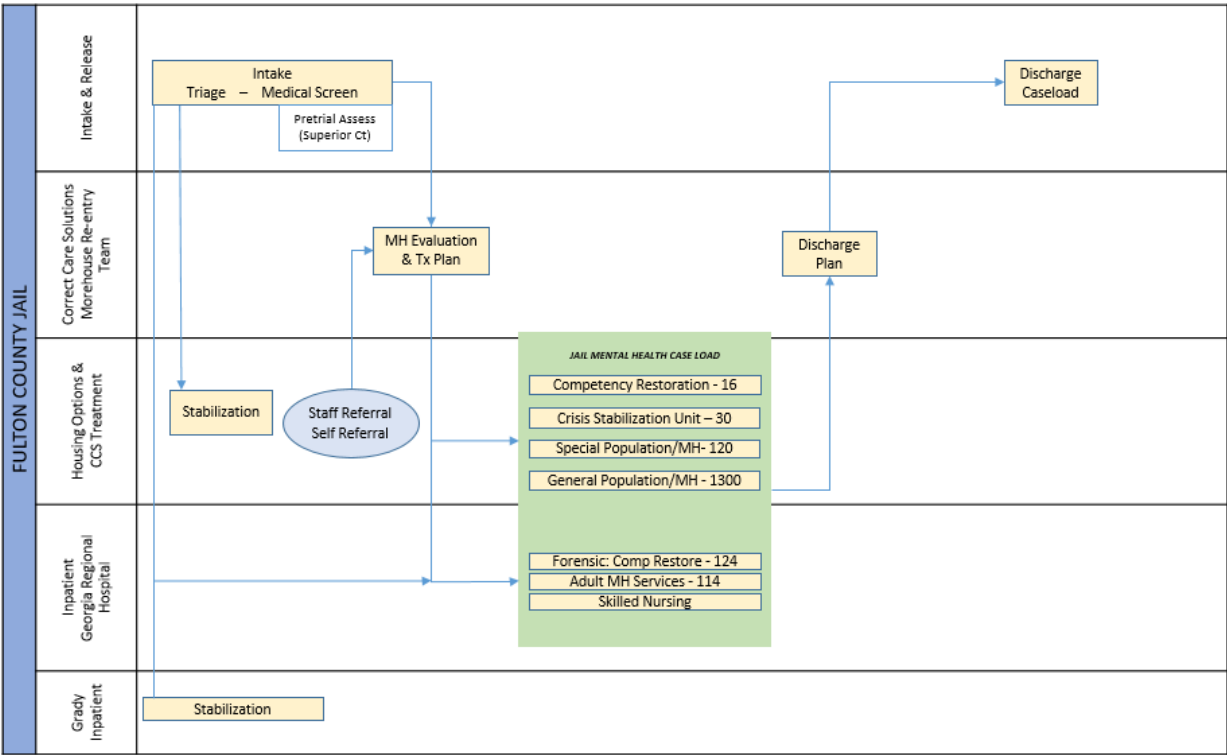
Source: Fulton County Jail Medical Administrative Committee Meeting, Monthly Administrative Census Reports.

Mentally ill offenders at Fulton County Jail are treated and managed by the contracted medical and mental health provider. During calendar year 2017, while this project was being conducted, Correct Care Solutions (CCS), jointly with Morehouse School of Medicine, was the contractor. As of January 1, 2018, NaphCare became the new medical and mental health provider.

Upon intake/booking, all offenders are supposed to receive a medical screening, which includes questions regarding their mental health. A referral for a further mental health assessment is made if indicated by screening results. Figure 6 shows the evaluation and treatment process for those on the mental health caseload at the jail.



Figure 6. Process Flow Map of the Mentally Ill through Fulton County Jail (Fulton County Jail Swim Lane Map)



Note: CCS = Correct Care Solutions; MH = mental health; Ct = court; Tx = treatment.  
Source: Carl Vinson Institute of Government, University of Georgia.

Within 14 days of booking, all offenders with a positive screen for mental health are supposed to be seen by and receive a follow-up assessment from a mental health professional. If the offender has been treated in the community prior to incarceration, CCS is supposed to work to obtain treatment confirmation from any previous mental health providers once a release of information is signed. During the assessment, offenders are provided with a discharge summary that contains a list of community mental health resources that can be accessed upon re-entry into the community.

Even if an offender does not screen positive on the initial mental health screen, he or she can be referred later via a self-referral or a referral by a staff member based either on symptoms not identified during the initial booking process or new symptoms that appear during incarceration.

Fulton County Jail Findings

The project team’s visit to Fulton County Jail produced several key findings:

- CCS does not prescribe the same formulary, or medication list, as Grady Hospital or Georgia Regional Hospital – Atlanta. This can cause problems if an offender was sent to either location for psychiatric stabilization. If the offender was prescribed a particular medication while at one of these locations, he or she may not necessarily receive the same medication upon return to Fulton County Jail. Due to the way psychotropic medications work on the brain, the offender may decompensate on a different medication and need to be returned to Grady or Georgia Regional Hospital for stabilization.
- Upon release, offenders are supposed to leave with a seven-day supply of any medications that they have been receiving while incarcerated. However, this does not always happen due to a variety of factors, including insufficient communication between correctional officers and the medical staff, offenders being released in the early morning, and insufficient time for a re-entry/discharge plan to be drafted.
- Offenders placed on the mental health caseload do not receive an individualized treatment plan.
- The majority of the mentally ill offenders who are on the mental health caseload are housed in the jail’s general population. There is an Acute Psychiatric Unit, where an offender exhibiting a mental health crisis can be placed for up to 30 days.
- If an offender needs to be physically restrained due to his or her behavior, this can be done by correctional officers without the input of the mental health staff or an order by a psychiatrist.
- Jail correctional officers do not know the mental health status of any individual offender, which can cause problems when an offender is noncompliant with the orders of a correctional officer due to mental health symptoms.

Medication Management for the Mentally Ill at Fulton County Jail

Those on the mental health caseload remain in jail for a longer period of time on average for several reasons, the primary of these being the issue of medication management. Based upon information shared with the project team,<sup>vii</sup> there is a perception that mentally unstable offenders are not being properly stabilized and medicated, if necessary, keeping discharge

<sup>vii</sup> This information applies to the practices of Correct Care Solutions and Morehouse School of Medicine, the Fulton County Jail medical and behavioral health provider during 2017, observed by the project team while conducting research for the purposes of the JMHCP grant. The policies and practices of the new jail medical and behavioral health provider, NaphCare, which took over as of January 1, 2018, have not been reviewed or observed for this grant.



planning from being expedited. However, offenders cannot be forced to take their medication. Table 7 provides information on the prevalence of psychotropic medication prescriptions at Fulton County Jail.

Table 7. Fulton County Jail Psychotropic Medication Data, 2013–2017

	Monthly Average Number of Patients on Psychotropic Medication	Monthly Average Number of Prescriptions for Psychotropic Medication	Psychotropic Medication as Percentage of Total Medication Orders
2013	260	572	13.2%
2014	256	553	12.1%
2015	325	899	18.7%
2016	316	923	17.8%
2017	336	841	16.4%

Note: Data for 2017 represent January through June only.

Source: Fulton County Jail Medical Administrative Committee Meeting, Monthly Administrative Census Reports.

It was reported to the project team that if an offender is on psychotropic medication when he or she is booked into Fulton County Jail, the medical staff will administer medication in order to “bridge” the offender over until release. However, if a mentally ill offender is not on medication or presenting any behavioral health symptoms when brought to the jail, it is understood by the project team that the jail medical staff will not provide medication, even with the presentation of records substantiating a history of mental health issues and documentation indicating impulsive behavior when the offender is not taking his or her medication. The project team received several reports that proof of medication had been given to the jail mental health provider but the offender was not administered that medication because no obvious signs of mental illness were present. Only if the mentally ill offender shows symptoms of the mental illness or decompensates will the jail medical provider prescribe an appropriate psychotropic medication.

Due to a lack of data sharing among behavioral health providers and the jail, offenders may face a disruption in their medication. This can cause instability for mentally ill offenders, leading to longer stays in jail and other consequences, including loss of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) payments. Benefits for offenders incarcerated for more than 30 continuous days are automatically suspended but can potentially be reinstated upon release. However, if an offender is incarcerated for 12 consecutive months or longer, benefits are automatically terminated and the offender must reapply upon release.<sup>24</sup> Appropriate housing for mentally ill offenders is often difficult to obtain without SSDI/SSI benefits and without the offenders being stable and on prescribed medication.

It is generally understood by court staff that judges can be hesitant to release mentally ill offenders if they are not stable to avoid them acting out and gaining new charges after their release, even if the original charges are minimal. Families (who, many times, are the victims in the cases) may not be willing to house or assist the offender in obtaining bond unless or until he or she is stabilized and on medication. In addition, in order to be accepted into the Fulton County Behavioral Health Treatment Court, offenders must be stable and agree to take their medication. (See pages 38-39 for more information on the Behavioral Health Treatment Court.)

The final issue related to medication management is the supply of medication that an offender is provided upon release. It is understood by the project team that offenders prescribed psychotropic medication while incarcerated are to be released with a seven-day supply of medication. Judges can also provide a court order to require a supply of up to 30 days. Because correctional officers do not have access to an offender’s medical records, they do not know whether an offender is on the mental health caseload, is on a psychotropic medication, or is supposed to be released with a supply of medication. Therefore, the jail medical provider is supposed to communicate with correctional staff regarding medication to be provided to the offender upon release. However, this does not always happen, and it is not uncommon for an offender to be released without their prescribed supply of medication. This is due to variety of factors including the time of day an offender is released (often as early as 4:00 am), the speed of release, and a lack of communication between the jail medical provider and correctional officers.

Competency Restoration

Competency restoration can take place in two places: Georgia Regional Hospital – Atlanta (run by Georgia DBHDD) and at the jail. (Georgia Regional Hospital – Atlanta is discussed in more detail beginning on page 43.)

Emory University, Georgia DBHDD, and Fulton County Jail jointly developed the jail-based Competency Restoration Program in response to Fulton County’s high utilization of state psychiatric forensic beds. When the court orders a competency-to-stand-trial evaluation, the defendant is assessed by a forensic evaluator in Fulton County Jail. If the forensic evaluator finds the defendant incompetent to stand trial and the court agrees, the defendant is put on a list for admission to Georgia Regional Hospital. The defendant may not necessarily be admitted immediately as there is a waiting list. The initial restoration period is 90 days, with the ability to hold the defendant for up to an additional nine months.

If the defendant is restored to competency, he or she will be returned to Fulton County Jail and the case will proceed normally. If the defendant is not restorable to competency, the hospital

The jail-based Competency Restoration Program is an **alternative to sending offenders to Georgia Regional Hospital**, where there is a waiting list for forensic beds.

gives an opinion about whether the defendant meets the criteria for civil commitment. As mentioned earlier, because CCS and Georgia Regional Hospital use different formularies, it was reported to the project team that some offenders are restored to competency at Georgia Regional Hospital but then decompensate upon return to

Fulton County Jail; consequently, they must be returned to Georgia Regional Hospital for further competency restoration.

The Competency Restoration Program is an alternative to sending offenders to Georgia Regional Hospital. It is housed in one portion of Fulton County Jail’s Rice Street location, separate from the other offenders. It consists of 16 single cells, two converted cells used as offices, two showers, and a common area. Two correctional officers per day are specifically assigned to the unit.

To participate in the Competency Restoration Program, a defendant

- must not be competent to stand trial,
- must have no recent history of assaults or aggressive behaviors,
- must have no more than mild to moderately impaired intellectual functioning, and
- must have no medical issues that require a high level of care.

The Competency Restoration Program at Fulton County Jail’s Rice Street location is for men only. There is a separate pilot at the Union City Jail annex for females. (The project team was unable to schedule a visit with this unit, so this report provides no information on that pilot.)

Upon admission, each offender is oriented to the unit, cognitive functioning is tested, and he is assigned a psychiatrist. The treatment team also includes forensic psychiatry fellows, forensic postdoctoral fellows, a master’s level clinician, a forensic social worker, a program administrator, and a medical director. Group counseling and therapy activities are held weekly and include expressive arts, conflict resolution, substance abuse treatment, health awareness, reading, medication education, character building, and techniques to improve the offender’s cognitive skills.

Similar to competency restoration at Georgia Regional Hospital, the initial competency restoration period in the Competency Restoration Program is 90 days. The offender may be reevaluated at any point up to the 90-day mark for competency. When the offender is

considered competent by the treatment team, he meets with the original forensic evaluator, the court is notified, and the case proceeds.

FULTON COUNTY COURTS

Fulton County has five court levels: Juvenile, Magistrate, Probate, State, and Superior. Juvenile, Magistrate, Probate, and State Courts have limited jurisdiction, while Superior Court has general jurisdiction.

**Juvenile Courts.** Each county in Georgia has one Juvenile Court. They deal with cases involving delinquent juveniles under age 18, children in need of services, and children who have been abused or neglected.

**Magistrate Courts.** Each county in Georgia has one Magistrate Court. They deal with small civil claims (less than \$15,000), county ordinance violations, and minor criminal offenses. Procedurally, preliminary hearings happen at the magistrate level, and these courts handle arrest and search warrants. No jury trials take place at the magistrate level. Magistrate Courts hear only misdemeanor cases.

**Probate Courts.** Each county in Georgia has a Probate Court. They handle wills, estate administration, guardianship appointments, involuntary hospitalizations, and other similar types of cases.

**State Courts.** Not all counties in Georgia have a State Court. (There are approximately 70; Fulton has one.) These courts typically handle misdemeanor traffic violations and civil actions not heard at the Superior Court level. Procedurally, they handle felony preliminary hearings and issue arrest and search warrants. State Courts also only hear misdemeanor cases.

**Superior Courts.** Each county in Georgia has a Superior Court. These courts have broad criminal and civil jurisdiction; however, they have exclusive jurisdiction over felony cases. They also have exclusive jurisdiction over divorces and may correct errors made by limited jurisdiction courts. There are 49 judicial circuits in Georgia; Fulton County is part of the Fifth Judicial Administrative District, which is the largest and busiest jurisdiction in Georgia, handling more than 100,000 legal matters each year.

In addition to courts at the county level, there are 370 municipal or city courts throughout Georgia. In Fulton County, all 15 cities have municipal courts.



Accountability Courts

Georgia has a system of accountability courts, which are targeted at solving specific problems. The state has six types of accountability courts: behavioral/mental health, DUI, family treatment, felony drug, juvenile drug/mental health, and veterans treatment. Fulton County has one of each type of accountability court: behavioral/mental health, felony drug, and veterans treatment at the Superior Court level; DUI at the State Court level; and family treatment and juvenile drug/mental health at Juvenile Court level. (A map of all accountability courts throughout Georgia is located in Appendix B.)

For the purposes of this grant project, the project team visited the Adult Felony Drug Court and the Behavioral Health Treatment Court, which are under the jurisdiction of the Superior Court of Fulton County. Both courts are felony diversion programs, meaning that upon successfully completing the requirements of the accountability court program, charges are often dropped. Participation in either court is voluntary.

The services provided by the accountability courts—medication, counseling, job training, GED classes, anger management, and meals—are offered at a centralized location. Participants receive a minimum of 420 treatment hours and can expect to be involved between 18 and 24 months.

Behavioral Health Treatment Court

The Behavioral Health Treatment Court (BHTC) provides treatment alternatives to sentencing for defendants with a diagnosed mental illness. Diagnoses for acceptance into the BHTC include schizophrenia, depression, anxiety, and post-traumatic stress disorder. The program runs for 18 months and has six staff members to monitor and connect up to 130 defendants to community treatment and achieve safe re-entry plans. At the time of the project team’s visit, BHTC had a caseload of 116 defendants.

To be eligible for the program, participants must have an appropriate diagnosis, have suitable housing, and be compliant in taking any prescribed medication. Acceptable charges include minor offenses, but BHTC will accept aggravated assault charges. Participants with co-occurring disorders (both mental health and substance abuse diagnoses) where the primary diagnosis is that of mental illness participate in BHTC, rather than the Adult Felony Drug Court (heroin addicts with a mental health diagnosis are not eligible for participation in the BHTC). Cases are staffed by the director, assistant director, case managers, and clinicians, who collaborate with the prosecutor, defense attorney, and judicial case managers.

Participants attend two morning sessions per week. They attend group and one-on-one counseling with a clinician and case manager. Drug screens are conducted randomly, and participation in BHTC carries incentives and sanctions. Participants must appear regularly before a judge to review their progress and compliance with the requirements of the BHTC.

To be safely released to the BHTC, the offenders must be stable on any medications prescribed by the Fulton County Jail mental health provider. However, as mentioned previously, medication compliance is voluntary at the jail, and being prescribed medication by the jail medical provider can be challenging. When offenders are not prescribed appropriate medication by the jail mental health provider to control the symptoms of their mental illness, their eligibility to participate in the BHTC can be compromised.

Adult Felony Drug Court

Adult Felony Drug Court is a program for felony offenders addicted to alcohol and/or drugs. The Fulton County District Attorney’s Office, the Fulton County Office of the Public Defender, and treatment and community groups collaborate to ensure the success of the participants.

Similar to the BHTC, participants are required to actively engage in an intensive outpatient rehabilitation program operated by the drug court staff or to participate in some other court-approved treatment program. Participants are required to appear regularly before a judge to review their progress and to submit to random drug screenings.

Participants with co-occurring disorders where the primary diagnosis is that of substance abuse participate in the Adult Felony Drug Court rather than BHTC (except for those diagnosed with schizophrenia). At the time of the project team’s visit, Adult Felony Drug Court had a caseload of 196 defendants.

Treatment Diversion Court

For defendants who commit misdemeanor crimes and therefore are not eligible for participation in an accountability court, Fulton County created a Treatment Diversion Court<sup>viii</sup> (TDC) at the Magistrate Court level in 2003. Similar to the accountability courts, the TDC is a diversionary court: If the defendant successfully completes the requirements set forth by the judge, the charges will be dismissed.

As mentioned previously, these offenders were sitting in jail longer than those without a mental illness. The mission of the TDC is to divert misdemeanor offenders in need of mental health treatment out of prosecution and into community-based treatment. Referrals to this court are

<sup>viii</sup> As of January 2018, the Magistrate Court Treatment Diversion Court is unfunded.



received from the Fulton County Solicitor General’s Office, the Fulton County Conflict Defender’s Office, Fulton County DBHDD, and Fulton County Pretrial Services.

The TDC is a voluntary program, and all offenders charged with misdemeanors who are booked into Fulton County Jail at the time of their first appearance are screened for TDC. TDC currently has a caseload of 160 misdemeanor defendants per year and coordinates with three Fulton County DBHDD personnel to formulate discharge plans and link to community-based treatment.

Another reason why Fulton County created the TDC was that many mentally ill misdemeanor defendants were languishing in jail because they could not post a monetary bond. Participation in the TDC allows them to be released on a signature bond after a discharge planner confirms or arranges for treatment and housing in the community.

Fulton County Pretrial Services

Fulton County Pretrial Services operates under the authority of the Superior Court of Fulton County and is made up of three units: Intake, Court Services, and Supervision. The Intake Unit interviews all eligible felony and misdemeanor defendants who have been booked into Fulton County Jail and makes recommendations for release. Defendants at Fulton County Jail are eligible for release and supervision by Fulton County Pretrial Services if they meet specific criteria. Pretrial Services representatives make the least restrictive release recommendations based on the need for public safety, but they do not make financial release recommendations, that is, a specific amount for bond/bail. Pretrial Services also makes referrals for BHTC and Adult Felony Drug Court. It is important to note that if a defendant exhibits symptoms of a mental health issue, Pretrial Services will not recommend that offender for release.

There are exceptions to the eligibility criteria and, as a result, only about half of the defendants booked into Fulton County Jail are interviewed for a release recommendation. Some of these exceptions include criminal or civil contempt charges, probation warrant/revocation, a “round trip,”<sup>ix</sup> hold/warrant for another jurisdiction, or misdemeanants who already had their first appearance in another municipality. Table 8 shows the percentage of defendants booked who were eligible to be interviewed by the Fulton County Pretrial Intake Services Unit in 2012–2016.

<sup>ix</sup> A “round trip” is a defendant who was booked and processed in one of the municipalities. The defendant would have gone before a magistrate (judge) and some type of action would have been taken (e.g., released, released on bond, etc.) and then the defendant would have been transferred to Fulton County Jail to be booked into the system.

Table 8. Percentage of Defendants Booked into Fulton County Jail Eligible to Be Interviewed by Fulton County Pretrial Services, 2012–2016

	Percent of Defendants Eligible for Interviews	Number of Defendants Referred to:	
		Adult Felony Drug Court	Behavioral Health Treatment Court
2012	43.7%	1,941	625
2013	52.8%	1,484	411
2014	60.2%	976	332
2015	60.9%	668	217
2016	59.8%	677	251

Source: Fulton County Pretrial Services Intake Unit, Monthly Intake Unit Statistics.

Staff from the Court Services Unit are present at the first appearance and other appropriate court hearings to provide information to the judge so that he or she can make an informed decision on the release recommendation, appropriate fines/penalties, or other court-ordered requirements. Finally, the Supervision Unit is responsible for supervising defendants who have been released by the court.

Prosecutors and Public Defenders

There are a number of county-wide prosecuting and public defense offices, each of which plays an important role in identifying and seeking treatment or alternative sentences for those with a mental illness or co-occurring disorder who have been arrested. The Fulton County District Attorney (DA) prosecutes adult felony violations of state law and is the prosecutor assigned to the Behavioral Health Treatment Court and the Adult Felony Drug Court. The Fulton County Solicitor General prosecutes misdemeanor violations of state laws and Fulton County ordinances. The Solicitor General prosecutes cases in the TDC and cases bound over to State Court from courts in one of Fulton County’s 15 municipalities.

The Offices of the Public Defender and the Conflict Defender defend adult indigent clients; the Public Defender handles felony cases in the Superior Court and the Conflict Defender handles misdemeanors in State and Magistrate Courts. Both have social workers and behavioral health specialists on staff to assist clients with a mental illness and co-occurring disorders. The Conflict Defender represents clients in the Treatment Diversion Court. The Public Defender represents clients in the Behavioral Health Treatment Court, where they help place clients in treatment, rather than incarceration, and the Adult Felony Drug Court, where they help get clients into addiction recovery. The Public Defender’s Office has an Alternative Sentencing Unit that works to place clients in treatment facilities as soon as possible after arrest as an alternative to incarceration, which prevents clients from remaining incarcerated for long periods of time.

Within the City of Atlanta, the City Solicitor’s Office prosecutes municipal violations and the City of Atlanta Office of the Public Defender defends indigent clients. The city solicitors and public defenders also play an important role in identifying and seeking treatment or alternative sentences for those with a mental illness or co-occurring disorder who have been arrested.

Alternative Sentencing Unit, Fulton County Office of the Public Defender

The Alternative Sentencing Unit of the Fulton County Office of the Public Defender is primarily staffed by social workers and assists eligible clients with substance abuse, mental health, or other medical problems. The Alternative Sentencing Unit currently has a memorandum of understanding in place with the United Way to provide case management and housing to a small number of mental health clients. In 2016, the Alternative Sentencing Unit handled 1,800 cases; as of September 2017, it had already handled more than 1,400 cases that year.

During the SIM Workshop in April 2017, unit members identified previously unknown gaps within its own services. With additional staff, the unit instituted several new policies and procedures to address those gaps, including tracking clients through the competency process (through restoration) and tracking clients who may be eligible for participation in an accountability court. These new policies and procedures include the following:

- All clients represented who need a competency evaluation will be assigned an Alternative Sentencing Specialist who will monitor and track their case throughout the process to ensure their cases are expedited and coordinated with the court, jail, Grady Memorial Hospital, Georgia DBHDD, and other relevant stakeholders.
- All clients referred to an accountability court will be assigned an Alternative Sentencing Specialist to monitor and ensure their cases are handled in a timely manner.
- An Alternative Sentencing Specialist has been assigned to the accountability courts as a liaison.
- Case management is being continued for some of the more high-need clients after the case is resolved to reduce recidivism.

As a result of the increased staff, many judges have noted that their questions and concerns have been addressed more readily, and they have therefore been able to process cases through the system more efficiently.

BEHAVIORAL HEALTH TREATMENT OPTIONS

Georgia Department of Behavioral Health and Developmental Disabilities

Georgia DBHDD provides a variety of services for those with behavioral health disorders and developmental disabilities. One service that helps keep the mentally ill out of jail is the Georgia

GCAL is a 24/7 hotline for accessing mental health services throughout Georgia. It is an effective alternative to calling 911 and can keep the mentally ill out of jail. GCAL estimates that **only 9% of its calls need further law enforcement assistance.**

Crisis and Access Line, or GCAL, which is run by Behavioral Health Link (BHL) for Georgia DBHDD. GCAL is a 24/7 hotline for accessing mental health services throughout Georgia. GCAL receives between 800 and 1,000 calls throughout the state each day. Nearly 40% are individuals calling for themselves, while 16% are calls for assistance with a friend or family member. Of the total number of calls, 46% are treatment providers

seeking assistance for someone under their care or in their services. This service is an effective alternative to calling 911 and can keep the mentally ill out of jail: GCAL estimates that only 9% of its calls need further law enforcement assistance.<sup>25</sup>

Georgia DBHDD provides funding for crisis stabilization units and behavioral health crisis centers, to which law enforcement and family members can take those experiencing a mental health crisis for stabilization. In addition, Georgia DBHDD funds assertive community treatment teams, intensive case management (ICM), and case management services. “Assertive community treatment (ACT) is a team-based treatment model that provides multidisciplinary, flexible treatment and support to people with mental illness 24/7. ACT is based around the idea that people receive better care when their mental health care providers work together. ACT team members help the person address every aspect of their life, whether it be medication, therapy, social support, employment, or housing. ACT is mostly used for people who have transferred out of an inpatient setting but would benefit from a similar level of care and having the comfort of living a more independent life than would be possible with inpatient care.”<sup>26</sup> ICM and case management services are typically delivered by a case manager, rather than a multidisciplinary team, and the individual receiving the services typically requires progressively less intensive services.

Georgia DBHDD provides forensic evaluation and treatment services for offenders under the jurisdiction of Superior and State Courts. Many of these services take place at the five behavioral health hospitals throughout Georgia. The closest hospital to Fulton County is Georgia Regional Hospital – Atlanta, located in nearby DeKalb County. The hospital provides inpatient adult mental health and forensic services, as well as development disabilities and skilled nursing services. The adult mental health unit contains an acute care unit. The Forensic Unit houses adults who have been declared incompetent to stand trial. For those housed in the Forensic Unit as incompetent to stand trial, two-thirds are held until their respective hearings,



and one-third have been civilly committed (not guilty by reason of insanity). This facility currently has a waiting list for forensic beds.

Released offenders face barriers to finding employment, locating housing, and receiving public assistance—problems that exacerbate and further compound mental illness. Georgia DBHDD and the Georgia Department of Community Affairs, which administers federal housing funds for the state, help coordinate housing for persons with mental illness who are transitioning into the community setting. Georgia DBHDD coordinates supportive housing initiatives for frequent users of jails, hospitals, health care, emergency shelters, and other public systems. Supportive housing is an evidence-based model of housing that pairs access to affordable housing with services delivered in the home and community to support successful tenancy and community integration.

Georgia DBHDD offers other types of assistance to mentally ill offenders being released from incarceration. For example, the Georgia Housing Voucher Program, funded by the state, is designed to help individuals attain and maintain safe and affordable housing and support their integration into the community. All individuals with financial means must contribute a portion of their income toward their living expenses (tenant paid utilities, rent, and initial start-up expenses). As a condition of the Department of Justice settlement agreement, Georgia DBHDD provides some bridge funding for individuals in the target population. In addition to placement and rental assistance, bridge funding can be used for a variety of things that a new tenant needs—bedding, furniture, utility hook-up costs, etc.—not covered by rental assistance.

**Fulton County Department of Behavioral Health and Developmental Disabilities**

Fulton County DBHDD serves mentally ill individuals involved in the criminal justice system in collaboration with the Fulton County Sheriff’s Office, Fulton County Jail, and the Fulton County Treatment Diversion Court. Fulton County DBHDD also runs two open-access, community-based mental health treatment facilities: one in downtown Atlanta (the Center for Health and Rehabilitation) and one in southwest Atlanta.

The Case Management Unit has licensed clinical staff who provide diagnostic assessments and clinical intervention for individuals experiencing a mental illness/co-occurring disorder who are released from jail into the community. The staff provide clinical intake services for individuals who have no other established mental health/substance abuse provider in the community in an effort to continue their mental health treatment, which may have begun in jail.

Case managers can arrange housing for the homeless and residential substance abuse treatment; monitor housing arrangements; make home and hospital visits; attend staffing meetings with

providers and clients; and assist with accessing needed resources, such as benefits, food stamps, medical care, psychiatric medications, family reunification, transportation, job readiness, and so forth.

In late 2017, Fulton County decided to contract adult core mental health services with River Edge Behavioral Health beginning in 2018. Children, youth, and the “emerging adult” population (those between the ages of 18 and 24) are to be served by Chris 180. Fulton County’s stated reason for outsourcing these services was to expand the number of Fulton County residents who are currently served, open new facilities at more convenient locations, and enable residents to have easier access to behavioral health care. Fulton County DBHDD will continue providing services to the developmentally disabled.

**Grady Memorial Hospital**

Grady Memorial Hospital is the primary safety net hospital for metropolitan Atlanta. Opened in 1892, its primary mission is to provide quality health care to the indigent residents of Fulton and DeKalb counties.<sup>27</sup> Grady is a critical partner in treating the mentally ill, not only in Fulton and DeKalb counties, but also in concert with law enforcement and first responders as well as those recently released from jail. Grady’s behavioral health services include a psychiatric emergency room, a crisis stabilization unit, inpatient and outpatient treatment, a behavioral health observation unit, ACT teams, psychosocial rehabilitation, peer support, ICM and case management, and individual and group treatment.

Grady has partnered with BHL, a Georgia DBHDD contractor that provides crisis intervention and case management services to persons in a mental health crisis or who have problems with drugs or alcohol. Under this partnership, a BHL clinician rides with Grady Emergency Medical Services (EMS) during certain hours to better respond to mental health crisis needs and divert individuals from the Grady emergency room. Of the 800 patients per month served by this collaboration, 60% are typically diverted to a more appropriate level of care. The team also conducts home visits for frequent 911 callers. A look at the top 88 Grady EMS frequent 911 callers shows that 41% are for psychological needs and 38% are for substance abuse needs. (BHL contracts with Georgia DBHDD to run GCAL.)

**Grady Memorial Hospital is a critical partner in treating the mentally ill**, not only in Fulton and DeKalb counties, but also in concert with law enforcement and first responders as well as those recently released from jail.

Grady also has an adult walk-in outpatient behavioral health facility that offers behavioral health services, including a crisis service center, individual and group treatment, peer support, medication clinics, primary care, and ACT teams. This location is commonly referred to as 10 Park Place, for its address.

### SECTION 3

# Other Key Stakeholders



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Other Key Stakeholders

FULTON COUNTY MUNICIPALITIES

Fulton County has 15 municipalities. As mentioned earlier, 14 of the 15 municipalities in the county maintain their own law enforcement agencies. There are at least eight 911 emergency systems within the county: Fulton County 911 provides services to four municipalities, while five municipalities maintain their own systems. There are at least five municipal jails, the largest of which is the Atlanta City Detention Center. See Appendix A for a map of these jails.

Atlanta City Detention Center

The City of Atlanta Department of Corrections operates the Atlanta City Detention Center (ACDC). While the average length of stay for offenders at ACDC is shorter than for offenders at Fulton County Jail due to the nature of the crimes (mostly ordinance violations), ACDC houses detainees for US Immigration and Customs Enforcement. The City of Atlanta sends offenders charged with state crimes to the Fulton and DeKalb County Jails.<sup>28</sup>

Table 9 shows the number of offenders booked into ACDC each year from 2013 to 2017. The numbers are similar to those for Fulton County Jail’s Rice Street location.

Table 9. Bookings into Atlanta City Detention Center, 2013–2017

	Per Year	Average per Month
2013	32,676	2,723
2014	30,955	2,580
2015	29,113	2,426
2016	29,965	2,497
2017	10,354	2,588

Note: 2017 data include January through April only.

Sources: Atlanta City Detention Center—Focus on Results Atlanta, Department of Corrections. Retrieved from [foratlanta.github.io/charts/department-of-corrections.html#jail\\_population](https://foratlanta.github.io/charts/department-of-corrections.html#jail_population). Additional data provided by the Office of Innovation Delivery and Performance, Office of the Mayor, City of Atlanta.

While the operations of ACDC are wholly separate from those of Fulton County Jail, they are closely connected. Offenders are transferred from ACDC to Fulton County Jail on a weekly regular schedule, and the same offenders often cycle through both facilities. Depending on the charge, some who commit crimes in the city of Atlanta are automatically housed at Fulton County Jail.

Mentally Ill at Atlanta City Detention Center

Similar to Fulton County Jail, upon booking at ACDC, offenders are screened and assessed for mental illness. Mental health services are provided by ACDC employees and by a team of Emory University and Grady Memorial Hospital physicians and clinicians. Because the length of stay within this facility can be very short, not every offender placed on the mental health caseload is given a diagnosis.

At the time of the project team’s visit, the facility count was 600, of which 270 were on the mental health caseload. ACDC does not have an acute care unit or a crisis stabilization unit. Offenders needing acute stabilization are typically transported to Grady’s psychiatric emergency room, which has a special management unit from which offenders may be gradually stepped down to general population. Upon release, those on the mental health caseload are provided with directions to and the hours of operation of the Grady walk-in outpatient behavioral health facility at 10 Park Place.

City of Atlanta Pretrial Services

Offenders are eligible for release through the City of Atlanta Pretrial Services if they have committed one of the following misdemeanor crimes (this list does not include all eligible crimes): theft by shoplifting, marijuana possession, driving without a license, public urination, fighting (nondomestic violence), public drinking, obstruction of law enforcement, license suspended due to child support, or pedestrian in roadway. Offenders are also eligible for release if they have not been arrested within the past five years.

Staff at the City of Atlanta Pretrial Services reported that if the nurse on duty at booking concludes that an eligible offender may require mental health services, the determination is made that the offender would more likely receive mental health services within the jail, rather than being released on a signature bond with no assurance of being connected to treatment in the community. These offenders are therefore not referred for a Pretrial Services interview. Staff reported that they interview 70% of those referred by the nurse.

The staff reported that the two main predictors of eligibility for release are a defendant’s mental health status and the family responses to Pretrial Services’ telephone contacts. If the defendant has verifiable, strong family ties, he or she is generally granted a signature bond. If the offender is notably mentally ill, he or she will not be granted a signature bond.

GEORGIA DEPARTMENT OF COMMUNITY SUPERVISION

Georgia’s Department of Community Supervision (DCS) was created in 2015, when the state consolidated into one agency the community supervision of parolees from the State Board of

Pardons and Paroles, probationers from the Georgia Department of Corrections, and certain juveniles from the Department of Juvenile Justice. DCS supervises around 180,000 adult felony offenders each year, approximately 19,000, or more than 10%, of whom are in Fulton County. DCS supervises felony probationers from the Superior Court of Fulton County.<sup>x</sup>

For the most part, DCS does not know the mental health status of those it supervises. The exception is a unit that supervises a small caseload of offenders with a mental illness (approximately 180). Currently, two mental health probation officers and three mental health counselors work out of the Atlanta office.

DCS maintains the Transitional Housing for Offender Re-entry (THOR) directory, an online directory of community-based housing options for offenders under community supervision (probation or parole). This directory is not for the exclusive use of DCS and can also be used by re-entry/discharge planners at Fulton County Jail.

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

The Georgia Department of Community Affairs (DCA) oversees activities related to community and economic development as well as federally funded affordable housing resources. In 2017, to maximize the available funding, DCA and Georgia DBHDD established a unified referral process for housing resources for individuals who have severe and persistent mental illness (SPMI) and are involved in the criminal justice system. The following are some of the federally funded housing programs available to these individuals:

- 811 Program: Rental assistance to extremely low-income persons with disabilities
- Shelter Plus Care (Continuum of Care): Permanent housing connected with supportive services; program designed to serve homeless persons with disabilities (SPMI, substance abuse, AIDS, etc.), a population that has been traditionally hard to reach
- Re-Entry Housing Program: Provides three to four months of housing for persons being released from incarceration; administered by DCA and run by DCS, the program puts a special emphasis on those with SPMI
- Veterans Affairs Supportive Housing Vouchers: Helps eligible homeless veterans secure stable, affordable housing by combining DCA housing choice vouchers rental assistance with case management and clinical services provided by the US Department of Veterans Affairs at its medical centers and in the community

<sup>x</sup> Fulton County contracts with three private probation companies to supervise misdemeanants.



- Emergency Solutions Grant Programs: Provides outreach, shelter, rapid rehousing, homelessness prevention, and related services to people experiencing homelessness, or those in danger of becoming homeless

Common Definitions

The US Department of Justice encourages grant recipients to work beyond intercept-specific programs (e.g., pretrial diversion, mental health courts, correctional programs, re-entry programs) toward a coordinated response to maximize diversion for offenders with mental illness that includes “defining mental health need in terms that align with state definitions that pertain to eligibility for publicly funded mental health services.”<sup>29</sup>

The US Department of Justice encourages grant recipients to work beyond intercept-specific programs toward a coordinated response to maximize diversion for offenders with mental illness that includes “defining mental health need in terms that align with state definitions that pertain to eligibility for publicly funded mental health services.”

The Task Force participants gave input on how the Task Force should define terms as well as whether their particular agency or organization has a definition established in policy for any of a list of relevant terms. A Standardized Definitions Focus Group was created and met three times to define terms that align with state definitions that pertain to eligibility for publicly funded mental health services. The goal of this focus group was to come to consensus on these definitions. Below are the definitions that the focus group agreed upon during a series of meetings.

Mental Illness

“The individual has a mental illness consisting of a disorder of thought or mood that significantly impairs their judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.”

Developmental Disability

“Developmental disability means a severe, chronic disability of an individual that is attributable to a significant intellectual disability, or any combination of a significant intellectual disability and physical impairments; is manifested before the individual attains age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living; and reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.”

Serious and Persistent Mental Illness

“A person who has, at any time during the past year, a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, psychotic disorders, schizophrenia, bipolar disorder, and other mental illnesses that cause serious impairment, such as PTSD. SPMI includes mental illnesses with complex symptoms that require ongoing treatment and management. SPMI is distinguished by severity of symptoms that include, but are not limited to, the following:

- High use of acute psychiatric hospitals or crisis/emergency services including mobile, in-clinic or crisis residential (e.g., three or more admissions per year) or extended hospital stay (60 days within the past year), or psychiatric emergency services
- Persistent, recurrent, severe, or major symptoms that place the individual at risk of harm to self or others (e.g., command hallucinations, suicidal ideation or gestures, homicidal ideation or gestures, self-harm)
- Distorted perceptions of reality, often accompanied by delusions and/or hallucinations. Frequent deficiencies of concentration, persistence or pace resulting in disruption of role performance, including the inability to complete tasks or structured activities commonly found in occupational, home, or educational settings
- Coexisting substance use disorder of significant duration (e.g., longer than six months) or a co-diagnosis of substance abuse
- High risk for or a recent history of criminal activity due to mental illness (e.g., arrest and incarceration)

- Marked difficulties in maintaining social functioning (i.e., regard for safety of self or others, use of leisure time, applying appropriate social skills, lawfulness and adherence to social norms) or the persistent inability to establish or maintain a personal social support system (i.e., establishing and maintaining social relationships, interpersonal interactions with primary partner, children or other family members, friends, and neighbors)
- Chronically homeless (e.g., one extended episode of homelessness for a year or four episodes of homelessness within three years)
- Functional impairments such as hygiene, employment, and ability to maintain a safe, stable living environment
- Noncompliance with medication therapy, treatment, and supervision requirements”

**Substance Use Disorder**

“Substance use disorder means the recurrent use of alcohol and/or drugs that causes functional impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. A diagnosis is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.”

**Co-occurring Disorder**

“Mental illness in combination with substance use disorder that results in functional impairment.”

**Recidivism/Recidivist**

“A recidivist is defined as an individual who is reincarcerated or reconvicted in Fulton County within 24 months of arrest, release, or conviction. In this context, ‘release’ means from custodial care, including but not limited to, pretrial release, post-sentence release, or final disposition.”

**Length of Stay**

“Length of stay is the duration of a single episode of detention or incarceration in the custody of a county or municipal jail or detention center. Length of stay is calculated by counting from the date of booking through the date of release.”

SECTION 4

# Work Groups



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## Work Groups

At the conclusion of the SIM Workshop in April 2017, five work groups were created to develop recommendations on how to achieve the four key measures of the Stepping Up Initiative:

1. Reduce the number of people with mental illness booked into jail
2. Shorten the average length of stay for people with mental illness in jails
3. Increase the percentage of connection to care for people with mental illness in jail
4. Lower recidivism rates

The work groups were responsible for information and resource sharing, assessing the systems related to their work group topic, assessing those systems to determine if there were elements in place to implement evidence-based practices that address the needs of the mentally ill involved in the criminal justice system, and developing strategies for building more support for evidence-based practices and programs.

All work groups met at least monthly, if not more often, between June and November 2017.

### DEVELOP PRE-ARREST DIVERSION STRATEGIES

The Pre-Arrest Work Group focused on pre-arrest programs and processes. This work group assessed any current programs and built consensus on broad principles around the use of crisis intervention for law enforcement, information sharing, and shared resources.

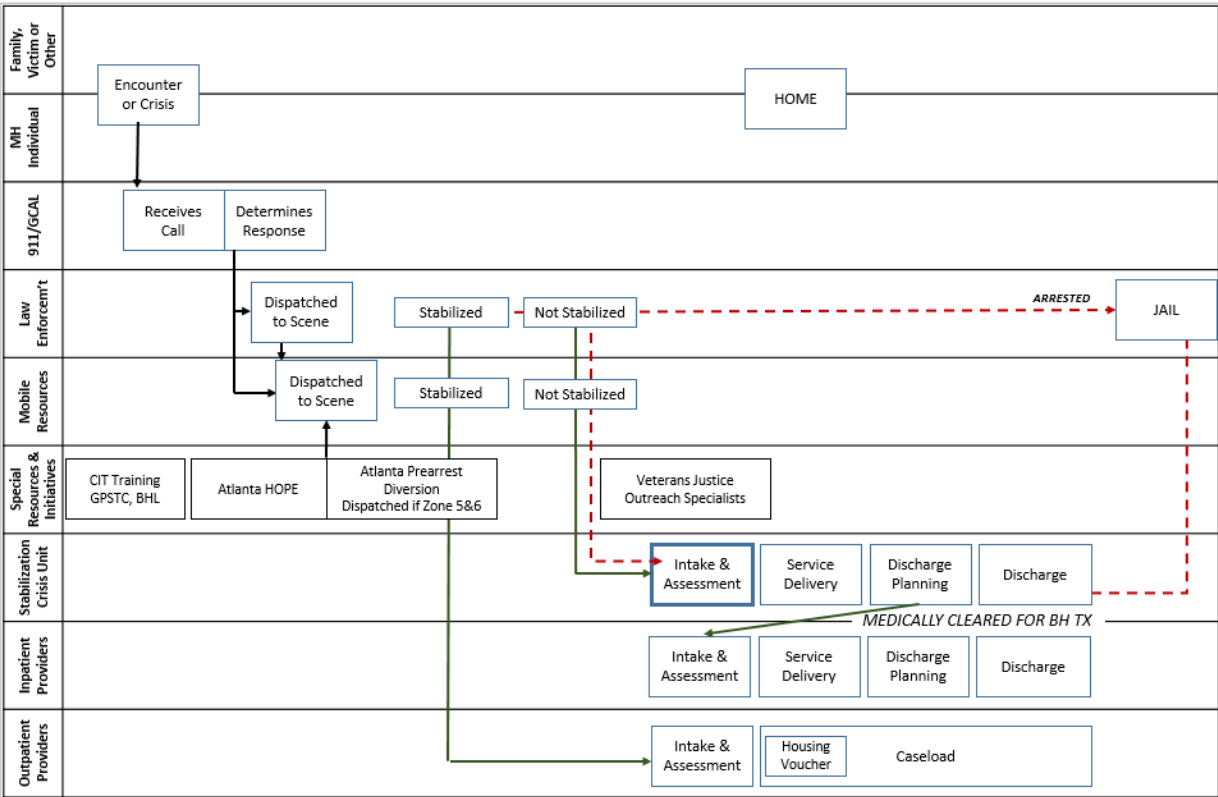
The Pre-Arrest Work Group had the following objectives:

- Expand “divert to” options.
- Develop buy-in from law enforcement.
- Build on the Atlanta/Fulton County Pre-Arrest Diversion Initiative.
- Explore the possibility of building upon the Atlanta Police Department’s H.O.P.E. Team.
- Explore collaboration with 911.
- Consider expanding Mental Health First Aid training to staff working at this intercept.
- Integrate information about pre-arrest diversion resources and strategies into training opportunities.

The first two work group meetings were held solely for exploration and discovery. Work group members examined policies, funding, and diversion options. To fill in gaps in Intercept 1: Law Enforcement and Emergency Services on the Fulton County SIM map, the Pre-Arrest Work

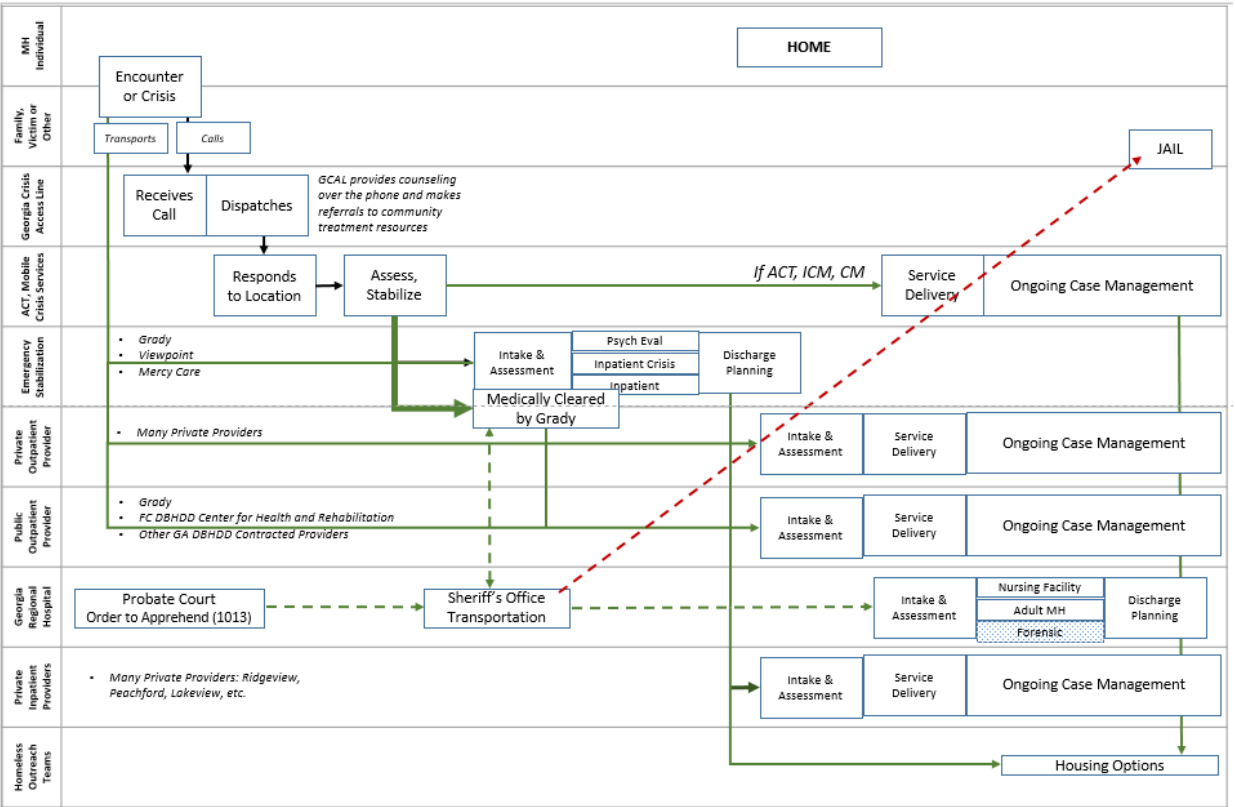
Group conducted a mapping exercise with representatives from a variety of Fulton County law enforcement agencies and other stakeholders.

Figure 7. Process Flow Map of the Mentally Ill on Initial Contact with Law Enforcement (Pre-Arrest Swim Lane Map)



After completing the pre-arrest swim lane map, the work group felt that the role of the community had not been adequately taken into account. Community behavioral health resources in Fulton County have become increasingly important to the mentally ill population as the state has moved away from institutionalized care in recent years. Even before a mentally ill individual gets to the point of needing pre-arrest diversion, community treatment resources are available. As a result, the work group created a swim lane to map the flow of the mentally ill through the available community resources, or Intercept 0.

Figure 8. Process Flow Map of the Mentally Ill through Community Treatment (Community Swim Lane Map)



Findings

Pre-arrest diversion is a strategy for reducing the number of individuals with a mental illness or co-occurring disorder booked into jail. Justification for diverting these individuals is based on the premise that such individuals often commit lower level crimes (trespassing, disturbing the peace, etc.) as a result of their mental illness or co-occurring disorder rather than criminal behavior. In these cases, it is better to treat them in a community-based setting than in the criminal justice system.

Successful pre-arrest diversion strategies depend on the ability of law enforcement and behavioral health professionals to identify and respond to mental illness, prevent escalation of crises, ensure connection to community treatment, and increase family awareness of and ability



to navigate treatment resources. These factors can influence the likelihood of arrest and subsequent jail time.

The work group found the following:

**All law enforcement officers need increased access to adequate and appropriate mental health training to improve crisis response and pre-arrest diversion.**

Law enforcement officers respond to a wide variety of situations, including 911 calls involving individuals with a mental illness. Their ability to respond appropriately can impact mental health outcomes and the likelihood of arrest. Many people call 911 to request assistance in instances of a mental health crisis. Many 911 systems within the county use the signal or code “24” to denote a call involving a mentally ill individual. This is a code that the 911 call taker enters into the information transmitted to the responding officer or EMS. A 911 call taker is trained on how to identify a mentally ill individual based upon certain words or phrases that the caller may use, and a variety of other cues. (There are also some mentally ill individuals who are frequent callers and therefore known to 911 call takers.) Chatcomm, the 911 provider for Johns Creek, Sandy Springs, and other DeKalb County municipalities, does not use signals but rather the term “demented person.”

Below is an analysis of calls coded “24” or “demented person” by their respective systems, but it does not include calls in which an officer arrives on the scene and discovers the situation involves a mentally ill individual. Therefore, the call volume may be higher.

Fulton County

Between January 2012 and June 2017, 751 code “24” calls came into Fulton County 911. Fulton County 911 covers multiple municipalities and often receives calls from municipalities it does not cover due to the proximity of cell phones making 911 calls to particular cell towers. For example, one individual, known to Fulton County 911, accounts for nearly 40% of the 751 calls that came into Fulton County 911 despite living in East Point, a municipality with its own 911 system. In those cases, the call is transferred to the appropriate municipality. (The project team was unable to obtain the total number of calls Fulton County receives each year in order to calculate the percentage of calls that are designated code 24.)

City of Atlanta

The City of Atlanta 911 Communications Center receives approximately 1.1 million calls per year. Of those, 21,914 calls were assigned code 24 between January 2012 and June 2017, 0.36% of all 911 calls received during that time.

Of the code 24 calls Atlanta 911 received, officers requested EMS 46.5% of the time, and in 43.6% of cases no action was taken. For those calls when an officer requests EMS, it is unknown what happens to the individual: whether they are eventually taken to jail or they are released after being checked out by EMS. Calling EMS could be an officer’s way of diverting a mentally ill individual from jail in the absence of any other alternative—allowing EMS to deal with the individual to potentially get them treatment rather than sending them to jail.

Sandy Springs

Sandy Springs received an average of nearly 144,000 911 calls annually between 2012 and 2016, of which an average of 71 were designated “demented person” each year. As a percentage of total 911 calls received, Sandy Springs receives far fewer calls identified as mental illness-related per year than Atlanta—an average of 0.06% each year. Interestingly, however, the proportion of “demented person” calls received between January and June 2017 was nearly double (0.1%) the rate of the prior five years. Of the 379 calls “demented person” calls that Sandy Springs received between January 2012 and June 2017, no action was taken on 40% of the calls, and 35% were turned over to another entity, which could be EMS, a doctor, a separate agency, parents, or any number of others.

1013s

In addition to responding to 911 calls involving the mentally ill, law enforcement often transports individuals who have not been involved in criminal activity but who have been committed to mental health treatment against their will. This process, referred to as a “1013” commitment, may be initiated by family, friends, behavioral health staff, or law enforcement. After court approval, law enforcement takes custody of the individual and transports him or her to a hospital for medical clearance, before taking the individual to stabilization or inpatient treatment. Unfortunately, mentally ill individuals often react negatively to the presence of law enforcement, which can lead to charges, arrest, and jail. Therefore, it is important for all law enforcement to receive training that will help avoid or de-escalate crisis situations that arise in these cases. Crisis Intervention Team (CIT) training, Mental Health First Aid, and Trauma-Informed Training were identified as sound mental health training curricula for law enforcement officers and other criminal justice staff.

The City of Atlanta Police Department has implemented CIT as part of its basic training. As of July 2017, approximately 500 of 1,800 officers had received CIT training. In addition, the Homeless Outreach Proactive Enforcement (H.O.P.E.) Team is one of the Atlanta Police Department’s community outreach programs. The specially trained H.O.P.E. Team works to identify and eliminate homeless encampments in Atlanta by placing homeless individuals in short- or long-term housing. A second key function of the unit is to work with the mentally ill. The unit can be called on to de-escalate situations involving a mentally ill person in crisis through CIT techniques. The unit works hand-in-hand with NAMI (the National Alliance of Mental Illness) Georgia to deliver training and establish community partnerships.

The Georgia Public Safety Training Center receives state funding to provide CIT training to state and local law enforcement agencies upon request at no cost. NAMI also funds and delivers other mental health training throughout Georgia.

**Mobile mental health crisis resources, in lieu of law enforcement, are effective at responding to emergency situations in the community, avoiding the need for crisis stabilization services and avoiding arrest.**

Individuals who are suffering a mental health crisis often need behavioral health resources that respond on-site in a timely manner. The Georgia Crisis and Access Line (GCAL), operated by Behavioral Health Link (BHL), provides an alternative to 911 to access emergency mental health assistance in the community. GCAL is the state’s behavioral health crisis response provider for Georgia DBHDD Region 3, which includes Fulton County. GCAL provides crisis counseling over the phone, makes referrals to community treatment resources, and dispatches mobile behavioral health resource teams for urgent care in the community. In 2016, GCAL dispatched mobile teams 3,755 times in Region 3.

Two types of mobile resources are available through GCAL. First, GCAL’s mobile responders are behavioral health professionals who are skilled at de-escalation, referrals, and follow-up, which contributes to successful outcomes. They provide time-limited, rapid crisis response, assessment, and referrals to community services. GCAL’s services are available to both the public and law enforcement. Second, GCAL can also dispatch Georgia DBHDD-funded ACT teams, intensive case managers, or case managers by identifying individuals—using Georgia DBHDD data—who are already on the caseload of these Georgia DBHDD-contracted community treatment providers.

Timely response by GCAL mobile resources is an issue that was identified by the work group. GCAL’s benchmark is 60 minutes, but within Region 3 its average response time is

approximately 44 minutes. While this response time to a call from the public is faster than their benchmark, 44 minutes is a long time for law enforcement officers who are ready to get back on the streets. A related issue, not part of response time, is the time it takes to process information to determine whether resources will be dispatched. This “paperwork” process was reported to take about an hour. All referrals for admission to the state-funded adult mental health unit at Georgia Regional Hospital go through GCAL.

Family and friends play an important role in the rapid and appropriate response to mental health crises. Additional efforts to educate citizens about available resources and how to access them would go a long way to deploying the right resources, avoiding unnecessary arrest and jail, and improving mental health outcomes.

**Integration and collaboration between components of the law enforcement and behavioral health system offers innovative opportunities to improve crisis response and resolution.**

Combining the diverse strengths of law enforcement and behavioral health professionals in responding to mental health crises has been successful in other jurisdictions. Fulton County has already implemented innovative practices. For example, EMS personnel often accompanies law enforcement on behavioral health 911 calls. In fact, as previously reported, EMS is requested on 46.5% of code 24 calls according to city of Atlanta 911 data. Individuals needing medical attention or crisis stabilization services are transported to Grady Hospital. (Crisis stabilization is discussed below.)

BHL and Grady have established an Upstream Crisis Intervention Team to better respond to 911 behavioral health calls and divert individuals from the overcrowded Grady emergency room (ER). In 2016, the team handled 1,405 calls, of which 1,099 (78%) were diverted from the Grady ER. Of those calls, 91% were handled by a team based in a sport utility vehicle rather than an ambulance. The team is now doing home visits for frequent 911 callers to proactively treat and refer these individuals to prevent crisis situations.

Two options may help Fulton County achieve even better mental health outcomes and better utilization of resources, while avoiding arrests. First, many communities have implemented a co-responder model, which combines police and behavioral health professionals on mental health 911 calls. Resources such as the Law Enforcement/Mental Health Learning Sites could be leveraged in Fulton County municipalities through free technical assistance from the Council of State Governments. Second, the integration of GCAL call center professionals into 911 center operations could improve the deployment of appropriate resources, whether behavioral health professionals or officers with CIT training. The Atlanta 911 call center currently receives daily

lists of CIT-trained Atlanta Police Department officers who are on duty. The accuracy and usefulness of these lists could be improved as part of integration efforts.

**Crisis stabilization and outpatient resources are important “drop-off” locations for law enforcement and behavioral health mobile resources to divert individuals from jail. However, these resources are overwhelmed by current demand. The Pre-Arrest Diversion Initiative is a promising option for diverting individuals from jail.**

When discussing strategies to divert individuals with mental illness and co-occurring disorders from arrest and jail during Task Force and work group meetings, a frequent question was “Divert to what?” Law enforcement officers and behavioral health mobile responders need “drop-off” points for individuals in mental health crisis as effective alternatives to jail.

Many communities in Georgia are served by Georgia DBHDD-funded crisis stabilization units (CSUs), which serve as drop-off locations. There currently are 22 CSUs within Georgia that provide assessment, crisis stabilization, therapeutic education, and referrals to appropriate services. Georgia DBHDD is no longer providing funding for new CSUs. Instead, it has shifted to a new model referred to as behavioral health crisis centers (BHCC). The state currently has eight BHCCs, with two more planned for 2018. A BHCC provides 24/7 access, combining walk-in services, crisis assessment and stabilization, and referrals to services. Fulton County is not served by a Georgia DBHDD-funded CSU or BHCC. However, the county plans to continue its efforts in accordance with the new Georgia DBHDD policy and operating model.

Currently, Grady Hospital is the county’s primary provider of psychiatric emergency and crisis stabilization services. These services are overwhelmed by demand. In 2016 Grady had 9,993 psychiatric ER visits, 4,030 admissions to crisis intervention, and 1,187 inpatient admissions. Of the ER visits, 20% of patients were dropped off by law enforcement and 40% arrived via EMS.

Grady Hospital also provides walk-in outpatient services at its 10 Park Place facility. Most of these services are funded by Georgia DBHDD, and the facility can serve as a drop-off location for less severe cases. Georgia DBHDD also funds numerous other providers of outpatient services in Fulton County.

Historically, Fulton County DBHDD has provided county-funded behavioral health services to county residents. Fulton County recently contracted with River Edge to increase and improve behavioral health services in the county. River Edge is a Georgia DBHDD CSB in Bibb County, where it offers crisis stabilization services. This new contractual relationship enables Fulton County to potentially access programs and services normally obtained through a CSB.

As a joint venture between the City of Atlanta and Fulton County, the Pre-Arrest Diversion (PAD) Initiative was started to help divert into treatment individuals with mental illness who are facing arrest. While it is too soon to determine the initiative’s effectiveness, the collaborative effort has been successful in pulling together various components of the county’s criminal justice and behavioral health systems. Law enforcement entities have been particularly involved in the program.

Increasing drop-off options for law enforcement is critical to reducing the number of individuals with a mental illness or co-occurring disorder who are booked into Fulton County Jail. The Task Force recommended establishing a Georgia DBHDD-funded BHCC as a top priority for the county.

**Access to health information can improve crisis response, mental health outcomes, and pre-arrest diversion.**

The ability to access health information—even basic information—can help law enforcement officers and behavioral health professionals exercise judgment at the scene of a mental health crisis. Knowing a history of mental illness and existing treatment providers can help inform decisions about diversion options and avoid arrest. A promising option for establishing protocols and systems for the sharing of personal health information is the Georgia Health Information Network. (This topic is discussed further in the Data Work Group section.)

EXPAND HOUSING OPTIONS

The Housing Work Group was established to explore strategies to expand housing options. The work group had the following objectives, which were developed as part of the SIM Workshop:

- Develop a list of housing resources.
- Expand existing partnerships with the United Way.
- Develop in-county housing options.
- Develop and expand collaboration with other entities, including the US Department of Veterans Affairs, Georgia DBHDD, DCA, the US Department of Housing and Urban Development, local housing authorities, private landlords and developers, city governments, the Atlanta Real Estate Collaborative, and the Georgia Department of Community Supervision re-entry housing coordinators.
- Target expanded housing options for offenders released from jail.
- Explore the \$26 million Homeless Opportunity Bond, to be matched by charitable contributions.
- Address barriers to accessing Georgia DBHDD’s Housing Voucher Program.



During their meetings, the work group members researched housing providers in Fulton County and existing housing programs,<sup>xi</sup> established a list of housing providers with contact information, and identified problems and potential solutions.

Findings

The work group found that the primary source of funding for behavioral health treatment and housing for individuals with mental illness is the State of Georgia through Georgia DBHDD and DCA, who have a portfolio of housing programs that use a mix of state and federal funding. Therefore, state behavioral health policy and housing policy have a significant impact on the eligibility for and timely access to supported housing for individuals with mental illness. The following are examples of these policies.

The State has adopted a Housing First philosophy based on the importance of housing in treatment outcomes.

“Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.”<sup>30</sup>

In addition to providing housing, Housing First programs offer supportive services, but the client is not required to participate to remain in housing. These programs also continue to offer case management and sometimes hold housing for clients even if they leave a program for a short period of time. Typically, Housing First programs are especially assertive in reaching out to the homeless who are mentally ill, as these individuals are more likely to be reluctant to enter shelters or engage with services.

The State has adopted a target population and established eligibility criteria for supported housing that include individuals with SPMI involved in the criminal justice system.

A settlement agreement between the US Department of Justice and the State of Georgia in 2010 set forth a specific target population that includes individuals with SPMI involved in the criminal justice system: “The state shall implement procedures that enable individuals with

<sup>xi</sup> Additional information is needed from the Housing Authority of Fulton County and the Fulton County Department of Community Development to better understand the resources and opportunities that the county has related to housing for the mentally ill who have come into contact with the criminal justice system.

SPMI in the Target Population to be referred to Supported Housing if the need is identified at the time of discharge from a state hospital, jail, prison, emergency room, or homeless shelter.”<sup>31</sup>

Based on the settlement agreement, Georgia DBHDD established a definition for “target population” that dictates eligibility as follows:

- 1. “Individuals with a diagnosis of a serious and persistent mental illness (SPMI); and
- 2. currently served [by one in a particular list of services]<sup>xii</sup>; and
  - a. readmitted to state hospitals and/or [crisis stabilization units] three or more times within 12 months; or
  - b. seen in Emergency Rooms for psychiatric needs three or more times within 12 months; or
  - c. chronically homeless with four or more episodes of homelessness within 36 months; or
  - d. has a history of incarcerations; or
  - e. has an expired forensic status and is homeless.
- 3. Individuals with a diagnosis of an SPMI and who meet any of the criteria listed in a through e above.”<sup>32</sup>

The State has established an order of preference for housing programs and a unified referral process for individuals who are eligible.

DCA and Georgia DBHDD have established a unified referral process and an order of preference for housing resources for individuals who have SPMI and have criminal justice involvement. The changes were effective October 1, 2017. The order of preference is as follows:

<sup>xii</sup> These services are CSUs, Georgia DBHDD hospitals, forensic community integration homes, ACT teams, case management, ICM, community support teams, community residential rehabilitation, crisis respite apartments, comprehensive community providers, or PATH teams.

1. 811 Program (run by DCA)
2. Any one of the following:
  - a. Shelter Plus Care (run by the Continuum of Care [CoC])<sup>xiii</sup>
  - b. Supportive Housing Program (run by CoC)
  - c. Housing Opportunities for People With AIDS (run by DCA)
  - d. Re-Entry Housing Program (run by DCA and DCS)
  - e. Veterans Affairs Supportive Housing Vouchers (run by DCA and Veterans Affairs)
  - f. Emergency Solutions Grant Programs (run by DCA)
3. Section 8 Housing Vouchers (run by DCA)
4. Georgia Housing Voucher Program (run by Georgia DBHDD)

In best cases, the process from referral to housing takes two to three weeks, assuming that all of the paperwork and documentation is in order. Cases taking up to three months were reported.

**The State has established procedures that require eligible individuals to access housing options through Georgia DBHDD-contracted community treatment providers.**

Georgia DBHDD and DCA administer housing programs and funds and have created a unified referral process to ensure the most efficient use of federal and state housing funds. Access to housing through the unified referral process is made through Georgia DBHDD-contracted community treatment providers. Treatment providers verify eligibility and make housing referrals. Georgia DBHDD-funded ACT teams, ICM, case management, and Project for Assistance in Transition from Homelessness (PATH) teams, along with forensic peer specialists, are all avenues for access to housing. Neither Fulton County Jail nor its medical/mental health providers are considered Georgia DBHDD-contracted community treatment providers and, therefore, cannot make eligibility determinations or housing referrals.

However, River Edge, which is taking over Fulton County DBHDD’s behavioral health services, is a Georgia DBHDD provider in Bibb County. Fulton County Jail could establish a relationship with River Edge or a Georgia DBHDD-funded PATH team, or hire a forensic peer specialist to access housing during discharge/re-entry.

<sup>xiii</sup> The US Department of Housing and Urban Development provides funding to local communities, largely through the CoC program. The US Department of Veterans Affairs also provides funding directly to eligible veterans.

**Many issues exist regarding access to and availability of supported housing for individuals with SPMI involved in the criminal justice system.**

Discharge/Re-entry Coordination

Improved coordination efforts in the jail could significantly improve the ability of individuals with SPMI to access supported housing upon discharge from jail and re-entry into the community. Ideally, discharge and re-entry planners would involve community treatment and housing providers in the planning process to ensure continuity of treatment and medication, identify supported housing options, and ensure a “warm handoff” (someone is there to meet the discharged offender) at the time of release.

The Alternative Sentencing Unit at the Fulton County Office of the Public Defender conducts re-entry planning for a limited number of offenders with mental illness to ensure timely release and continuity of care after release. These activities include identifying available bed space in treatment programs, arranging for medication, and coordinating court release orders and other activities. Close coordination between the Fulton County Office of the Public Defender, the courts, community treatment and housing providers, attorneys, and others is critical to ensure that all aspects of continued care are in place. If housing is not available, release could be delayed, or the offender could be released with no place to stay.

The Task Force identified two other issues related to discharge/re-entry coordination. First, offenders who have a history of homelessness and are facing homelessness upon release are not routinely determined to be at “imminent risk” of homelessness upon release. An “imminent risk” designation would qualify an offender for care navigation services prior to release. Second, reimbursement of costs expended by community providers during prerelease planning activities provides incentive for such planning to occur. While reimbursement for housing start-up costs are available from Georgia DBHDD, efforts are needed to ensure reimbursement in a wider spectrum of circumstances.

Availability/Capacity of Supported Housing

Efforts to increase the number of supported housing units are needed to ensure the needs of individuals with SPMI involved in the criminal justice system are met. Four factors contribute to a lack of supported housing. First, many landlords are reluctant to accept subsidized or mentally ill individuals. Second, local zoning ordinances have created limits on opportunities for new housing units. In particular, in addition to a variety of other conditions, the City of Atlanta requires that any supportive housing units must not be within 2,000 feet of any personal care home, rehabilitation center, shelter, or any other supportive housing facility, but must also be within 1,500 feet of a public transit stop or station.<sup>33</sup>

Third, insurance policies often have provisions that prevent renting to this population group. Finally, a lack of bridge funding, which helps individuals with “start-up” expenses (kitchenware, bedding, etc.), and delays in reimbursement creates a bottleneck for housing providers. These providers front the cost of start-up expenses and then get reimbursed. When bridge funding limits are reached, no placements are made until reimbursements make funds available again.

Obstacles

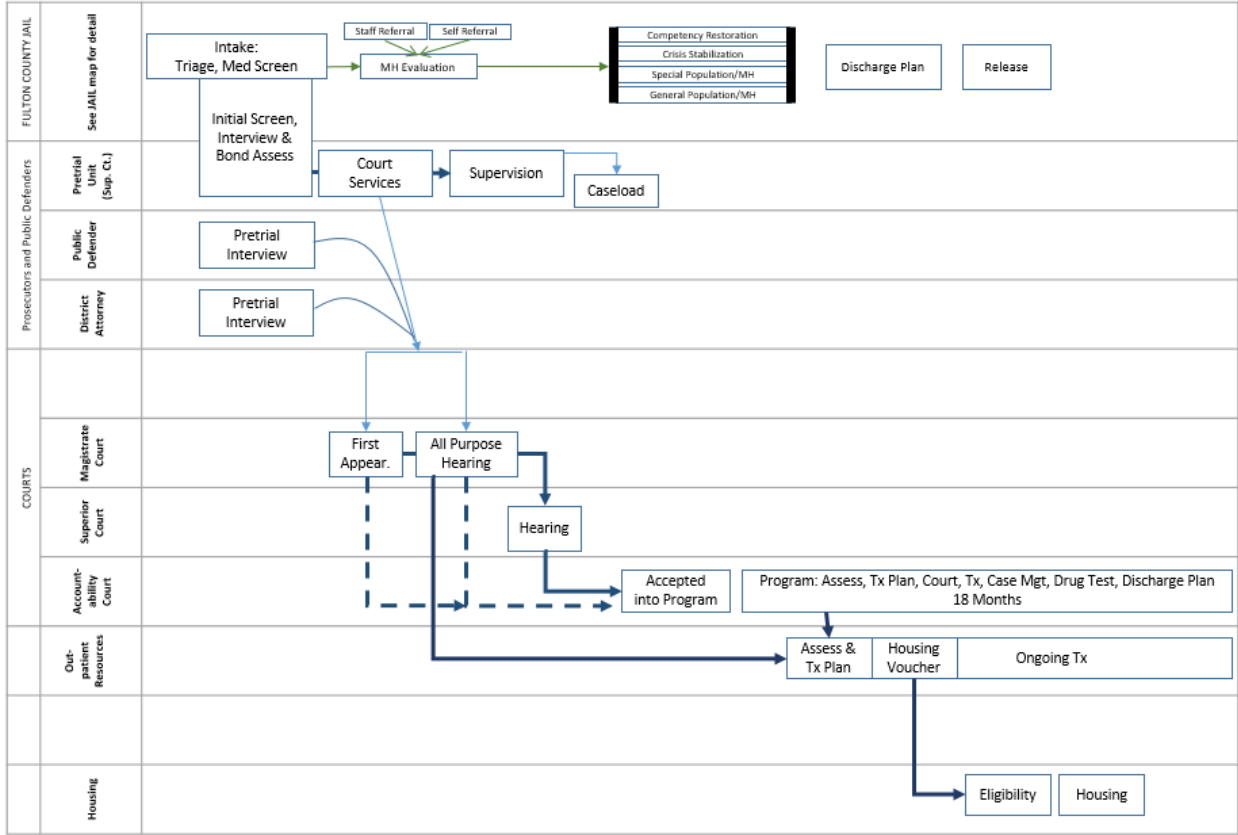
Several obstacles often prevent individuals from obtaining housing. Individuals with SPMI tend to have limited incomes. In today’s strong economy, rising rents are making it difficult for people to afford housing. Also, many housing providers perform criminal record checks, which, given this population, could disqualify an offender because a criminal history often disqualifies an individual from housing. Fulton County periodically holds expungement events at court that could eliminate this barrier.

As part of the Housing First philosophy, case management support is optional for individuals. The refusal rate is very high. Also, there is a lack of peer support staff for this population.

IMPROVE COLLABORATION BETWEEN THE COURTS

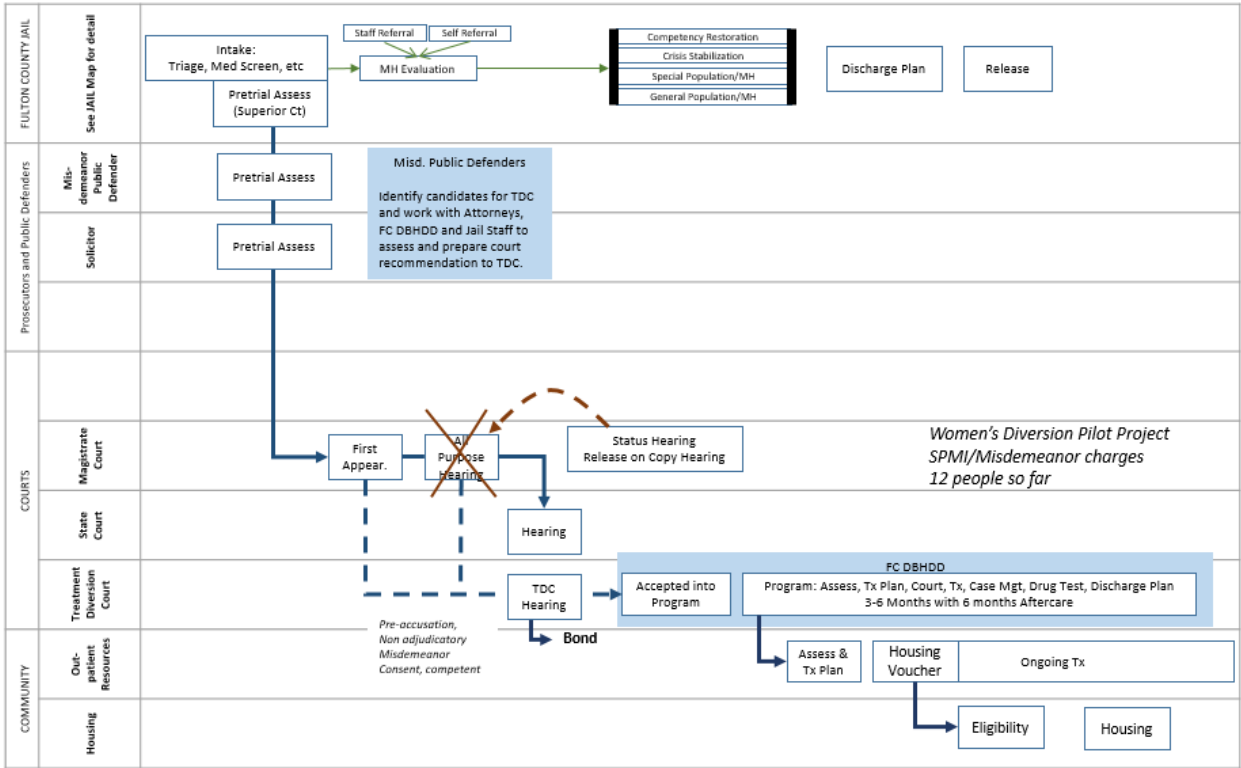
Based on the SIM Workshop, the Task Force recognized the need for more cooperative solutions among the courts to effectively manage the caseload of those with mental illness. The Court Collaboration Work Group focused on collaboration among all the courts to define common goals and identify early pathways out of the justice system, available behavioral health resources to serve the courts, and current judicial resources that could be deployed to assist the mentally ill.

Figure 9. Process Flow Map of Mentally Ill Felony Defendants through the Fulton County Court System (Fulton County Felony Court Swim Lane Map)



Note: Tx = treatment; MH = mental health; Sup. Ct. = Superior Court.  
Source: Carl Vinson Institute of Government, University of Georgia.

Figure 10. Process Flow Map of Mentally Ill Misdemeanor Defendants through the Fulton County Court System (Fulton County Misdemeanor Court Swim Lane Map)



Notes: Misd. = misdemeanor; Ct = court; FC DBHDD = Fulton County Department of Behavioral Health and Developmental Disabilities; TDC = treatment diversion court; Tx = treatment; MH = mental health; SPMI = severe and persistent mental illness.  
Source: Carl Vinson Institute of Government, University of Georgia.

Findings

One of Fulton County and the Stepping Up Initiative’s primary goals is to safely reduce the length of time mentally ill offenders remain in jail. Strategies to reduce an offender’s length of stay include pretrial release and sentencing alternatives, such as diversion/pre-adjudication court programs and probation. Also, court coordination is critical to avoid delays for mentally ill offenders, who typically have distinct needs or problems navigating the criminal justice processes. Of particular concern are those who require competency restoration. With a focus on these issues, the Court Collaboration Work Group found the following:

The pretrial release (bail/bond) process provides an opportunity to safely reduce the length of stay for offenders with mental illness.

According to the American Bar Association’s criminal justice standards, “the law favors the release of defendants pending adjudication of charges.”<sup>34</sup> Therefore, offenders booked into jail are evaluated for opportunities to await trial in the community through some form of release. A judge typically has several options in considering pretrial release: follow, raise, or lower any standardized bail protocols; deny bail; waive bail and grant release on the defendant’s “own recognizance;” or set special conditions for release.<sup>35</sup>

While mental illness, strictly speaking, is not a basis for denying pretrial release, it can contribute to factors that are used to deny bond. For instance, mentally ill individuals often are not employed, may be homeless, may lack family or friends who provide support or connection to the community, may have committed a series of low-level crimes, or may lack necessary funds to pay bond/bail. Therefore, the appropriateness of these factors must be weighed carefully in mental health cases to prevent the unnecessary detainment of offenders who otherwise might gain release.

Fulton County Pretrial Services is a component of the Superior Court of Fulton County charged with making recommendations for pretrial release and supervision. Pretrial Services consists of three units: Intake, Court Services, and Supervision. (These three units were discussed in more detail on pages 40-41). The Intake Unit interviews eligible and willing offenders booked into Fulton County Jail using a risk-based instrument to gather background information to determine bond release and conditions of supervision. This instrument includes the following mental health questions. Note that the questions do not constitute a validated instrument, and the answers cannot provide a clinical diagnosis of mental illness.

- Have you ever been to Grady Hospital’s 13th floor?
- Have you ever been to Georgia Regional Hospital?
- Are you taking any medication for a mental health diagnosis?

The Intake Unit also checks records to determine whether the defendant is classified as a “Code 24.”

Pretrial Services data show that 24,608 offenders were booked into Fulton County Jail during 2016. Of those bookings, 14,727 were eligible for release, 10,622 (43% of total bookings) were interviewed, and 3,474 were recommended for release (14% of the total booked and 24% of those eligible). Another 4,105 were not interviewed because they refused (2,861), were medically unable (368), or due to other factors.





It is important to point out that mentally ill offenders do not qualify for pretrial supervised release under current procedures. During the intake phase, the following occurs:

- Offenders who are actively showing symptoms of mental illness (Code 24) are not interviewed and are not recommended for release.
- Offenders who answer the mental health questions in the affirmative are not recommended for release but may be referred to an accountability court.
- Offenders who decline the interview are not recommended for release.

Thus, pretrial supervised release for offenders with mental illness is not granted as a matter of practice, which contributes to a longer length of stay in jail, higher rates of decompensation, and greater chances of additional charges.

Several steps can be taken to increase the reliability, accuracy, and neutrality of the program. First, Pretrial Services can implement a validated, risk-based instrument to determine release eligibility and subsequent recommendations for release and conditions. The current instrument used by Pretrial Services is not validated. In addition, Pretrial Services could evaluate existing practices and eliminate those that unnecessarily prevent mentally ill offenders from obtaining pretrial release, including high, unaffordable bonds.

Despite these factors, offenders with mental illness are granted bond by judges and are supervised as part of Pretrial Services’ caseloads. In fact, the Pretrial Supervision Unit, charged with the caseload of offenders released on supervised bond, supervises a number of offenders with a mental illness. While this unit is not specifically designed for such offenders, it has hired a community resource coordinator to ensure that conditions of release that include mental health treatment are followed.

Because staff must handle mentally ill offenders, workers at the Pretrial Services’ Supervision Unit expressed a desire to establish a specific mental health caseload. This unit could work with Fulton County Jail to identify offenders with mental illness, determine outcomes of diagnosis and treatment, take steps to better understand the needs of those with a mental illness, and inform the judge of options as decisions are made. Because many of these decisions are made in initial hearings, the timeliness of a diagnosis and treatment plan is important to support the court and the needs of the offender.

**Improvements to the management and coordination of competency and other mental health cases can help safely reduce the length of stay for offenders with mental illness in the criminal justice system.**

Offenders with mental illness have special needs in the criminal justice system that create delays in trials. Mental health evaluations, crisis stabilization, competency restoration, and community treatment, housing, and other case management needs can slow down court processes.

These delays are exacerbated by the high level of coordination needed to ensure all the elements of a trial are in place: prosecutors, defense attorneys, community resources, judges, court staff, and so forth. All of these components must be orchestrated to ensure a trial is ready to proceed. Given the delays common with mental health cases, strong court coordination is required to ensure timely trials.

Of particular concern are cases involving offenders who are not competent to stand trial, which is required for cases to move forward. Without competency, offenders cannot be tried, enter a plea, consent to diversion, or be placed on probation or other sentencing option. In these cases, judges ask for a determination of competency by a qualified behavioral health professional. If an offender is found to be incompetent to stand trial, competency restoration services are provided. While these services include medication and some form of treatment, competency restoration does not provide therapeutic mental health treatment, arrange community support, or establish the self-sufficiency needed to achieve long-term outcomes. Offenders can wait a long time for competency restoration—Georgia Regional Hospital has a waiting list and the Competency Restoration Program only has 16 beds.

Once competency is restored, the offender returns to jail to await trial. Unfortunately, the wait can be long and many offenders decompensate during this period because of a difference in medication formularies, lack of administration of medication, inability to adapt to the jail environment, and other factors. Decompensating offenders are returned to competency restoration, creating a cycle that can continue for years. In some instances, offenders stay in jail beyond what a sentence for the crime would have been.

The Fulton County Office of the Public Defender is a particularly important player in the continuation of trials for those who are mentally ill. The Alternative Sentencing Unit has developed a core set of competencies that identify offenders who have mental health needs, assess those needs, identify community treatment and housing resources, provide case



management services, and ensure coordination with judges and Fulton County Jail to expedite release and sentencing options.

Improved coordination between the various court components, improved administration of medication, and greater flexibility for formularies to match successful medications in other facilities could improve outcomes. Enhanced training and process improvements would better accommodate mentally ill offenders. Such changes would help prevent mentally ill offenders from staying even longer in jail.

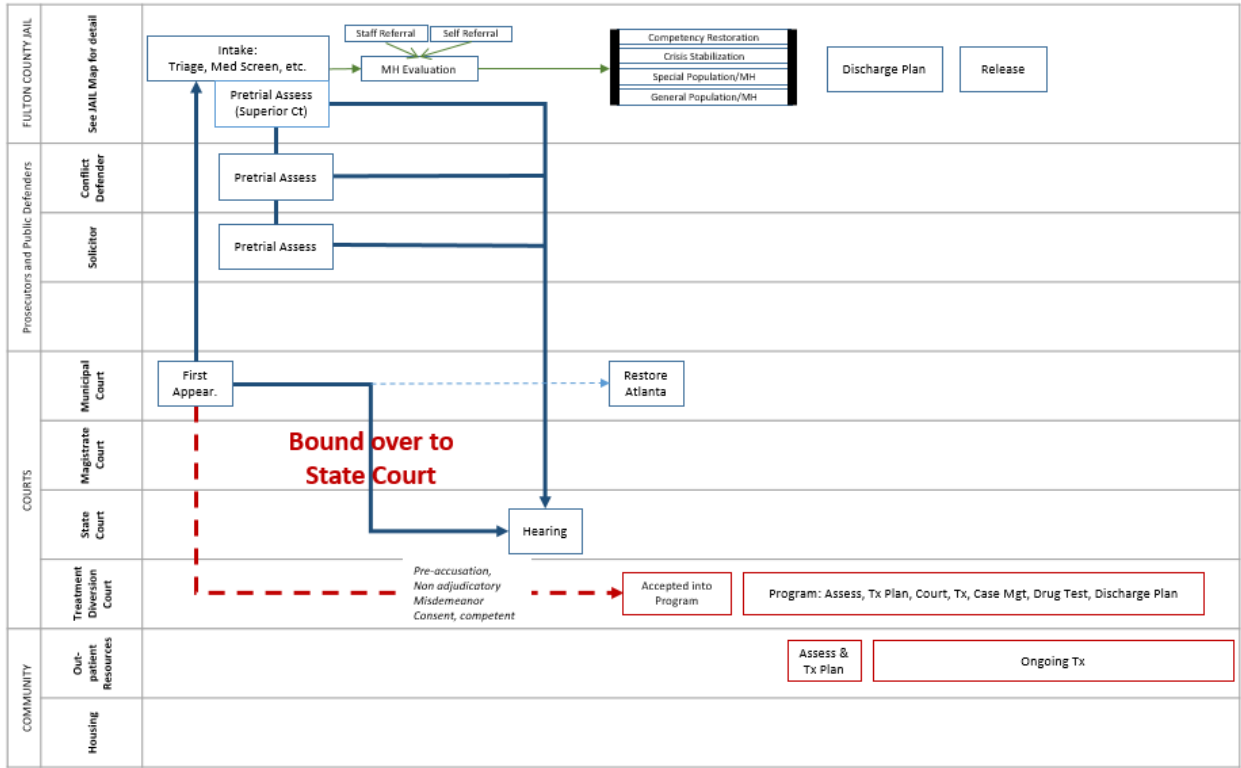
**Court diversion programs can reduce the length of stay, make connections to community treatment, improve treatment outcomes, and reduce recidivism. No court diversion option exists for defendants in State Court.**

Accountability courts and other court diversion programs have been successful in reducing length of stay in jail and improving mental health outcomes. Fulton County operates two diversionary court programs specifically for offenders with mental illness. At the felony level, the Behavioral Health Treatment Court (at the Superior Court level and one of Georgia’s system of accountability courts) is an 18- to 24-month program. At the misdemeanor level, the Treatment Diversion Court (part of the Magistrate Court) is a three- to six-month program. Both programs require community treatment, employment, and accountability.

No court diversion options exist for offenders in State Court.<sup>xiv</sup> This is particularly important given that offenders miss the opportunity to participate in the TDC when they come through municipal courts. Between 2012 and 2016, the number of bind-overs from municipal to State Court nearly doubled from 18,176 to 34,742. During the first six months of 2017, the number had already reached 25,343.<sup>36</sup> Pretrial Services data show that 3,877 offenders (16% of the total booked) who were booked into Fulton County Jail came from municipal courts in 2016. Therefore, the creation of a court diversion program within State Court could provide alternative sentencing for mentally ill offenders who do not have any court diversion options, as can be seen in Figure 11.

<sup>xiv</sup> Additional information is needed to better understand the needs related to the mentally ill in Fulton County State Court and the municipal courts throughout the county.

**Figure 11. Process Flow Map of Mentally Ill Misdemeanor Defendants through the Fulton County Municipal Court System (Fulton County Municipal Misdemeanor Court Swim Lane Map)**



Notes: Tx = treatment; MH = mental health.  
Source: Carl Vinson Institute of Government, University of Georgia.

**REFINE AND EXPAND RE-ENTRY/COMMUNITY OPTIONS**

The Re-Entry Work Group was created to discuss re-entry programs and processes. The work group had the following objectives:

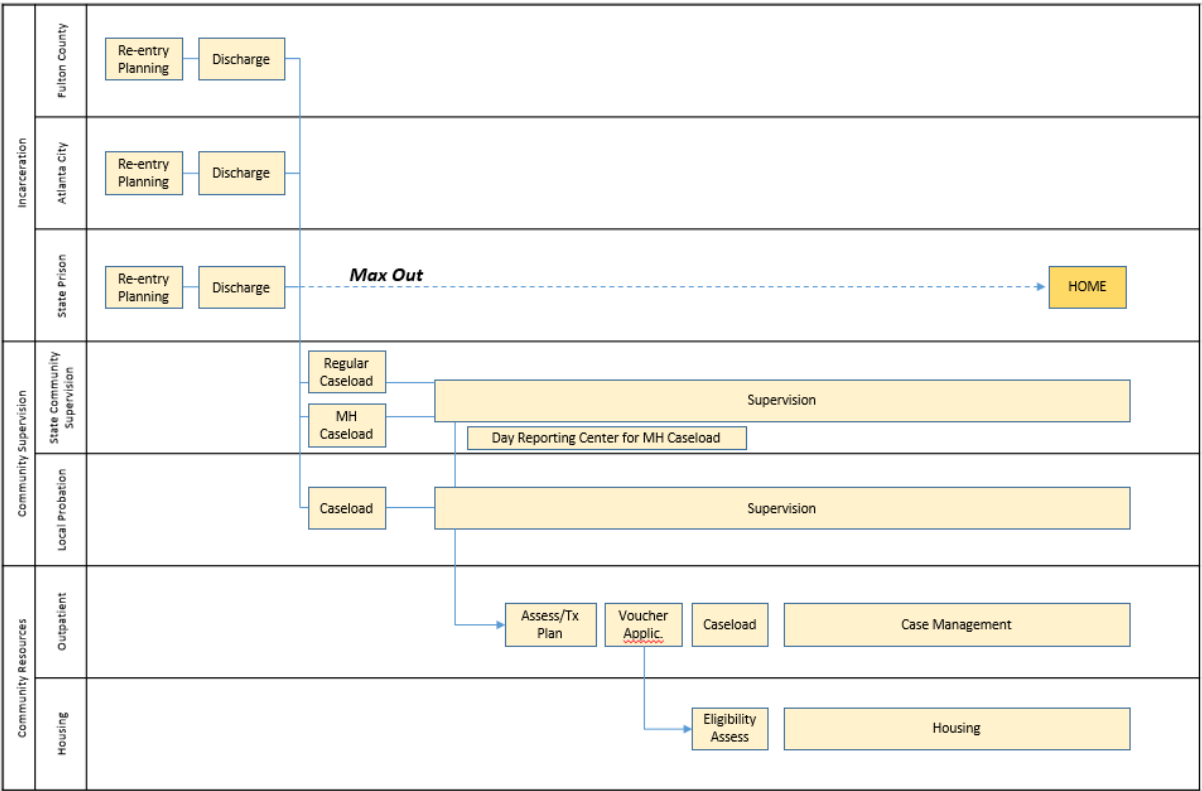
- Inventory the entities that are doing re-entry in Fulton County, including the Georgia Prison Re-entry Initiative, the Fulton County Behavioral Health Treatment Court, and the Mental Health Collaborative.
- Better understand the organizations and programs that provide a “warm handoff” to community supports once released.
- Refine and expand re-entry efforts taking place at Fulton County Jail.

Finding discharge/re-entry strategies to increase community connections, continuity of care, and the likelihood of staying out of jail was a primary focus of the Re-Entry Work Group.

Effective re-entry efforts are based on an underlying principle that was voiced many times by Task Force participants: “Re-entry starts at booking.”

During the meetings, the work group members refined the process map created during the April SIM Workshop in order to better understand treatment and service capacity. Doing so helped work group members determine which programs and services were available in the jail for people with a mental illness and a co-occurring substance abuse disorder. This allowed them to establish how the increased use of assessment information to connect people to appropriate jail-based services, post-release services, and supervision and/or community resources could be effectively accomplished. Work group members also began developing a plan for a system-wide response with measurable outcomes, drawing on the jail assessment and prevalence data in combination with available treatment and service capacity at Fulton County Jail.

Figure 12. Process Flow Map of the Mentally Ill Released from Fulton County Jail (Re-entry Swim Lane Map)



Notes: Tx = treatment; MH = mental health.  
Source: Carl Vinson Institute of Government, University of Georgia.

Findings

An average of more than 32,000 bookings occurred in Fulton County Jail each year between 2012 and 2016. Additional data are needed to accurately calculate the percentage of offenders with mental illness, but it is estimated that the number ranges from as low as 40% to as high as 70%.<sup>37</sup> With capacity for 2,688 offenders, this equates to between 1,075 and 1,881 at any given time.

Regardless of the number of offenders who are mentally ill, identifying and treating them is critical to maintain competency for court proceedings and increase jail safety. Doing so would also help these offenders manage their mental illness and would avoid the need for expensive stabilization and crisis intervention resources. Identifying and treating them is also essential to ensuring a successful return to the community after release from prison.

The work group found the following:

**The foundation for good re-entry outcomes begins with the identification and stabilization of offenders with mental illness. Many criminal justice entities conduct eligibility screenings for intake into their programs that include questions about the offender’s mental health history. However, each uses a different screening tool, and the results do not follow the offender.**

Appropriate mental health screening and identification starts the diagnostic and treatment process; providing stability throughout the process improves outcomes, which, in turn, can shorten an offender’s length of stay in jail. Many Fulton County criminal justice programs screen potential participants for eligibility. These screenings often include questions about an offender’s mental health history; however, none of the sets of questions constitute a validated mental health screening. Some of the entities that conduct screenings include the Fulton County Jail medical/mental health provider (at intake/booking), Fulton County Pretrial Services, Fulton County accountability courts, Fulton County Treatment Diversion Court, and the Alternative Sentencing Unit of the Fulton County Office of the Public Defender. However, none of these entities shares screening results with any other.

Sharing screening results across agencies or programs would help eliminate duplication of effort and ensure identification of mentally ill offenders and continuity of appropriate behavioral health services as offenders move through the criminal justice system. Several validated jail mental health screens that are in the public domain and free are used by local jails around the country.

Identification of Mental Illness

Currently, every offender booked into Fulton County Jail is supposed to receive a medical assessment that includes questions regarding mental health, but this assessment does not constitute a validated mental health instrument. However, not all of those booked receive a medical screening: Currently between 80% and 85% of offenders receive a medical screening at booking at the Rice Street location.<sup>38</sup>

Identifying individuals with mental illness as they enter jail or other criminal justice program helps (1) achieve and maintain stable mental health through proper management and treatment and (2) establish connections with appropriate treatment providers upon release from prison. However, the identification of mental illness is dependent upon a validated screening tool. At least one study found that without the universal use of a validated screening tool, a jail can fail to identify more than 60% of offenders with serious mental illness.<sup>39</sup>

Currently, no validated jail mental health screen is being used at Fulton County Jail. If something is validated, it means that it reliably does what it claims to do—in this case, identify someone with a mental illness—and has been scientifically studied and determined to do so. Using a validated mental health screen separate from and in addition to the medical assessment is important to correctly identify those who are mentally ill and refer them for treatment. If the mental health screen is not validated, it has a high probability of not identifying a large number of offenders who may need mental health treatment while in jail.

In addition to screening, some offenders self-report mental health issues or use of medication. Connecting with existing or previous behavioral health providers to get diagnosis, treatment, and medication information in these cases is very helpful, but also difficult. In order to expedite connection to mental health treatment in jail, it would be beneficial for the jail mental health provider to request relevant information from any previous behavioral health provider(s) in a timely manner. Obtaining authorization from an offender to release his or her personal health information is a common practice but is dependent upon, and limited by, the offender’s cooperation. Many do not want to disclose their mental illness or actively seek to hide it.

Therefore, to enhance efforts to identify mental illness, the county could implement a validated mental health screening instrument, administered to 100% of offenders who are booked into Fulton County Jail. This screening instrument would be separate from and in addition to the current medical screening. Offenders would then receive appropriate referrals to mental health staff for a full evaluation and diagnosis. Several validated jail mental health screens that are in the public domain and free are used by local jails around the country.

Diagnosis and Treatment of Mental Illness

The Task Force has recommended that a behavioral health professional conduct a clinical mental health assessment and diagnosis, along with preparing an individualized treatment plan, for every offender referred based on a validated screen, self-referral, staff referral, or demonstration of symptoms. As a part of this process, it would be appropriate to obtain diagnosis and other information from current or previous community providers. Establishing data-sharing agreements, procedures, and systems with community treatment providers (also discussed in the Data Work Group section) would improve access to this information.

Risk of destabilization increases if an offender with a mental illness is not identified and treated promptly. Offenders who stop taking psychotropic medication may decompensate, which has many risks—including incompetence to stand trial, new charges, harm to self and others—all of which can cause delays and extend an offender’s length of stay in jail. Establishing time standards for completing mental health screening, assessment/diagnosis, and assignment to a caseload, including the delivery of medications, would help mitigate these risks. Also important is to establish self- or staff referral response standards. Proper collection, maintenance, and reporting of data on the number of offenders booked, screened, referred, assessed, diagnosed, assigned to the treatment caseload, and prescribed medication would help ensure these standards are met.

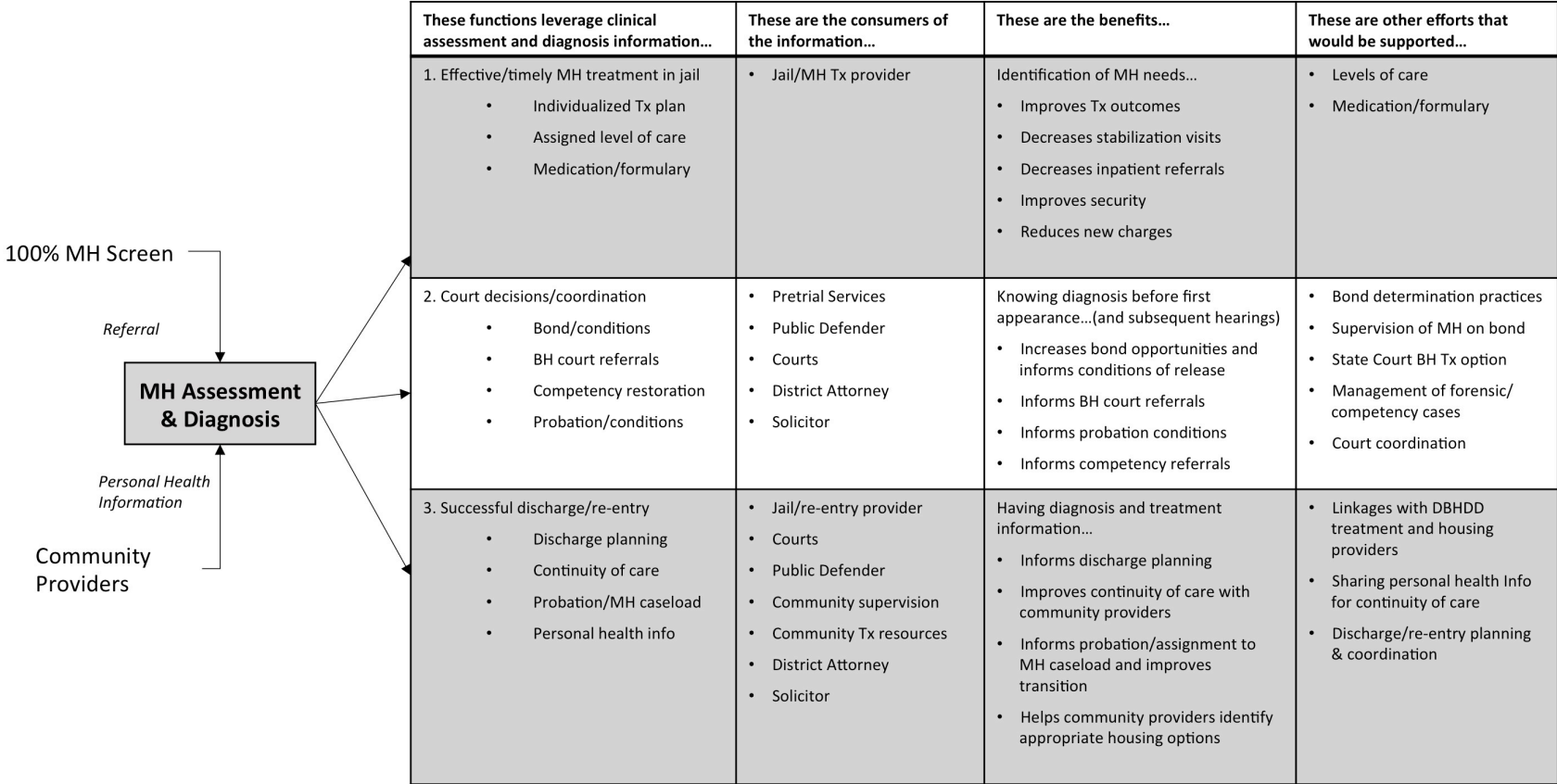
The importance identifying and stabilizing offenders with mental illness goes beyond the benefits to the jail. The courts depend on valid assessments and diagnoses when making decisions about bail, referrals to special courts, sentencing, and release. In addition, the court has an interest in having competent defendants to prevent delays. Therefore, jail assessments and diagnoses must be completed in a timely and consistent manner and shared with court staff as well as with Pretrial Services, which conducts a risk assessment to make bond recommendations to the court. Mental health is a factor in the assessment, but it is not a validated mental health screen. (Separate recommendations are made in the Court Collaboration Work Group section.)

The Fulton County Office of the Public Defender represents a significant number of persons with mental health issues, and its staff needs valid diagnosis and treatment information. Thus, coordination with the jail is important to ensure the competency of its clients and when making referrals for the accountability courts, ensuring the proper care for clients, and making connections with community treatment and housing providers as a part of bail, sentencing, or release.



The Georgia Department of Corrections maintains a Level of Care structure that classifies mentally ill offenders in levels of care and allows them to be treated in accordance with their needs. A Level of Care structure includes contact standards for jail mental health providers, housing designation within the jail, and a treatment program. Fulton County Jail’s current treatment options—general population, observation unit, Jail-Based Competency Restoration Program, or transfer to Georgia Regional Hospital—could be integrated into a Level of Care structure that would assist discharge/re-entry providers in placing these offenders in appropriate housing and services. Such a Level of Care structure would also help DCS place felony probationers in need of a higher level of supervision on the mental health caseload and access specialized probation services sooner. Some state housing programs can only be accessed by offenders classified as Level 3 or higher. If Fulton County Jail were to establish such a structure, offenders would have streamlined access to these state housing resources.

Jail-Based MH Screening, Assessment and Diagnosis: A Foundation for Impact



**An integrated and effective discharge/re-entry process, with clear roles and responsibilities for all parties, is needed to ensure that offenders with mental illness receive the proper care in the community after they are released from jail.**

As discussed earlier, a large percentage of offenders in jail have mental health issues, many of which are SPMI. An integrated and effective discharge/re-entry process is needed to ensure that these offenders receive the proper care in the community after they are released from jail. These discharge/re-entry activities are designed to connect offenders with community treatment and housing providers, prevent the need for stabilization/crisis intervention resources, decrease recidivism, and reduce the length of stay in jail by clearing obstacles for release. Ensuring an appropriate amount of medication to get through any transitions is particularly important. Prioritizing offenders with a mental illness or co-occurring disorder for discharge/re-entry activities will help them connect with services earlier.

Community treatment providers are primary partners in discharge/re-entry planning and coordination. Ideally, they would be involved in discharge/re-entry planning to ensure that treatment (including medication) is planned, as well as important wrap-around services like supported housing, transportation, and case management. These providers could also be on hand at release to complete a “warm handoff” (meaning someone is there to meet the discharged offender as they are released from jail). Working with community providers to schedule a reasonable release time will help ensure a warm handoff. (Task Force members reported that the jail routinely releases offenders at 4:00 am.)

Training staff in SSI/SSDI Outreach, Access, and Recovery (SOAR)<sup>40</sup> is another service that can help the most vulnerable offenders—those who are homeless or at risk of homelessness upon discharge and who have a mental illness, medical issue, or a co-occurring disorder—obtain disability benefits, Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), upon release. Having a SOAR-trained individual assist in obtaining SSI/SSDI benefits can increase first-time application approval from around 10% to an average of 67%.<sup>41</sup>

Community treatment providers are also critical links to housing resources during the discharge/re-entry phase. Establishing relationships with Georgia DBHDD-contracted community treatment providers to ensure certification of SPMI and to provide referrals to housing would streamline offenders’ access to state housing resources. (This and other housing issues are included in the recommendations listed in the Housing Work Group section.)

Providing an adequate supply of medication is particularly important during the re-entry transition to prevent decompensation and other behaviors that may lead to criminal charges,

personal harm, or other issues. Fulton County Jail typically provides enough medication for seven days; court orders can provide up to 30 days of medication. Efforts could be made during discharge/re-entry planning to determine an appropriate supply of medication, and that there is coordination with correctional officers to ensure offenders receive this medication upon release. The Task Force acknowledges that an overall increase in medication supplies would be expensive and brings greater risk for fraud or waste as offenders often sell medications on the street.

Task Force members expressed significant frustration with current discharge and re-entry efforts. Based on work group discussions, an integrated, effective discharge/re-entry process includes the following elements:

1. The screening, assessment, and treatment process is the foundation for the proper identification of mental illness, particularly SPMI.
2. A discharge/re-entry assessment is conducted by a re-entry specialist during intake to identify legal impediments to release and determine the transitional needs of the offender.
3. A discharge/re-entry plan is developed by a re-entry specialist starting at booking that includes treatment plans, court conditions, and other factors.
4. Re-entry coordination activities are conducted by a re-entry specialist, including
  - a. obtaining aftercare treatment, medication, and housing;
  - b. obtaining benefits (Medicaid, SSI/SSDI, etc.);
  - c. providing for vocational training/employment opportunities; and
  - d. providing other case management, such as transportation.
5. Criminal expungement is offered, when possible. (Criminal records can be an obstacle to getting housing.)
6. Data on the number of offenders released, discharge/re-entry plans completed, connections made, medications provided, and related issues are reported, monitored, and audited. Appropriate training ensures staff members are knowledgeable and competent in data collection and reporting.
7. A procedure for declaring an offender at “imminent risk” of homelessness is in place to permit care navigation by external providers. Designating Fulton County Jail offenders with SPMI who are facing homelessness upon release as being at imminent risk of homelessness will allow care navigation services to begin before release.
8. A data-sharing process (data-sharing agreements, systems, and procedures) is in place to facilitate the sharing of appropriate medical information to community housing and treatment providers. The Georgia Health Information Network is a promising avenue to



- establish a regional health information exchange within Fulton County. (This is discussed further as part of the recommendations in the Data Work Group section.)
9. A connection to Georgia DBHDD and DCA’s unified housing referral process is in place. Housing referrals must be made by a community treatment provider that is part of the Georgia DBHDD system. This connection could be a PATH Team or a forensic peer specialist. (These issues are discussed more fully in the Housing Work Group section.)

Coordination is needed to ensure effective discharge and re-entry.

Many entities are part of the discharge/re-entry process. Coordination among these groups is critical to an integrated and effective process. As mentioned earlier, the Alternative Sentencing Unit of the Fulton County Office of the Public Defender is the advocate for many mentally ill offenders in jail. Public defenders coordinate discharge/re-entry for their clients and need to be involved in the process. Of particular importance is the coordination with the court on setting a release date, which sets in motion a host of activities in the jail. If treatment, housing, and other case management efforts are not in place, the mentally ill offender could be released with no supports. Thus, coordination between the public defender, the jail (discharge/re-entry), and the court is crucial. And, as mentioned earlier, coordination and communication between the jail mental health provider and correctional officers is critical to ensure that a mentally ill offender receives any prescribed supply of medication.

Law enforcement often gets involved with offenders released into the community. Information related to the offender’s mental health status—even basic information—might help officers make decisions to divert mentally ill offenders to community treatment options rather than return them to jail, when appropriate. Family members are often key players in discharge and re-entry planning; efforts to integrate them in the process as appropriate could assist discharge and re-entry planners.

Collaborating with community supervision officers (those who supervise probation) and programs is important to ensure offenders receive appropriate mental health treatment in the community. DCS has a caseload of mentally ill offenders, primarily SPMI, in Fulton County. Georgia DBHDD and DCA’s unified referral process has housing options for this population.

IMPROVE DATA SHARING

A critical component of cross-system collaboration is information sharing, particularly information about the health and treatment of people with mental illness. At the individual level, health information is essential to providing adequate assessment and treatment. At the program level, it can be used to identify target populations for interventions, evaluate program

effectiveness, and determine whether programs are cost-effective. However, legal and technical barriers, both real and perceived, often prevent a smooth exchange of information among systems and impede the identification of individuals with mental illness and the development of effective plans for appropriate diversion, treatment, and transition from a criminal justice setting back into the community.<sup>42</sup>

The Data Work Group met with the following objectives in mind:

- Move beyond manual tracking of offenders.
- Explore strategies for increased communication between the jail mental health provider and community-based behavioral health providers.
- Explore possibilities for integrating with other databases.
- Explore a health information exchange as a possible platform.
- Address legal issues regarding information sharing.
- Examine integrated database models.
- Consider strategies to develop relevant aggregate data from a variety of databases.

During and between monthly work group meetings, the members tracked the status of data requests, established contacts and coordinated receipt of datasets, and analyzed the datasets that were received.

Findings

The work group found the following:

**Data related to the operational management of different components of the criminal justice system are generally available and used within each entity. However, data are not shared and used across entities, nor are data integrated for system analysis or management. Obtaining data from various entities can be difficult.**

Operational data are critical to the management of services for offenders with a mental illness and/or co-occurring disorder involved in the criminal justice system. Data provide insights into the prevalence of mental illness in the jails, the need for certain services, bed space, and treatment options, as well as costs for staffing, medications, and other expenses. Generally, such operational data are available<sup>xv</sup> and used by managers throughout Fulton County’s criminal

<sup>xv</sup> One exception is the availability of historical mental health data that were “lost” in the transition from a previous provider of medical and mental health services in Fulton County Jail. It is important that future contracts provide for the periodic transfer of operational datasets and that management mechanisms are in place to enforce such provisions.

justice and behavioral health systems, but there is little to no data sharing among different programs and agencies serving justice-involved mentally ill offenders.

The Data Work Group received and analyzed the following data sets as a part of this project:

- City of Atlanta 911 data (January 2012–June 2017)
- Fulton County 911 data (January 2012–June 2017)
- City of Sandy Springs 911 data (January 2012–June 2017)
- Fulton County Pretrial Services data (January 2012–June 2017)
- Fulton County Jail individual booking data (January 2012–June 2017)<sup>xvi</sup>
- Fulton County Jail medical and mental health data (January 2013–June 2017)<sup>xvii</sup>
- Georgia DBHDD ACT Team data (Fiscal Year (FY) 2012–FY 2017)

The following data sets were requested but not yet received:

- Complete list of deidentified offenders on the mental health caseload at Fulton County Jail<sup>xviii</sup>
- Atlanta City Detention Center deidentified offender and mental health data
- Accountability courts data (number of defendants, drop outs, successful graduations, etc.)

The integration and analysis of data at the system level is an important task in determining the success of programs, the proper allocation of resources, and continuous improvement efforts. Appropriate data collection, residing in one database, and properly managed and analyzed is an important step Fulton County can take to achieve the goals of the county’s strategic plan and the Stepping Up Initiative.

<sup>xvi</sup> These data were specifically requested to be deidentified. Offenders could be identified by a specific number given to them by the Fulton County Jail—known as an SO#—but the project team had no ability to trace that number back to an individual offender.

<sup>xvii</sup> The data that were provided to the project team included overall monthly numbers of numbers of prescriptions, number of offenders on the mental health caseload, etc. that are provided to a jail medical management team.

<sup>xviii</sup> These data were specifically requested to be deidentified. Offenders could be identified by a specific number given to them by the Fulton County Jail—known as an SO#—but the project team had no ability to trace that number back to an individual offender.

**Electronic medical records (EMRs) are rarely shared across court programs, community providers, jail medical/mental health providers, Fulton County DBHDD, or law enforcement. When information is shared, it is usually shared manually. A lack of information sharing prevents coordination and continuity of care.**

Several obstacles prevent the free flow of EMRs across the criminal justice and behavioral health systems. First, federal HIPAA (Health Insurance Portability and Accountability Act) concerns are prevalent and seem to shut down any conversation of sharing EMRs despite serious efforts to establish information agreements to ensure coordinated care and continuity of care. Many on the Task Force felt that HIPAA and subsequent regulations are often misinterpreted, which creates a much more restrictive environment than actual requirements. The legislation was intended to facilitate insurance coverage through information systems rather than impede the provision of necessary health services.<sup>43</sup> Obtaining signed information-sharing authorization forms from individuals with a mental illness is a consistent practice for many entities, but is dependent upon the cooperation of the individual.

Second, information-sharing agreements are not in place for most entities within the criminal justice system. An exception is an agreement between Georgia DBHDD and Behavioral Health Link, which operates the GCAL. (See page 43 for more information on GCAL.) Personal health information for individuals being treated by Georgia DBHDD providers is shared with Behavioral Health Link to support the successful deployment of mobile crisis teams. Third, technical aspects of sharing and aggregating data prevent the transfer of data. System compatibility, data fields and definitions, a lack of an owner or host, and a lack of defined outcomes must be overcome to have successful data-sharing efforts.

One promising option for sharing personal health information is the Georgia Health Information Network, which was created to close the patient information gap across care settings by electronically connecting different systems and data sources to support improved quality of care, better health outcomes, and cost reductions. Currently, more than 10,000 practitioners throughout the state are a part of the network, which provides record look-up and query capabilities.

Several instances were identified in which sharing of personal health information is important:

- As police officers and mobile crisis teams arrive on the scene of a mental health crisis
- As an individual with a mental illness leaves Grady Memorial Hospital after crisis stabilization and engages a community provider

- As an individual with a mental illness, who has ongoing outpatient treatment, is booked into jail
- As an individual with a mental illness, who has received treatment in jail, is released to community supervision and treatment as a condition of probation

SECTION 5

# Work Group Recommendations



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**FULTON COUNTY JUSTICE AND  
MENTAL HEALTH TASK FORCE**  
2017 Report



## Work Group Recommendations

Each work group developed a set of recommendations based on its findings for consideration by the larger Task Force. Each of the recommendations was suggested to improve processes and practices that will impact the Stepping Up Initiative’s four key measures. The following is a list of the recommendations by work group.

### PRE-ARREST WORK GROUP RECOMMENDATIONS

The Pre-Arrest Work Group put forward six recommendations to the full Task Force for a vote.

**Recommendation:** Develop and implement a standardized training plan aimed at training 100% of law enforcement officers using Crisis Intervention Training, trauma-informed responses, and other evidence-based crisis trainings.

**Findings:**

*All law enforcement officers need increased access to adequate and appropriate mental health training to improve crisis response and pre-arrest diversion.*

Not enough law enforcement, correctional, or court officers are trained in how to de-escalate situations involving the mentally ill. (The Atlanta Police Department currently includes CIT training as part of basic training.) These situations do not just happen on the street but also in jail and court settings. If a situation cannot be appropriately deescalated, the safety of law enforcement, correctional, and court officers can be compromised and additional charges may be added, resulting in a longer length of stay.

**Recommendation:** Integrate mental health professionals in 911 call centers and expand the Grady/GCAL Co-Responder Model.

**Findings:**

*Mobile mental health crisis resources, in lieu of law enforcement, are effective at responding to emergency situations in the community, avoiding the need for crisis stabilization services and avoiding arrest.*

*Integration and collaboration between components of the law enforcement and behavioral health system offers innovative opportunities to improve crisis response and resolution.*

*Crisis stabilization and outpatient resources are important “drop-off” locations for law enforcement and behavioral health mobile resources to divert individuals from jail. However, these resources are*



overwhelmed by current demand. The Pre-Arrest Diversion Initiative is a promising option for diverting individuals from jail.

By getting the right resource to the call location, diversion options are possible and can be used to avoid wasting law enforcement time and resources. Grady EMS’s current co-responder partnership with BHL can respond to 911 behavioral health calls and divert individuals from the overcrowded Grady emergency room (ER). In 2016, the team handled 1,405 calls, of which 1,099 (78%) were diverted from the Grady ER. Of those calls, 91% were handled by a team based in a sport utility vehicle rather than an ambulance. The team also conducts home visits for frequent 911 callers to proactively treat and refer these individuals to prevent crisis situations.

Diversion options used in other counties, in particular a CSU or BHCC, are not currently available in Fulton County. In particular, Fulton County has not taken advantage of the way the state funds and manages regional mental health services. The available diversion options are fragmented and underresourced given the size and volume of need, and there is no coordinated system of service providers.

**Recommendation:** Request access to Fulton County resources (housing, support services, etc.) to enhance the diversion of people from jail through the Atlanta/Fulton County Pre-Arrest Diversion Initiative Pilot.

**Findings:**

*Mobile mental health crisis resources, in lieu of law enforcement, are effective at responding to emergency situations in the community, avoiding the need for crisis stabilization services and avoiding arrest.*

*Crisis stabilization and outpatient resources are important “drop-off” locations for law enforcement and behavioral health mobile resources to divert individuals from jail. However, these resources are overwhelmed by current demand. The Pre-Arrest Diversion Initiative is a promising option for diverting individuals from jail.*

The Atlanta/Fulton County Pre-Arrest Diversion (PAD) Initiative officially launched in July 2017 and is directed at those who come into contact with law enforcement primarily due to mental illness, drug and alcohol addiction, or extreme poverty. Modeled after similar Law Enforcement Assisted Diversion, or LEAD, programs around the country, the PAD Initiative seeks to divert individuals before they are arrested, or instead of being arrested. The PAD Initiative is currently a 24-month pilot being conducted during certain hours in zones 5 and

6 of the Atlanta Police Department. As of October 4, 2017, three individuals had been successfully diverted. Awareness of the initiative is growing as the initiative reported receiving 15 additional referral calls, but most of the calls were during nondiversion hours or outside the pilot project area of service.

**Recommendation:** Develop and implement a Fulton County Education and Community Outreach Plan to interrupt the cycle of contacting police for a mental health crisis.

**Findings:**

*Mobile mental health crisis resources, in lieu of law enforcement, are effective at responding to emergency situations in the community, avoiding the need for crisis stabilization services and avoiding arrest.*

*Crisis stabilization and outpatient resources are important “drop-off” locations for law enforcement and behavioral health mobile resources to divert individuals from jail. However, these resources are overwhelmed by current demand. The Pre-Arrest Diversion Initiative is a promising option for diverting individuals from jail.*

Atlanta 911, the largest 911 system in the county, receives an average of at least 3,900 calls per year designated “code 24” by 911 call takers (meaning the call involves a person who is mentally ill). That number does not include calls in which an officer arrives on the scene and determines that the incident involves someone who is mentally ill. Educating the public on the alternatives to calling 911—including calling GCAL or accessing community resources—can help people avoid being arrested due to a mental health crisis.

**Recommendation:** Establish a drop-off program site with services that include critical care, referrals, and case management to give law enforcement options to divert individuals with SPMI from jail.



Findings:

*Crisis stabilization and outpatient resources are important “drop-off” locations for law enforcement and behavioral health mobile resources to divert individuals from jail. However, these resources are overwhelmed by current demand. The Pre-Arrest Diversion Initiative is a promising option for diverting individuals from jail.*

*Integration and collaboration between components of the law enforcement and behavioral health system offers innovative opportunities to improve crisis response and resolution.*

Fulton County does not have a CSU or BHCC other than the Psychiatric Emergency Room at Grady Memorial Hospital, and that demand is overwhelming. By getting the right resources to the call location, diversion options are possible and can be used to avoid wasting law enforcement time and resources. Diversion options available in other counties are not currently available in Fulton County. In particular, Fulton County has not taken advantage of the way the state funds and manages regional mental health services. The diversion options that are available are fragmented and underresourced given the size and volume of need, and there is no coordinated system of service providers.

**Recommendation:** Explore Police and Mental Health Collaborative Learning Sites that could be replicated in Atlanta through free technical assistance from the Council of State Governments.

Findings:

*Integration and collaboration between components of the law enforcement and behavioral health system offers innovative opportunities to improve crisis response and resolution.*

The Law Enforcement/Mental Health Learning Sites project, supported by the US Justice Department Bureau of Justice Assistance, provides peer support for agencies and organizations interested in planning or enhancing their specialized policing responses (including co-response, CIT, and other models) or their overall police–mental health collaboration program to more appropriately respond to people with mental illnesses. Technical assistance from learning site representatives may include telephone and email exchanges to provide guidance and answer questions, as well as on-site consultations at the requesting agency or at the host learning site’s agency.

HOUSING WORK GROUP RECOMMENDATIONS

The Housing Work Group put forward eight recommendations to the full Task Force for a vote.

**Recommendation:** 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.

Findings:

*The State has adopted a Housing First philosophy based on the importance of housing in treatment outcomes.*

*The State has adopted a target population and established eligibility criteria that include individuals with SPMI involved in the criminal justice system.*

*The State has established an order of preference for housing programs and a unified referral process for individuals who are eligible.*

*The State has established procedures that require eligible individuals to access housing options through Georgia DBHDD-contracted community treatment providers.*

*Many issues exist regarding access to and availability of supported housing for individuals with SPMI involved in the criminal justice system.*

Effective re-entry efforts are based on an underlying principle that was voiced many times by Task Force participants: “Re-entry starts at booking.” Individuals who are homeless when arrested and booked into jail and who have no place to go upon release are highly likely to return to the streets and commit additional crimes. Recidivism can be reduced through care navigation, beginning at booking, that uses a Housing First approach, which involves providing permanent housing to the homeless without preconditions to entry and offering them supportive services.

**Recommendation:** Establish a revolving fund for housing providers to cover bridge funding for “start-up” expenses.

Findings:

*The State has adopted a Housing First philosophy based on the importance of housing in treatment outcomes.*

*Many issues exist regarding access to and availability of supported housing for individuals with SPMI involved in the criminal justice system.*

Housing providers have to finance upfront costs during new client intake while the administrative paperwork settles. These small but significant costs are generally reimbursed by a lump-sum payment from state or federal agencies after several weeks or months. A lack of upfront funding can reduce access to housing. Housing providers currently limit the number of clients to whom they will advance bridge funding.

**Recommendation:** Increase the availability of supportive housing units with a Housing First model that includes care navigation services.

**Findings:**

*The State has adopted a Housing First philosophy based on the importance of housing in treatment outcomes.*

*Many issues exist regarding access to and availability of supported housing for individuals with SPMI involved in the criminal justice system.*

Studies have shown that “Housing First yields higher housing retention rates, reduces the use of crisis services and institutions, and improves people’s health and social outcomes.”<sup>44</sup> Housing First is considered a best practice; however, the Task Force repeatedly heard that there are not enough supportive housing units throughout Fulton County, certain city ordinances are a barrier to creating new unit, and that there are barriers to accessing the current stock of supportive housing units.

**Recommendation:** Change zoning laws in the city of Atlanta and Fulton County municipalities that interfere with establishing new units of permanent supportive housing.

**Findings:**

*Many issues exist regarding access to and availability of supported housing for individuals with SPMI involved in the criminal justice system.*

The City of Atlanta has many requirements that must be met before supportive housing units can be approved. For example, the units must be located within 1,500 feet of a public transportation stop or station but further than 2,000 feet from a shelter, personal care, home, or other supportive housing facility. These conditions significantly limit the location of supportive housing units.

**Recommendation:** Increase access to criminal expungement.

**Findings:**

*The State has established an order of preference for housing programs and a unified referral process for individuals who are eligible.*

*Many issues exist regarding access to and availability of supported housing for individuals with SPMI involved in the criminal justice system.*

Criminal records remain a significant barrier to housing for recently released offenders because a criminal history often disqualifies an individual from housing. Fulton County periodically holds expungement events at court that eliminate this barrier.

**Recommendation:** 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.

**Findings:**

*An integrated and effective discharge/re-entry process, with clear roles and responsibilities for all parties, is needed to ensure that offenders with mental illness have the proper care in the community after they are released from jail.*

*Coordination is needed to ensure effective discharge and re-entry.*

*Many issues exist regarding access to and availability of supported housing for individuals with SPMI involved in the criminal justice system.*

The Alternative Sentencing Unit at the Fulton County Office of the Public Defender serves many indigent offenders at Fulton County Jail. The unit has relationships with many housing and community treatment providers. But the jail, care navigation and discharge/re-entry coordination with community treatment and housing providers are underresourced. This leads to problems like offenders routinely leaving jail without state-issued IDs, a barrier to obtaining housing that is compounded by the difficulties people with SPMI face in navigating bureaucracy. In addition, allowing PATH teams and housing providers to be available at the jail to proactively assess and place returning citizens into appropriate housing, in line with the Georgia settlement agreement and the needs of the community, will help connect more returning citizens with housing. By connecting and coordinating all available resources, teams, and offices, more offenders can be served more effectively.

**Recommendation:** Expand the scope of services that transitional housing providers offer.

**Findings:**

*Many issues exist regarding access to and availability of supported housing for individuals with SPMI involved in the criminal justice system.*

US Department of Housing and Urban Development standards for transitional housing providers do not allow them to provide ancillary services like laundry or transportation for routine medical care. Without these services, however, many clients find themselves regressing into psychological disorders, leading to recidivism.

**Recommendation:** Establish a standing mechanism for reporting jail and housing data, which will aid decision makers.

**Findings:**

*Data related to the operational management of different components of the criminal justice system are generally available and used within each entity. However, data are not shared and used across entities, nor are data integrated for system analysis or management. Obtaining data from various entities can be difficult.*

Generally, operational data are available and used by managers throughout Fulton County’s criminal justice and behavioral health systems. However, this information is not shared across organizations, leading to a lack of services or duplication of services. There is currently no central location for collecting and analyzing data. In particular, there is no mechanism for collecting and reporting on the four key measures of the Stepping Up Initiative.

**RE-ENTRY WORK GROUP RECOMMENDATIONS**

The Re-Entry Work Group put forward six recommendations to the full Task Force for a vote.

**Recommendation:** Implement a validated jail mental health screen for 100% of bookings.

**Findings:**

*The foundation for good re-entry outcomes begins with identifying and stabilizing offenders with mental illness. Many criminal justice entities conduct eligibility screenings for intake into their programs that include questions about the offender’s mental health history. However, each uses a different screening tool, and the results do not follow the offender.*

The current screening conducted by Fulton County Jail on offenders at booking is not validated but rather is a series of questions related to suicide. At least one study found that without the universal use of a validated screening tools, a jail may fail to identify more than 60% of offenders with serious mental illness.<sup>45</sup> Appropriate mental health screening and identification starts the diagnostic and treatment process; providing stability throughout the process improves outcomes, which, in turn, can shorten an offender’s length of stay in jail. Therefore, to enhance efforts to identify mental illness, the county could implement a validated mental health screening instrument, administered to 100% of offenders who are booked into Fulton County Jail. This screening instrument would be separate from and in addition to the current medical screening. Offenders would then receive appropriate referrals to mental health staff for a full evaluation and diagnosis. Several validated jail mental health screens that are in the public domain and free are used by local jails around the country.

**Recommendation:** Develop and implement a strategy for coordinated information sharing between re-entry providers and community stakeholders to improve case coordination.

**Findings:**

*The foundation for good re-entry outcomes begins with identifying and stabilizing offenders with mental illness. Many criminal justice entities conduct eligibility screenings for intake into their programs that include questions about the offender’s mental health history. However, each uses a different screening tool, and the results do not follow the offender.*

*An integrated and effective discharge/re-entry process, with clear roles and responsibilities for all parties, is needed to ensure that offenders with mental illness have the proper care in the community after they are released from jail.*

*Coordination is needed to ensure effective discharge and re-entry.*

*Electronic medical records are rarely shared across court programs, community providers, jail medical/mental health providers, Fulton County DBHDD, or law enforcement. When information is shared, it is usually shared manually. A lack of information sharing prevents coordination and continuity of care.*

An integrated and effective discharge/re-entry process is needed to ensure that these offenders receive the proper care in the community after they are released from jail. These discharge/re-entry activities are designed to connect offenders with community treatment and housing providers, prevent the need for stabilization/crisis intervention resources,



decrease recidivism, and reduce the length of stay in jail by clearing obstacles for release. Generally, operational data are available and used by managers throughout Fulton County’s criminal justice and behavioral health systems. However, this information is not shared across organizations, leading to a lack of services or duplication of services. There is currently no central location for collecting and analyzing data. In particular, there is no mechanism for collecting and reporting on the four key measures of the Stepping Up Initiative.

**Recommendation:** Coordinate re-entry services to track and monitor the validated jail mental health screen and re-entry assessment tools along with discharge planning.

**Findings:**

*The foundation for good re-entry outcomes begins with identifying and stabilizing offenders with mental illness. Many criminal justice entities conduct eligibility screenings for intake into their programs that include questions about the offender’s mental health history. However, each uses a different screening tool, and the results do not follow the offender.*

*An integrated and effective discharge/re-entry process, with clear roles and responsibilities for all parties, is needed to ensure that offenders with mental illness have the proper care in the community after they are released from jail.*

*Coordination is needed to ensure effective discharge and re-entry.*

“Re-entry starts at booking” was often heard during Task Force meetings. If offenders who most need discharge/re-entry services—the mentally ill—are identified via a validated jail mental health screen, re-entry coordinators would be able to start discharge planning early and have in place all the supports an offender might need upon discharge for successful reintegration into the community.

**Recommendation:** Institute a standardized process at Fulton County Jail for identifying, assessing, and treating mentally ill offenders based on clinically sound best practices and verifiable data.

**Findings:**

*The foundation for good re-entry outcomes begins with identifying and stabilizing offenders with mental illness. Many criminal justice entities conduct eligibility screenings for intake into their programs that include questions about the offender’s mental health history. However, each uses a different screening tool, and the results do not follow the offender.*

The current screening conducted by Fulton County Jail on offenders at booking is not validated but rather is a series of questions related to suicide. At least one study found that without the universal use of a validated screening tools, a jail may fail to identify more than 60% of offenders with serious mental illness.<sup>46</sup> Appropriate mental health screening and identification starts the diagnostic and treatment process; providing stability throughout the process improves outcomes, which, in turn, can shorten an offender’s length of stay in jail. Therefore, to enhance efforts to identify mental illness, the county could implement a validated mental health screening instrument, administered to 100% of offenders who are booked into Fulton County Jail. This screening instrument would be separate from and in addition to the current medical screening. Offenders would then receive appropriate referrals to mental health staff for a full evaluation and diagnosis. Several validated jail mental health screens that are in the public domain and free are used by local jails around the country.

**Recommendation:** Establish data-sharing agreements between Fulton County Jail, the mentally ill offender’s behavioral health provider, and/or the Atlanta City Detention Center for improved access to services.

**Findings:**

*The foundation for good re-entry outcomes begins with identifying and stabilizing offenders with mental illness. Many criminal justice entities conduct eligibility screenings for intake into their programs that include questions about the offender’s mental health history. However, each uses a different screening tool, and the results do not follow the offender.*

*Access to health information can improve crisis response, mental health outcomes, and pre-arrest diversion.*

*Data related to the operational management of different components of the criminal justice system are generally available and used within each entity. However, data are not shared and used across entities, nor are data integrated for system analysis or management. Obtaining data from various entities can be difficult.*

*EMRs are rarely shared across court programs, community providers, jail medical/mental health providers, Fulton County DBHDD, or law enforcement. When information is shared, it is usually shared manually. A lack of information sharing prevents coordination and continuity of care.*

Generally, operational data are available and used by managers throughout Fulton County’s criminal justice and behavioral health systems. However, this information is not shared

across organizations, leading to a lack of services or duplication of services. There is currently no central location for collecting and analyzing data. In particular, there is no mechanism for collecting and reporting on the four key measures of the Stepping Up Initiative.

**Recommendation:** Create policies and procedures to ensure that inmates receive at least a 14-day supply of prescribed mental health medication upon release.

**Findings:**

*An integrated and effective discharge/re-entry process, with clear roles and responsibilities for all parties, is needed to ensure that offenders with mental illness have the proper care in the community after they are released from jail.*

*Coordination is needed to ensure effective discharge and re-entry.*

*EMRs are rarely shared across court programs, community providers, jail medical/mental health providers, Fulton County DBHDD, or law enforcement. When information is shared, it is usually shared manually. A lack of information sharing prevents coordination and continuity of care.*

Currently, offenders on psychotropic medication at Fulton County Jail are supposed to receive a seven-day supply of that medication upon their release. However, due to a lack of coordination between correctional officers and the jail mental health provider, they do not always receive their medication upon release. In some cases, seven days may not be enough time to get the offender to his or her first appointment with a community mental health provider. Judges can write a court order for offenders to receive up to a 30-day supply upon release, but the same coordination issues still exist. The Task Force acknowledges that an overall increase in medication supplies would be expensive and brings greater risk for fraud or waste as offenders often sell medications on the street.

**COURT COLLABORATION WORK GROUP RECOMMENDATIONS**

The Court Collaboration Work Group put forward six recommendations to the full Task Force for a vote.

**Recommendation:** Continue and expand funding for jail diversion services (Treatment Diversion Court model) for Magistrate and State Courts.

**Findings:**

*Court diversion programs can reduce the length of stay, make connections to community treatment, improve treatment outcomes, and reduce recidivism. No court diversion option exists for defendants in State Court.*

No treatment diversion is currently available to defendants within the State Court. Defendants who make their first appearance in a municipal court are automatically bound over to the State Court and are therefore ineligible for any kind of treatment alternative to sentencing. The Magistrate Court Treatment Diversion Court has no systematic way to track and report the number of cases and their outcomes. More capacity is needed in the Magistrate Court Treatment Diversion Court and staff are needed to implement a tracking system for defendants.

**Recommendation:** Expand the capacity of Pretrial Services through the addition of an in-house mental health unit to ensure safe supervision of offenders with a mental health diagnosis.

**Findings:**

*The pretrial release (bail/bond) process provides an opportunity to safely reduce the length of stay for offenders with mental illness.*

Offenders who are mentally ill are not recommended for pretrial release. Pretrial Services asks its own mental health questions, apart and different from the mental health screening conducted during the booking process at Fulton County Jail. Offenders ineligible for pretrial release due to mental illness can be referred to the accountability courts. Staff at the Pretrial Services’ Supervision Unit expressed a desire to establish a specific mental health caseload. This unit could work with Fulton County Jail to identify offenders with mental illness, determine outcomes of diagnosis and treatment, take steps to better understand the needs of those with a mental illness, and inform the judge of options as decisions are made. Because many of these decisions are made in initial hearings, the timeliness of a diagnosis and treatment plan is important to support the court and the needs of the offender.



**Recommendation:** Formally adopt the Forensic Evaluation Quality Assurance Pilot Project and enhance it by hiring a forensic expeditor to coordinate forensic cases in all classes of court.

**Findings:**

*Improvements to the management and coordination of competency and other mental health cases can help safely reduce the length of stay for offenders with mental illness in the criminal justice system.*

The Forensic Evaluation Quality Assurance Pilot Project streamlined communication related to forensic evaluations from clinical forensic providers. Through the field research of the Superior Court administration staff, forensic providers specifically conveyed challenges with transmitting forensic evaluations and competency-related reports to the court. The court, along with several stakeholders, developed a technology-focused strategy to improve and expedite how court-ordered forensic evaluations are transmitted from mental health agencies to the court.

**Recommendation:** Establish a specialized Forensic Docket for streamlined case coordination and ensure compliance with state requirements.

**Findings:**

*Improvements to the management and coordination of competency and other mental health cases can help safely reduce the length of stay for offenders with mental illness in the criminal justice system.*

Emerging research suggests specialty dockets and structured competency courts can help move defendants through the court system more quickly. Various stages of the competency continuum require judicial action. According to several criminal justice partners in Fulton County, including behavioral health providers, the long wait times for competency-related hearings are a significant problem. Creating a specialty calendar could help move defendants awaiting competency-related court dates more quickly through the system. A specialized Forensic Docket would require a specially trained judge, district attorney, and public defender, and would create unified policies related to case transfers and prevent decompensation of offenders who have been deemed competent through restoration.

**Recommendation:** Review current bail practices to ensure bail is set based on risk, not ability to pay or mental health issues.

**Findings:**

*The pretrial release (bail/bond) process provides an opportunity to safely reduce the length of stay for offenders with mental illness.*

Offenders who are mentally ill and/or indigent are often unable to pay bail/bond and therefore remain in jail longer. Those who are mentally ill are not recommended for pretrial release.

**Recommendation:** Implement a data-driven, validated, pretrial risk assessment tool to inform pretrial release decisions.

**Findings:**

*The pretrial release (bail/bond) process provides an opportunity to safely reduce the length of stay for offenders with mental illness.*

The current risk assessment tool used by Pretrial Services is not validated. A validated risk assessment tool would help Pretrial Services help judges make informed decisions on pretrial release based on factors that have a statistical correlation with court appearance and public safety.

**DATA WORK GROUP RECOMMENDATIONS**

The Data Work Group put forward two recommendations to the full Task Force for a vote.

**Recommendation:** Explore, create, and implement a network information-sharing database and data-sharing agreements to be used by all justice and justice-serving entities.

**Findings:**

*EMRs are rarely shared across court programs, community providers, jail medical/mental health providers, Fulton County DBHDD, or law enforcement. When information is shared, it is usually shared manually. A lack of information sharing prevents coordination and continuity of care.*

*Access to health information can improve crisis response, mental health outcomes, and pre-arrest diversion.*

*Data related to the operational management of different components of the criminal justice system are generally available and used within each entity. However, data are not shared and used across*

entities, nor are data integrated for system analysis or management. Obtaining data from various entities can be difficult.

Generally, operational data are available and used by managers throughout Fulton County’s criminal justice and behavioral health systems. However, this information is not shared across organizations, leading to a lack of services or duplication of services. There is currently no central location for collecting and analyzing data. In particular, there is no mechanism for collecting and reporting on the four key measures of the Stepping Up Initiative.

**Recommendation:** Develop a working data team to continually and proactively gather and review data to measure and track the goals of the Stepping Up Initiative.

**Findings:**

*Data related to the operational management of different components of the criminal justice system are generally available and used within each entity. However, data are not shared and used across entities, nor are data integrated for system analysis or management. Obtaining data from various entities can be difficult.*

Generally, operational data are available and used by managers throughout Fulton County’s criminal justice and behavioral health systems. However, this information is not shared across organizations, leading to a lack of services or duplication of services. There is currently no central location for collecting and analyzing data. In particular, there is no mechanism for collecting and reporting on the four key measures of the Stepping Up Initiative.

**Prioritized Recommendations**

At the December 2017 Task Force meeting, the chairs of each work group presented the recommendations of their respective work groups. Each Task Force member was then given five dots (each with the same number on them to ensure no one voted for the same recommendation twice) and asked to place them next to the five recommendations they felt were the most important. The following recommendations are listed in order from the most votes to the least to improve processes and practices that will impact the Stepping Up Initiative’s four key measures. The first five are the priority recommendations identified by the Task Force:

- Implement a validated jail mental health screen for 100% of bookings. Institute a standardized process at Fulton County Jail for identifying, assessing, and treating mentally ill offenders based on clinically sound best practices and verifiable data.
- 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 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-serving entities.<sup>xix</sup>
- Develop and implement a standardized training plan aimed at training 100% of law enforcement officers using Crisis Intervention Training, trauma-informed responses, and other evidence-based crisis trainings.
- Continue and expand funding for jail diversion services (Treatment Diversion Court model) for Magistrate and State Courts.
- 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.
- Expand the capacity of Pretrial Services through the addition of an in-house mental health unit to ensure safe supervision of offenders with a mental health diagnosis.
- Integrate mental health professionals into 911 call centers and expand the Grady/GCAL Co-Responder Model.
- Increase the availability of supportive housing units with a Housing First model that includes care navigation services.
- Establish a revolving fund for housing providers to cover bridge funding for “start-up” expenses.
- Establish a drop-off program site(s) with services that include critical care, referrals, and case management to give law enforcement options to divert individuals with SPMI from jail.
- Develop and implement a Fulton County Education and Community Outreach Plan to interrupt the cycle of contacting police for a mental health crisis.
- Review current bail practices to ensure bail is set based on risk, not ability to pay or mental health issues.
- Request access to Fulton County resources (housing, support services, etc.) to enhance the diversion of people from jail through the Atlanta/Fulton County Pre-Arrest Diversion Initiative Pilot.

<sup>xix</sup> Based on the results of the voting and the similarities in the recommendations, some were combined for ease of implementation.

- Explore Police and Mental Health Collaborative Learning Sites that could be replicated in Atlanta through free technical assistance from the Council of State Governments.
- Formally adopt the Forensic Evaluation Quality Assurance Pilot Project and enhance it by hiring a forensic expeditor to coordinate forensic cases in all classes of court.
- Establish a specialized Forensic Docket for streamlined case coordination and to ensure compliance with state requirements.
- Implement a data-driven, validated, pretrial risk assessment tool to inform pretrial release decisions.
- Coordinate re-entry services to track and monitor the validated jail mental health screen and re-entry assessment tools along with discharge planning.
- Create policies and procedures to ensure that inmates receive at least a 14-day supply of prescribed mental health medication upon release.
- Increase access to criminal expungement.
- 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.
- Change zoning laws in the city of Atlanta and other Fulton County municipalities that interfere with establishing new units of permanent supportive housing.
- Expand the scope of services that transitional housing providers offer.
- Establish a standing mechanism for reporting of jail and housing data, which can be used by decision makers.
- Develop a working data team to continually and proactively gather and review data to measure and track the goals of the Stepping Up Initiative.

Next Steps

The Fulton County Justice and Mental Health Task Force has achieved a major objective in developing recommendations to safely accomplish the following:

1. Reduce the number of people with mental illness booked into jail
2. Shorten the average length of stay for people with mental illness in jails
3. Increase the percentage of connection to care for people with mental illness in jail
4. Lower the rates of recidivism

The momentum developed by meeting monthly and completing the work of the planning grant in nine months, rather than two years, reinforced the urgency of addressing the challenges identified. It also allowed the Task Force recommendations to be considered by the Fulton County Manager’s Office and Board of Commissioners a year early, as recommendations and priorities were identified in sync with the county’s annual budget process. The County Manager

has committed to moving forward with a “design and implementation planning” phase for priority recommendations. Developing a full project plan to collaboratively implement systematic changes aimed at reducing the number of people with mental illnesses and co-occurring disorders in Fulton County Jail is the next step. The county envisions creating design teams that will be responsible for developing implementation plans, budgets, desired outcomes, and other products needed to justify federal grant requests and county funding requests.

A key to the success of this project has been its participant-driven process. The collaborative Task Force process enabled conversations across organizational boundaries that resulted in new levels of understanding, new partnerships, and new solutions. Several partners within Fulton County have already reassessed their processes due to the ongoing collaboration established through the monthly Task Force and work group meetings. The Task Force itself will continue with a clarified mission. Determinations will be made on how often to meet during this planning and implementation phase as well as the content of these meetings going forward.

Continued collaboration is critical to the long-term sustainability of this project and achieving shared outcomes. Fulton County is a large jurisdiction and continued outreach efforts to engage the many municipalities and partners will help broaden the impact. While there has been participation from the City of Atlanta and the municipalities, opportunity remains to forge deeper partnerships to achieve true systems reform.

It is important to acknowledge that the City of Atlanta, under the new leadership of Mayor Keisha Lance Bottoms, has been ambitious in reform efforts that will impact the four key measures of the Stepping Up Initiative. As an example, in February 2018 Atlanta City Council unanimously eliminated cash bail for most people in the Atlanta Municipal Court. These bail reform efforts are directly in line with the Stepping Up key measure of reducing an offender’s average length of stay.

A key to the success of this project has been its **participant-driven process**, which has **engaged all relevant Fulton County stakeholders**. The collaborative Task Force process enabled conversations across organizational boundaries that resulted in **new levels of understanding, new partnerships, and new solutions**.



Conclusion

Despite the change in the medical and mental health provider in Fulton County Jail over the past two years, those who serve the mentally ill within the criminal justice system have been consistently committed to improving outcomes. They have seen this Task Force effort as a participant-driven opportunity to implement long-held ideas in a way that will impact those who need it the most.

With the change in the medical and mental health provider in Fulton County Jail as of January 1, 2018, an opportunity exists to implement the recommendations and better serve the mentally ill within the criminal justice system.

Conducting **quality early intervention** for these individuals, along with **maximizing diversion opportunities**, will produce a **cost-efficient alternative to lengthy incarceration**.

As can be seen in this report, the Task Force has devised new strategies to safely reduce the number of people with mental illness booked into Fulton County Jail, shorten their average length of stay, increase the percentage of connection to care for these offenders with mental illness, and lower their rates of recidivism. The cross-system

collaboration that was achieved during this project set the stage for the Task Force to plan and implement policies and programs that will increase access to mental health and other treatment services for individuals with mental illnesses or co-occurring disorders who come into contact with the justice system. Conducting quality early intervention for these individuals, along with maximizing diversion opportunities, will produce a cost-efficient alternative to lengthy incarceration. All of the recommendations reflect long, thoughtful processes undertaken by the Task Force and work group members to create lasting, impactful change for mentally ill individuals involved in Fulton County’s criminal justice system.

SECTION 6

Appendix



Carl Vinson  
Institute of Government  
UNIVERSITY OF GEORGIA

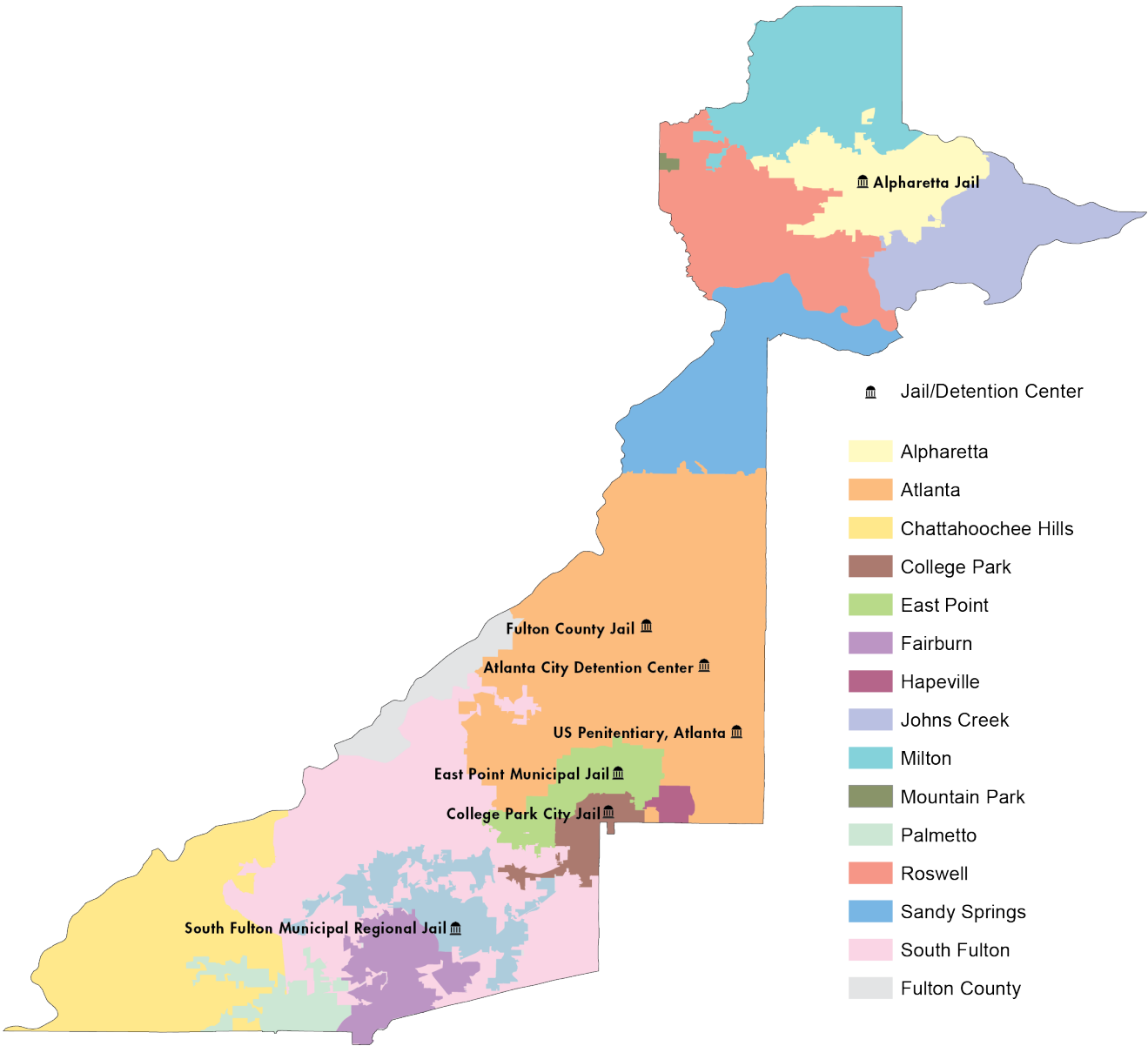


FULTON COUNTY JUSTICE AND  
MENTAL HEALTH TASK FORCE  
2017 Report



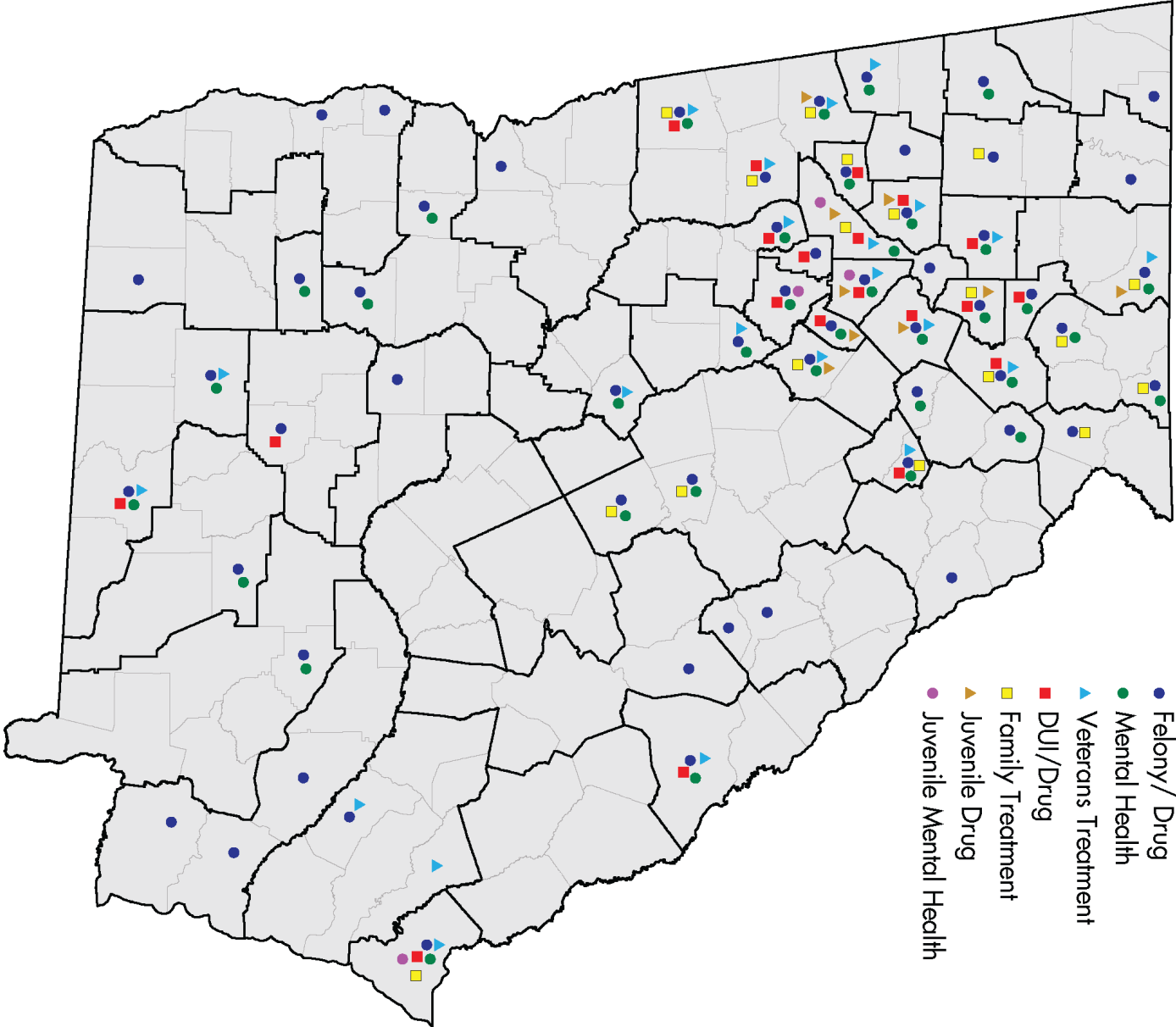


Appendix A: Locations of Jails, Prisons, and Detention Centers in Fulton County



Source: Carl Vinson Institute of Government, University of Georgia

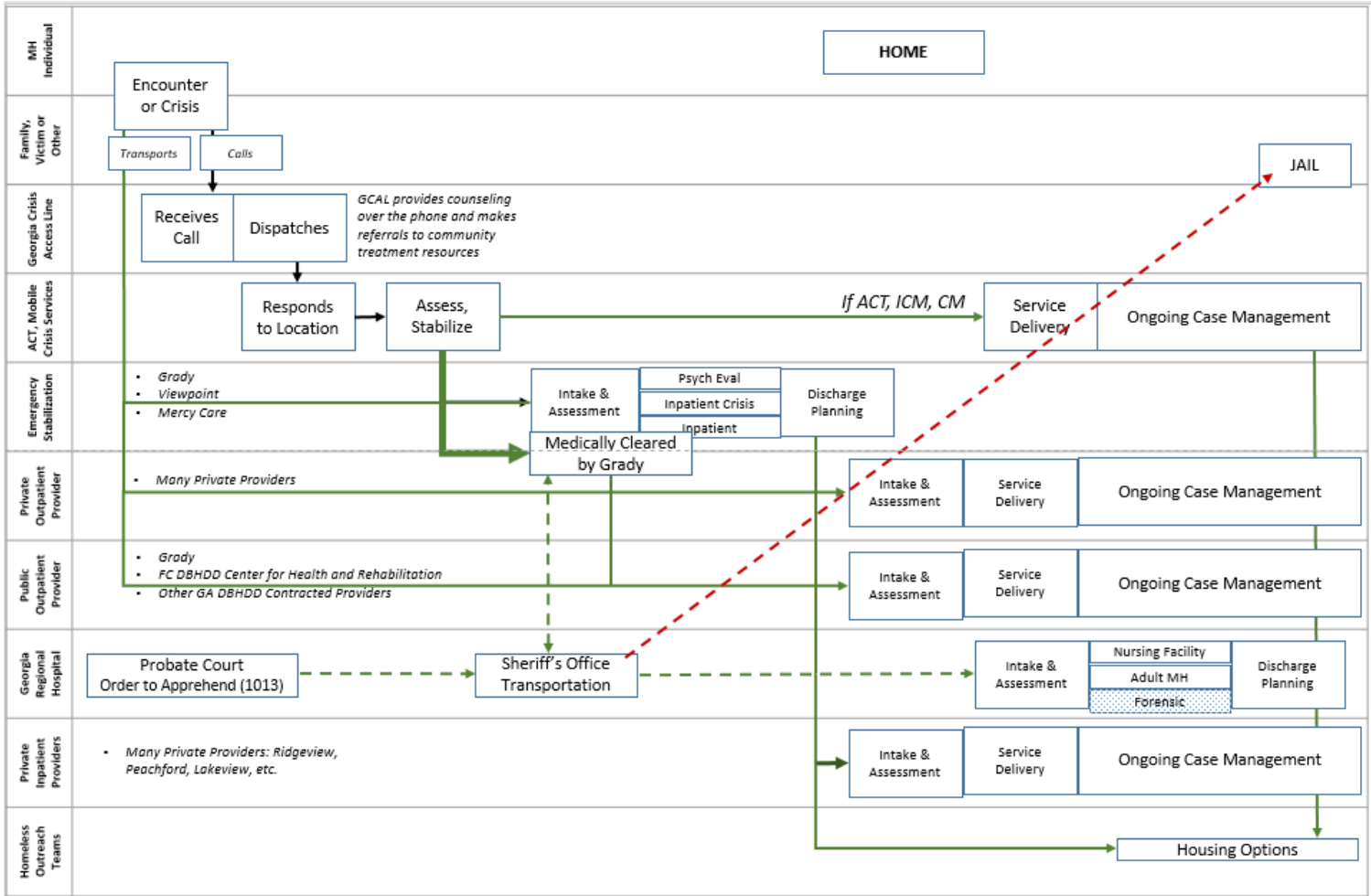
Appendix B: Georgia Counties with Accountability Courts



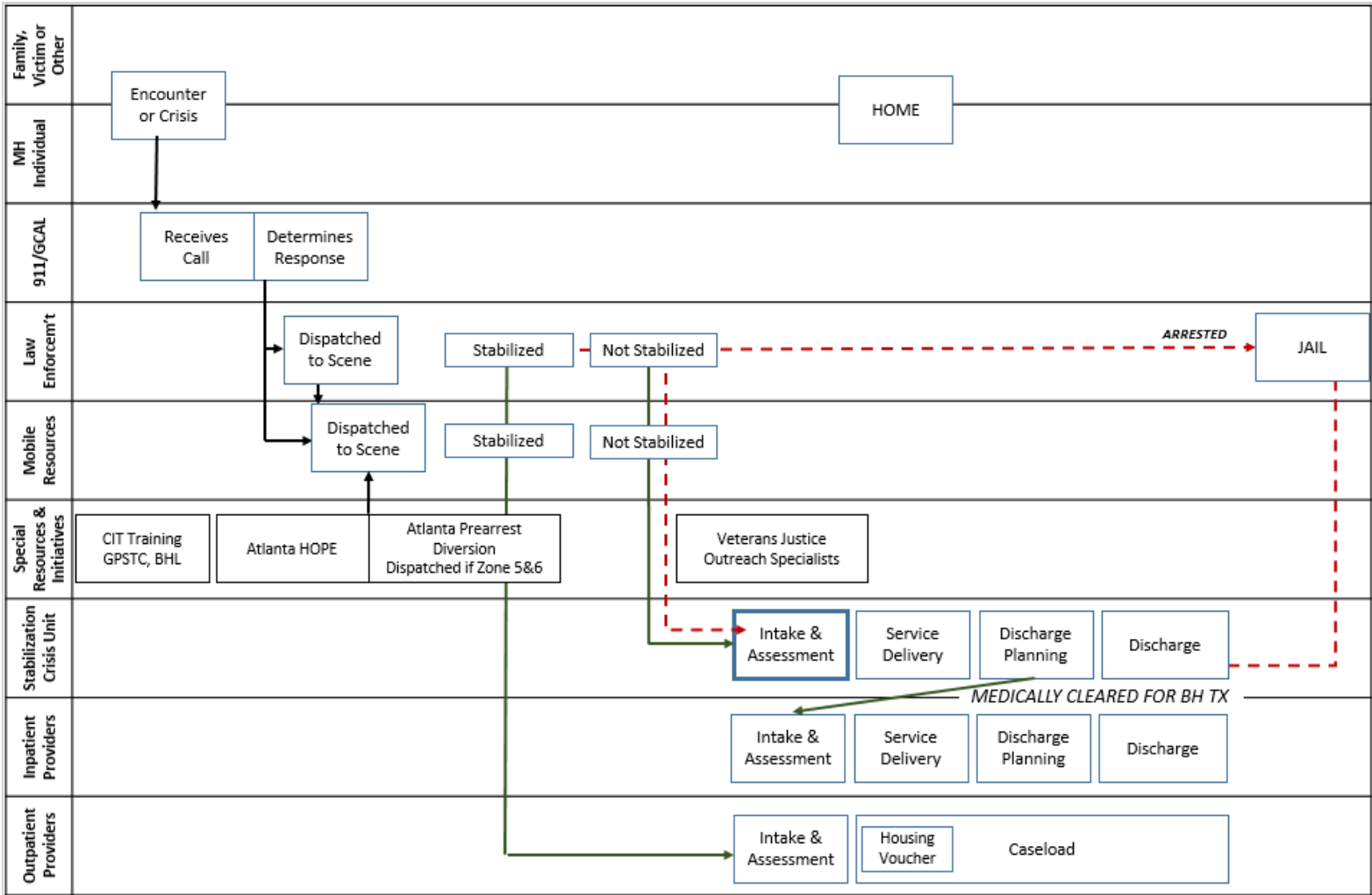
Source: Carl Vinson Institute of Government, University of Georgia

Appendix C: Swim Lanes

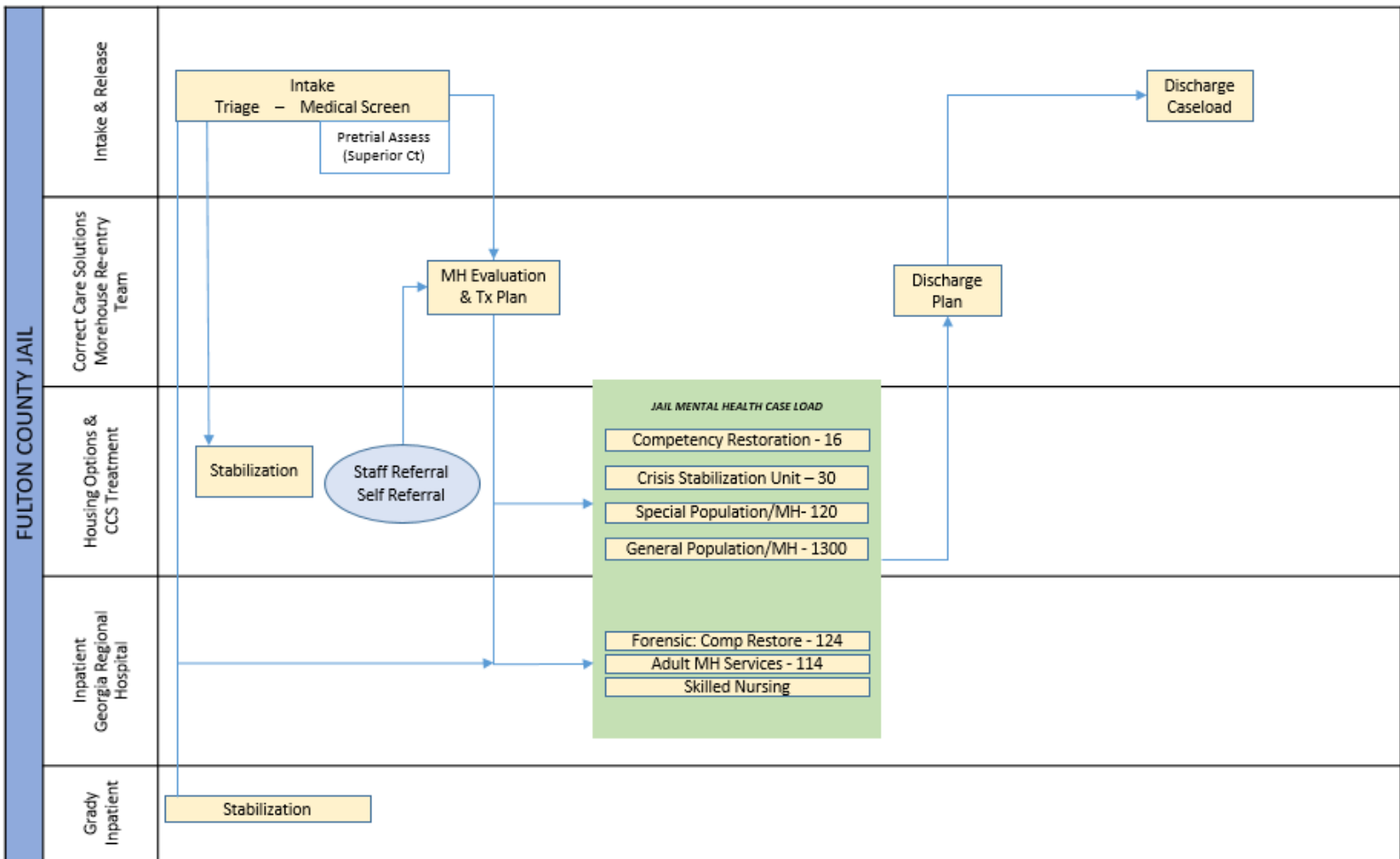
Process Flow Map of the Mentally Ill through Community Treatment (Community Swim Lane Map)



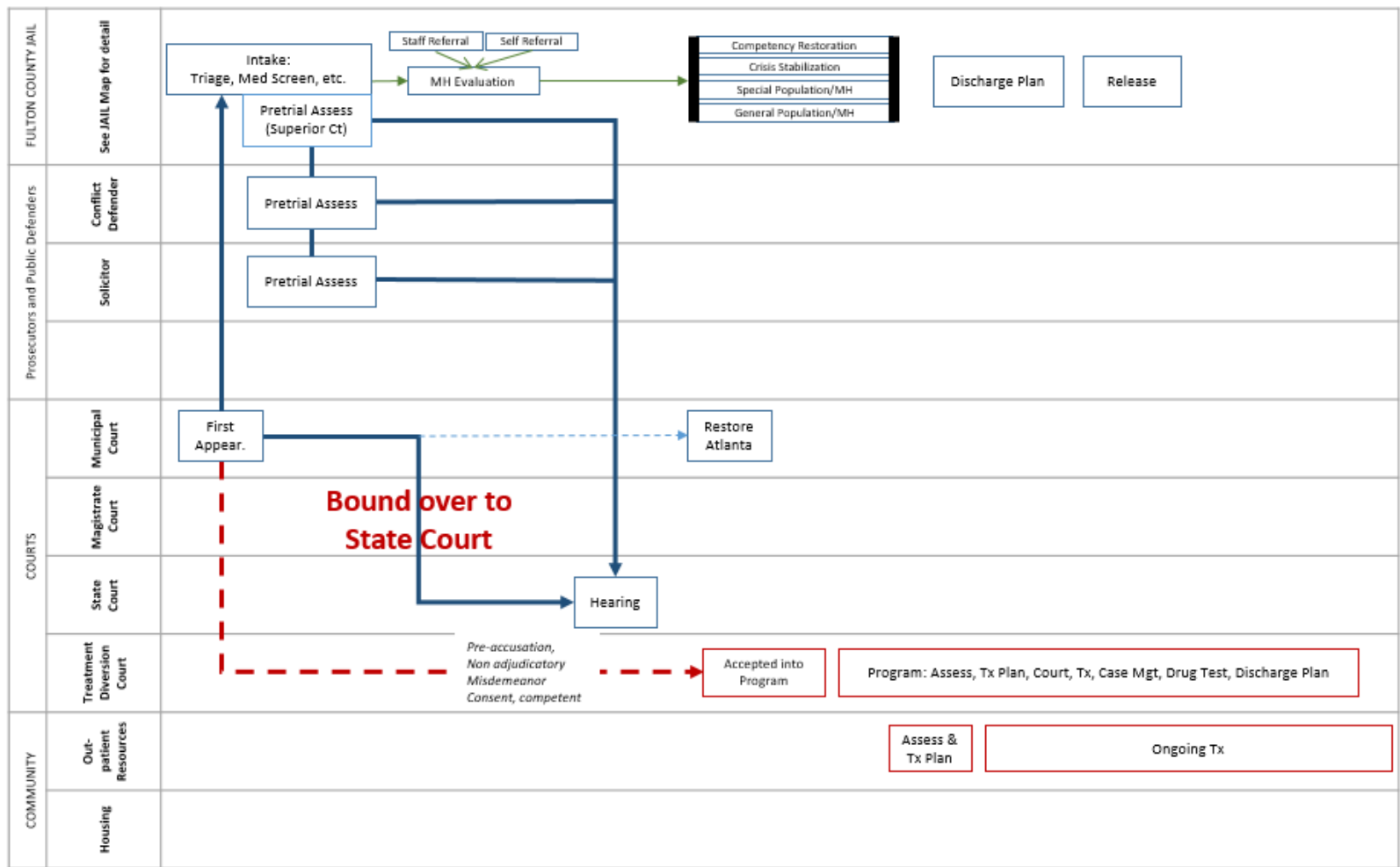
Process Flow Map of the Mentally Ill on Initial Contact with Law Enforcement (Pre-Arrest Swim Lane Map)



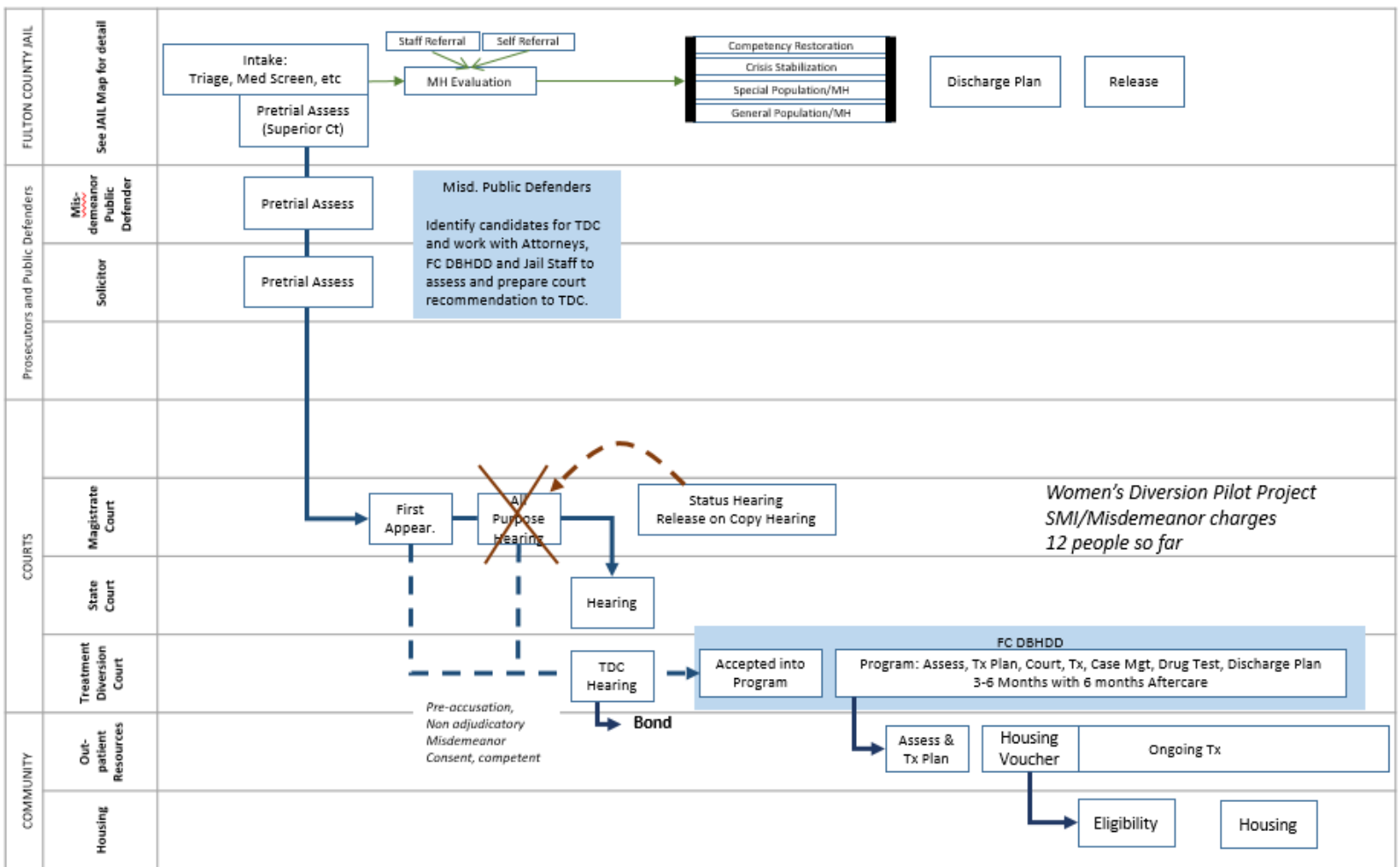
Process Flow Map of the Mentally Ill through Fulton County Jail (Fulton County Jail Swim Lane Map)



Process Flow Map of Mentally Ill Misdemeanor Defendants through the Fulton County Municipal Court System (Fulton County Municipal Misdemeanor Court Swim Lane Map)

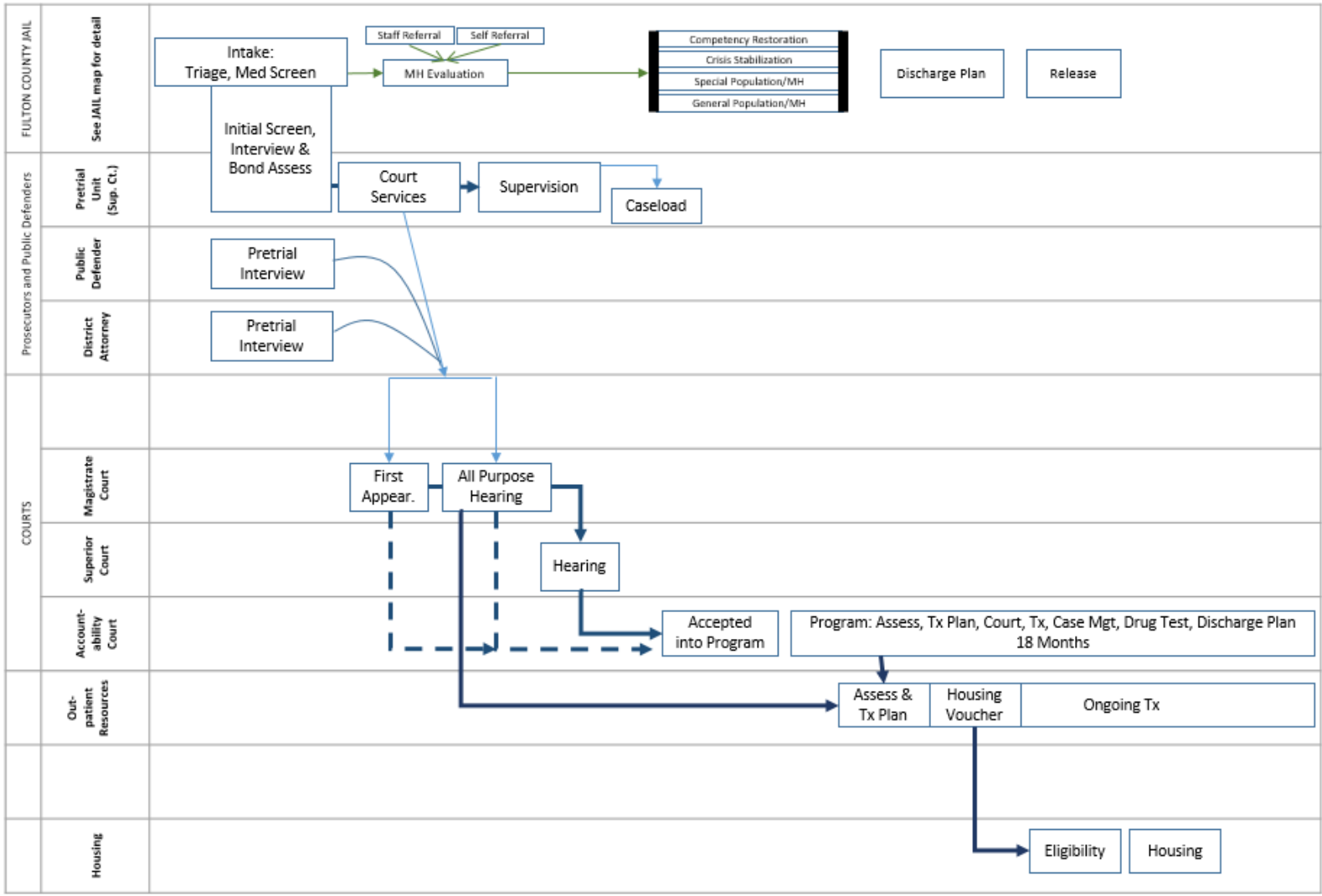


Process Flow Map of Mentally Ill Misdemeanor Defendants through the Fulton County Court System (Fulton County Misdemeanor Court Swim Lane Map)

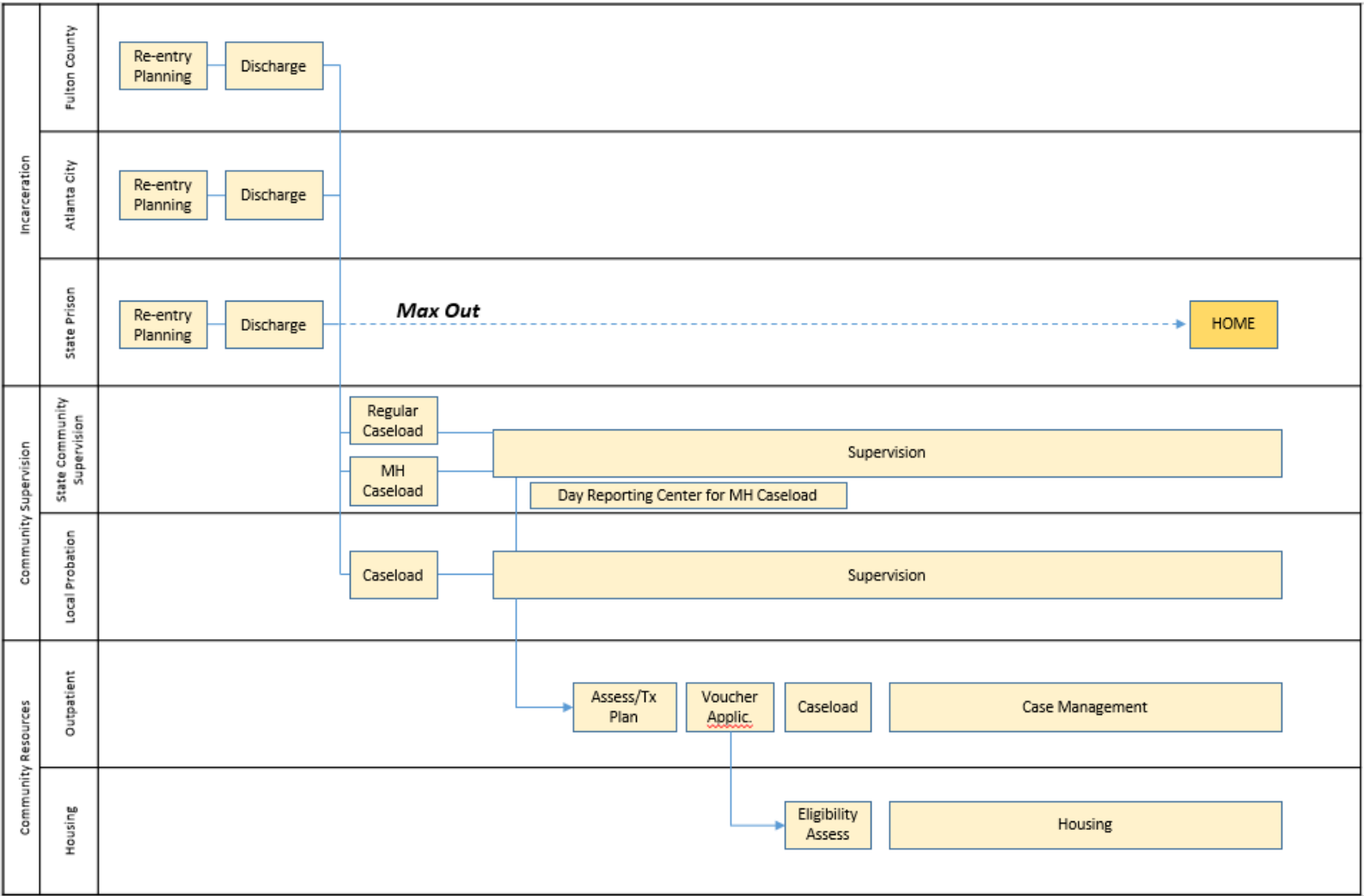




Process Flow Map of Mentally Ill Felony Defendants through the Fulton County Court System (Fulton County Felony Court Swim Lane Map)



Process Flow Map of the Mentally Ill Released from Fulton County Jail (Re-entry Swim Lane Map)



Appendix D: Stepping Up Initiative Progress

The following table clearly shows the progress that Fulton County has made in working toward achieving the goals of the Stepping Up Initiative.

Stepping Up Initiative Six Questions		Fulton County Status
1. Is our leadership committed?		
Mandate from leaders responsible for the county budget		Completed
Representative planning team		Completed
Commitment to vision, mission, and guiding principles		Completed
Designated planning team chairperson		Completed
Designated project coordinator		In process
2. Do we conduct timely screening and assessments?		
System-wide definition of substance use disorders		Completed
Validated screening and assessment tools for mental illness and substance abuse		Recommended by Task Force
Efficient screening and assessment process		Recommended by Task Force
Validated assessment for pretrial risk		To be addressed in next phase
Mechanisms for information sharing		Recommended by Task Force
3. Do we have baseline data?		
System-wide definition of recidivism		Completed
Electronically collected data		Recommended by Task Force
Baseline data on the general population in the jail		Completed
Routine reports generated by a county agency, state agency, or outside contractor		Recommended by Task Force
4. Have we conducted a comprehensive process analysis and inventory of services?		
Detailed process analysis		Completed
Service capacity and gaps identified		Completed
Evidence-based programs and practices identified		To be addressed in next phase
5. Have we prioritized policy, practice, and funding improvements?		
Prioritized strategies to achieve the four key measures		In process
Detailed description of needs		In process
Estimates/projections of the impact of new strategies		To be addressed in next phase
Estimates/projections of external funding streams		To be addressed in next phase
Description of gaps in funding best met through county investment		To be addressed in next phase
6. Do we track progress?		
Reporting on four key measures		Recommended by Task Force
Process for progress reporting		Recommended by Task Force
Ongoing evaluation of programming implementation		To be addressed in next phase
Ongoing evaluation of programming impact		To be addressed in next phase

<sup>1</sup> Statement of the Problem, JMHCP grant application.

<sup>2</sup> US Department of Justice. 2010, October 19. "Justice Department Obtains Comprehensive Agreement Regarding the State of Georgia's Mental Health and Developmental Disability System" [News release]. Retrieved from [www.justice.gov/opa/pr/justice-department-obtains-comprehensive-agreement-regarding-state-georgia-s-mental-health](http://www.justice.gov/opa/pr/justice-department-obtains-comprehensive-agreement-regarding-state-georgia-s-mental-health).

<sup>3</sup> Mental Health America. 2015. Parity or Disparity: The State of Mental Health in America. Retrieved from [www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf](http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf).

<sup>4</sup> Agenda/Sessions, Metro Atlanta Justice and Mental Health Symposium. Retrieved from [www.majmhs.org/agenda.php](http://www.majmhs.org/agenda.php).

<sup>5</sup> Fulton County Justice Reinvestment Initiative. Retrieved from [fultoncountyga.gov/jri/](http://fultoncountyga.gov/jri/).

<sup>6</sup> Fulton County Justice Reinvestment Initiative. Performance Dashboard Desired Outcome #4. Retrieved from [performance.fultoncountyga.gov/stories/s/JRI-Performance-Dashboard-Outcome-4/szjv-bucc](http://performance.fultoncountyga.gov/stories/s/JRI-Performance-Dashboard-Outcome-4/szjv-bucc).

<sup>7</sup> Resolution urging the Fulton County Sheriff to reduce the number of people with mental illness in Fulton county Jail and for other purposes. Agenda Item #16-0386, Regular Fulton County Board of Commissioners Meeting, May 4, 2016. Retrieved from [agendaminutes.fultoncountyga.gov/sirepub/cache/2/tfihexjugfqfag3vooxi3n20/40364501042018111829273.PDF](http://agendaminutes.fultoncountyga.gov/sirepub/cache/2/tfihexjugfqfag3vooxi3n20/40364501042018111829273.PDF).

<sup>8</sup> Stepping Up Initiative County Resolution Template. Retrieved from [stepuptogether.org/stepping-up-initiative-county-resolution-template](http://stepuptogether.org/stepping-up-initiative-county-resolution-template).

<sup>9</sup> Justice and Mental Health Collaboration Program FY 2017 Competitive Grant Announcement, Bureau of Justice Assistance, Office of Justice Programs, US Department of Justice. Retrieved from [www.bja.gov/funding/JMHCP17.pdf](http://www.bja.gov/funding/JMHCP17.pdf).

<sup>10</sup> "Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model," SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. Retrieved from [www.prainc.com/wp-content/uploads/2016/04/SIMBrochure.pdf](http://www.prainc.com/wp-content/uploads/2016/04/SIMBrochure.pdf).

<sup>11</sup> See [prearrestdiversion.org/learn-about-pre-arrest-diversion/](http://prearrestdiversion.org/learn-about-pre-arrest-diversion/).

<sup>12</sup> Governor's Office of Planning and Budget. "County Population Estimates, 2016." Retrieved from [opb.georgia.gov/population-estimates](http://opb.georgia.gov/population-estimates).

<sup>13</sup> Atlanta Regional Commission. "Fulton County by the Numbers." Retrieved from [atlantaregional.org/atlanta-region/county-profiles/fulton-county/](http://atlantaregional.org/atlanta-region/county-profiles/fulton-county/).

<sup>14</sup> US Census Bureau. "Fulton County, Georgia QuickFacts." Retrieved from [www.census.gov/quickfacts/fact/table/fultoncountygeorgia/PST045216](http://www.census.gov/quickfacts/fact/table/fultoncountygeorgia/PST045216).

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