



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

**BUSINESS
CASES**



Carl Vinson
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UNIVERSITY OF GEORGIA



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Executive Summary



**FULTON COUNTY JUSTICE AND
MENTAL HEALTH TASK FORCE**
Business Cases

The business cases presented in this document align with and improve Fulton County’s work towards achieving the four key measures of the Stepping Up Initiative:

- Reduce the number of people with mental illness booked into jail,
- Shorten the average length of stay for people with mental illness in jail,
- Increase the percentage of connection to care for people with mental illness in jail, and
- Lower rates of recidivism.

PROGRAM OBJECTIVES	REQUESTED IMPLEMENTATION	REQUESTED FUNDING
JAIL SCREENING AND REENTRY UNIT		
<ul style="list-style-type: none"> ■ Screen 100% of eligible bookings for mental illness ■ Administer psychotropic medication within 48 hours ■ Begin reentry at booking for identified individuals 	<ul style="list-style-type: none"> ■ Establish a Screening and Reentry Unit within the jail with six staff ■ Add Forensic Peer Mentor, SOAR Case Manager, and PATH Team member in the second year 	Year 1: \$528,537 Year 2: \$674,898 Year 3: \$669,598
SHARED CLIENT DATA REPOSITORY		
<ul style="list-style-type: none"> ■ Identify “shared clients” ■ Facilitate connections with community treatment providers ■ Monitor and analyze system performance 	Create a Shared Client Data Repository connecting criminal justice and behavioral health entities	Year 1: \$1.37 million Year 2: \$675,000 Year 3: \$675,000
TRAINING FOR LAW ENFORCEMENT AND JAIL OFFICERS		
<ul style="list-style-type: none"> ■ Increase the number of trained officers responding to 911 calls ■ Ensure 100% of new hires receive Mental Health First Aid for Public Safety and Trauma-Informed Responses training within 6 months of hire ■ Ensure 50% of law enforcement and jail officers and 100% of 911 operators/dispatchers have CIT training within 4 years 	Hire two trainer/coordinators to ensure training goals are met, coordinate training schedules, and deliver Mental Health First Aid for Public Safety training	Year 1: \$160,632 Year 2: \$148,648 Year 3: \$146,764
DIVERSION: MISDEMEANOR MENTAL HEALTH COURT		
Divert eligible individuals post-arrest whose crimes are related to their mental illness to treatment and intensive court supervision	Continue funding the Misdemeanor Mental Health Court, which provides treatment and supervision for defendants charged with eligible misdemeanor crimes	Year 1: \$420,000 Year 2: \$420,000 Year 3: \$420,000
DIVERSION: PRE-ARREST DIVERSION		
Divert 300 individuals from jail to the Community Center for Diversion and Recovery	Open the Community Center for Diversion and Recovery to serve as a drop-off point for law enforcement and provide mental health treatment services using the existing Atlanta/Fulton County Pre-Arrest Diversion Initiative protocols	\$1.4 million annually City of Atlanta will contribute \$869,000 annually, plus capital costs



Budget Summary

	2019	2020	2021
Jail Screening and Reentry	\$528,537	\$674,898	\$669,598
Data	\$1,371,000	\$675,000	\$675,000
Training	\$160,632	\$148,648	\$146,764
Diversion: Misdemeanor Mental Health Court	\$420,000	\$420,000	\$420,000
Diversion: Pre-Arrest Diversion	\$1,409,210	\$1,409,210	\$1,409,210
GRAND TOTAL	\$3,889,379	\$3,327,756	\$3,320,572

	2019	2020	2021
Salaries and Benefits			
Jail Screening and Reentry	\$491,537	\$641,289	\$641,289
Data	\$450,000	\$450,000	\$450,000
Training	\$138,746	\$138,746	\$138,746
Diversion: Pre-Arrest Diversion	\$1,109,210	\$1,109,210	\$1,109,210
Subtotal	\$2,189,493	\$2,339,245	\$2,339,245

Office Supplies and Equipment			
Jail Screening and Reentry	\$37,000	\$21,333	\$17,500
Data	N/A	N/A	N/A
Training	\$10,250	\$4,250	\$4,250
Diversion: Pre-Arrest Diversion	N/A	N/A	N/A
Subtotal	\$47,250	\$25,583	\$21,750

Contracts, Training, and Other Expenses			
Jail Screening and Reentry	N/A	\$11,609	\$10,809
Data	\$921,000	\$225,000	\$225,000
Training	\$11,636	\$5,652	\$3,768
Diversion: Misdemeanor Mental Health Court	\$420,000	\$420,000	\$420,000
Diversion: Pre-Arrest Diversion	\$300,000	\$300,000	\$300,000
Subtotal	\$1,625,636	\$962,261	\$959,577
GRAND TOTAL	\$3,889,379	\$3,327,756	\$3,320,572



Jail Screening and Reentry Business Case Summary

Problem/Opportunity

The Fulton County Jail Complex (Rice Street, Union City, Marietta Street, and Alpharetta) has become a defacto mental health treatment and housing provider. Inmates with mental illness remain in the Fulton County Jail Complex more than twice as long (58 days) as those who do not have a mental illness (26 days).¹ As of June 2018, the average daily population of the Fulton County Jail was approximately 2,400² and NaphCare, the jail medical/mental health provider, estimates that 15-16% are mentally ill and on the mental health caseload. Housing and treating persons with a mental illness in the Fulton County Jail Complex costs taxpayers millions of additional dollars each year.

A validated, properly administered jail mental health screening tool can effectively identify the need for further mental health assessment. Reentry services would provide those inmates with mental illness with referrals to community treatment and housing, which is the very thing that may be keeping them in the jail longer: no place to which they can be released.

Accurately identifying and treating those with a mental illness and providing them with reentry services would help accomplish three of the four key measures of the Stepping Up Initiative: shorten the average length of stay for individuals with mental illness, increase the percentage of connection to care upon release, and reduce rates of recidivism. In order to accomplish these goals, the Fulton County Justice and Mental Health Task Force (Task Force) recommended implementing a validated jail mental health screen for 100% of eligible bookings.

Proposed Solution

- Create a Screening and Reentry Unit (SRU), which will employ up to nine staff members: a Supervisor, an Assistant Supervisor, four clinicians, a Forensic Peer Mentor, a SOAR Case Manager, and a PATH Team member.
- Screen 100% of eligible inmates booked into Fulton County Jail using the Correctional Mental Health Screen for Men and Women (CMHS-M/W).
- Complete the GAINS Reentry Checklist for each inmate who screens positive on the CMHS-M/W in order to begin reentry at booking. The GAINS Reentry Checklist helps identify mental health services and other needs the inmate might have upon release.

¹ Fulton County Justice and Mental Health Task Force 2017 Report. Retrieved from fultonstepsup.org/documents/final-report.

² Fulton County Government Justice Reinvestment Initiative. Retrieved from fultoncountyga.gov/jri/.

Implementation, Rollout, and Management Plan

The Task Force proposes that Phase 1 take place during 2019, during which the following will occur:

- Hire SRU Supervisor, Assistant Supervisor, and four additional clinicians.
- Develop necessary policies, procedures, and forms and determine staffing pattern, routine, and additional responsibilities of each staff member.
- Begin discussions with the Georgia Department of Behavioral Health and Developmental Disabilities on developing an MOU to hire and train a Forensic Peer Mentor and PATH Team member.
- Determine the most appropriate method for providing SOAR case management (hire an additional staff or add duties to existing staff member).
- Begin conducting the CMHS-M/W and completing the GAINS Reentry Checklist on 100% of eligible bookings and tracking related data.

Phase 2 will take place during 2020 and will entail an additional budget request. This phase will involve hiring and training a Forensic Peer Mentor, PATH Team member, and SOAR Case Manager (if appropriate).

Resources Needed

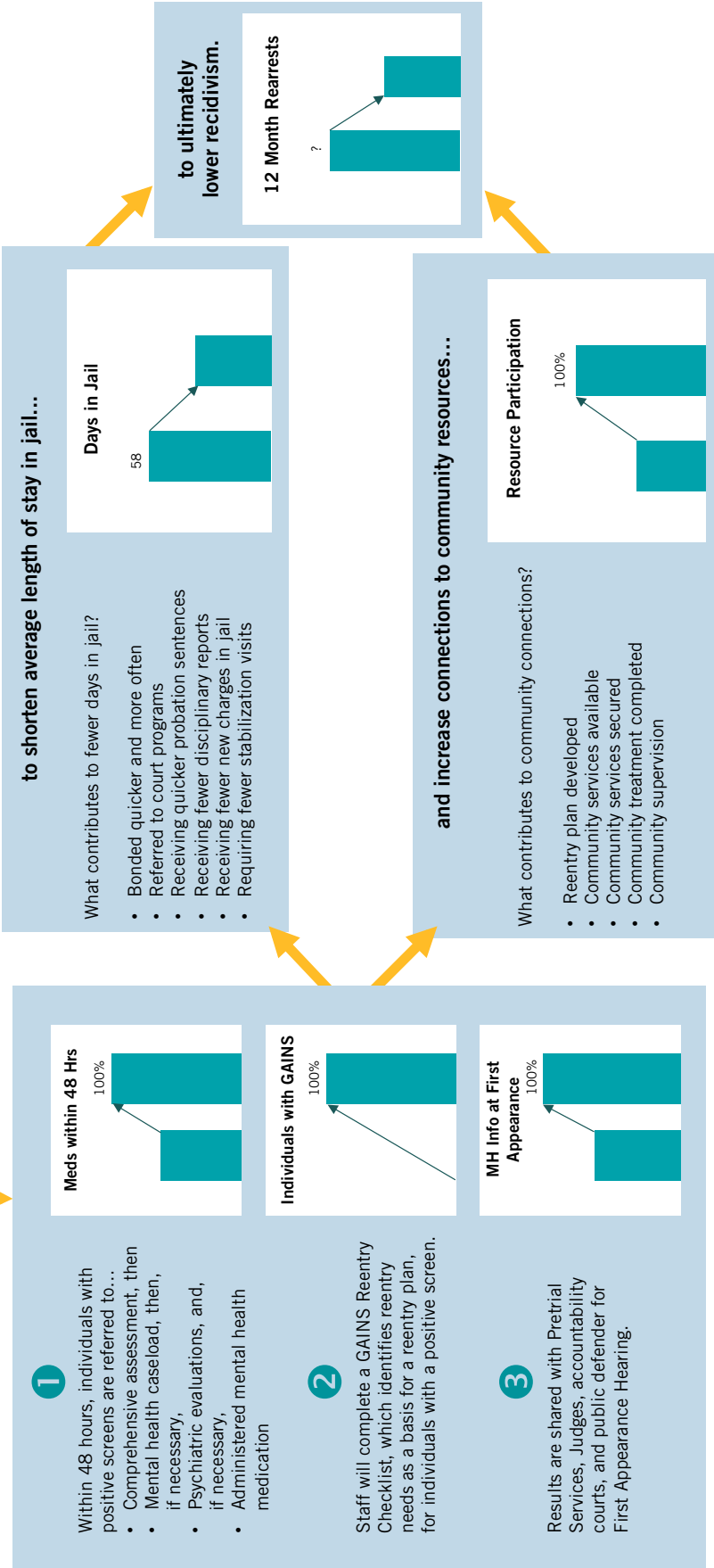
During Phase 1 in 2019, the Task Force is requesting \$491,537 for salaries and benefits of the initial six-member SRU, plus \$37,000 for office supplies and equipment, travel, training, and other miscellaneous expenses for the first year of operations.

Intended Outcomes

Through the process of utilizing a validated jail mental health screen to accurately identify inmates with mental illness at the time of booking, and with immediate implementation of reentry planning, the Task Force is confident that the length of stay for those with mental illness in the Fulton County Jail can be reduced. Mental health treatment initiated within 48 hours of booking will aid in the necessary continuity of care, while concurrent effective and comprehensive reentry planning will enhance the application and array of services necessary for successful and sustained reintegration into the community upon release.

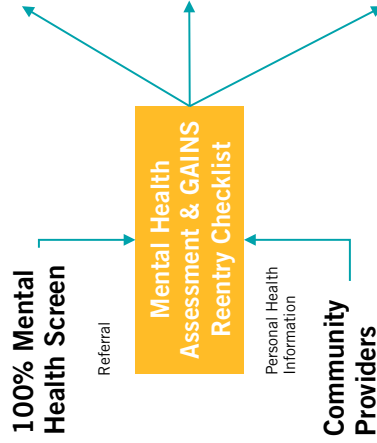
Outcome Logic Model: Screening and Reentry

The Task Force proposes that 100% of eligible individuals booked into Fulton County Jail will be screened for mental illness...



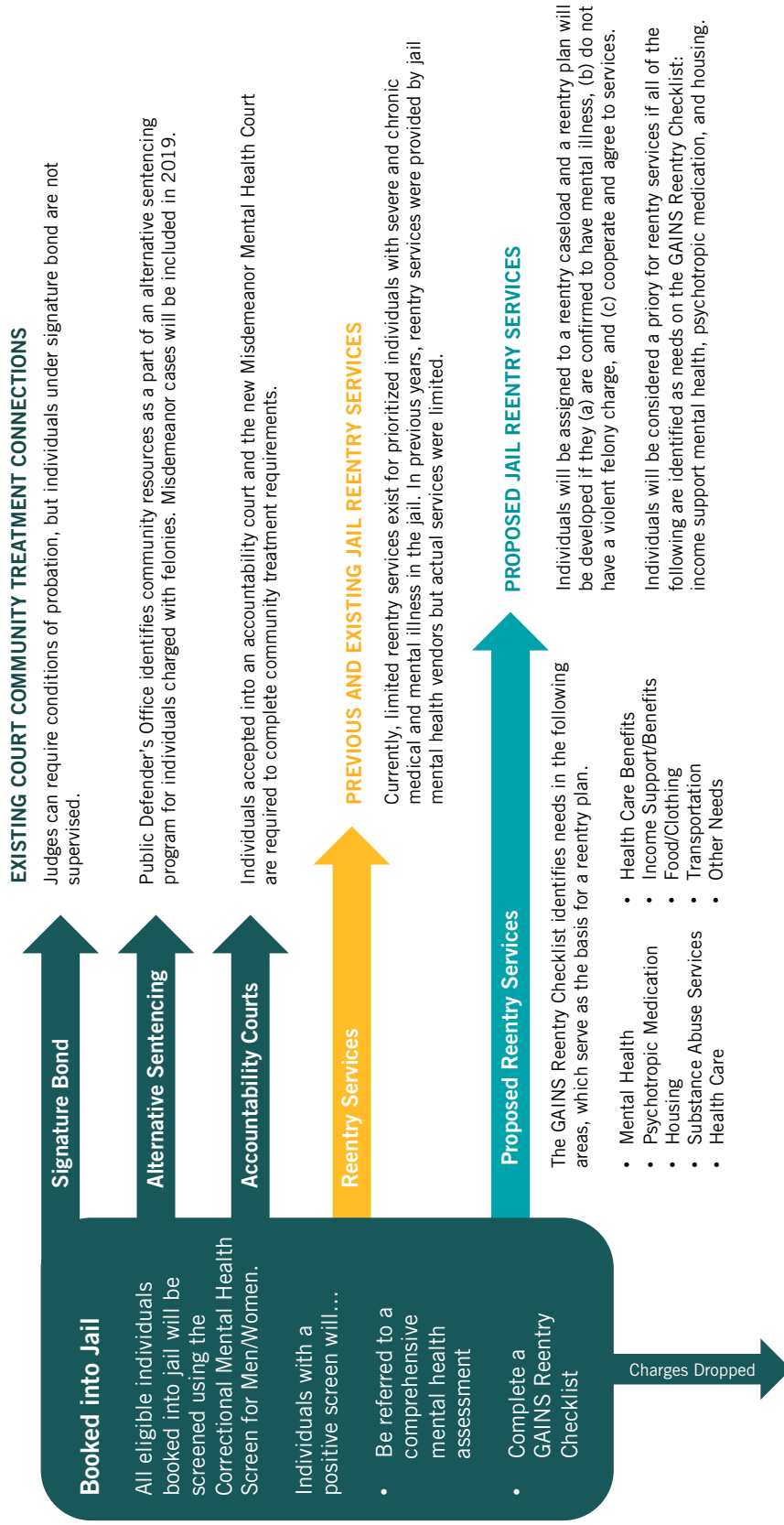


Jail-Based Mental Health Screening and Assessment: A Foundation for Impact



These functions leverage screening and assessment information:	These are the consumers of the information:	These are the benefits:
1. Effective/timely mental health treatment in jail <ul style="list-style-type: none"> Individualized treatment plan Mental health caseload Medication 	<ul style="list-style-type: none"> Jail/mental health treatment provider Public Defender 	Timely identification of mental health needs: <ul style="list-style-type: none"> Improves treatment outcomes Decreases stabilization visits Decreases inpatient referrals Improves security Reduces new charges
2. Court decisions/coordination <ul style="list-style-type: none"> Bond/conditions Mental health court referrals Competency restoration Probation/conditions 	<ul style="list-style-type: none"> Pretrial Services Public Defender Courts District Attorney Solicitor 	Knowing screen results before first appearance (and subsequent hearings): <ul style="list-style-type: none"> Increases bond opportunities and informs conditions of release Informs mental health court referrals Informs probation conditions Informs competency referrals
3. Successful discharge/reentry <ul style="list-style-type: none"> Discharge planning Continuity of care Probation/MH caseload 	<ul style="list-style-type: none"> Jail/reentry provider Courts Public Defender Community supervision Community treatment resources District Attorney Solicitor 	Having reentry information: <ul style="list-style-type: none"> Informs discharge planning Improves continuity of care with community providers Informs probation/assignment to mental health caseload and improves transition Helps community providers identify appropriate housing options Improves benefits through SOAR

Proposed Reentry Services Will Complement Existing Efforts



Data Business Case Summary

Problem/Opportunity

During its initial phase of work, the Fulton County Justice and Mental Health Task Force (Task Force) quickly encountered the importance of data sharing. Data sharing helps criminal justice and behavioral health staff do their jobs better and gives county executives and managers insights into operational performance and improvement opportunities. However, currently no collaborative data sharing protocols or consolidated data systems exist to assist behavioral health and criminal justice entities in sharing vital medical and treatment information.

Developing such protocols would benefit the effective and efficient treatment of inmates with mental illness and allow Fulton County to evaluate the success of the system components in meeting desired outcomes.

Sharing data among behavioral health and criminal justice entities would help accomplish the four key measures of the Stepping Up Initiative: reduce the number of individuals with mental illness booked into jail, shorten the average length of stay for individuals with mental illness in jail, increase the percentage of connection to care for individuals with mental illness upon release from jail, and lower rates of recidivism for individuals with mental illness. In order to accomplish these goals, the Task Force made a recommendation to:

- Develop and implement a strategy for coordinated information sharing between reentry providers and community stakeholders to improve case coordination. Establish data-sharing agreements between Fulton County Jail, the 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.

Proposed Solution

In order to better share data related to individuals with mental illness involved in the justice system, the Task Force proposes that Fulton County develop a Shared Client Data Repository that collects specific data from various entities and sources for three main purposes:

- Identification of “shared clients”: individuals who were booked into the Fulton County Jail who previously engaged with one or more participating community treatment providers.
- Facilitate connections with community treatment providers who have served the shared client to promote information sharing, improve the continuity of care, facilitate reentry planning, and establish community connections to reduce the likelihood of rearrest.

- Monitor and analyze system performance to identify opportunities for improvement.

Resources Needed

The Fulton County Information Technology team has identified the technical components and proposed budget for this initiative. The IT team estimates a need for \$1.371 million in the first year and \$675,000 in years 2 and 3. The budget includes funding for the following items:

- Creating a Shared Client Data Repository to securely store shared patient data;
- Automating the Correctional Mental Health Screen for Men and Women and the GAINS Reentry Checklist, which are part of the Jail Screening and Reentry Business Case;
- Automating the transfer of patient data in a secure manner;
- Creating automated alerts for the target population;
- Creating standardized reports; and
- Hiring three staff to support the data repository and related efforts.

Performance Measures

The following measures will indicate the success of the project, and ultimately, the outcomes of the business processes:

Data Warehouse Implementation and Maintenance

- # of participating organizations
- % of system uptime
- % of user satisfaction with system
- # and % of records with full data

Program Efficiency/Quality

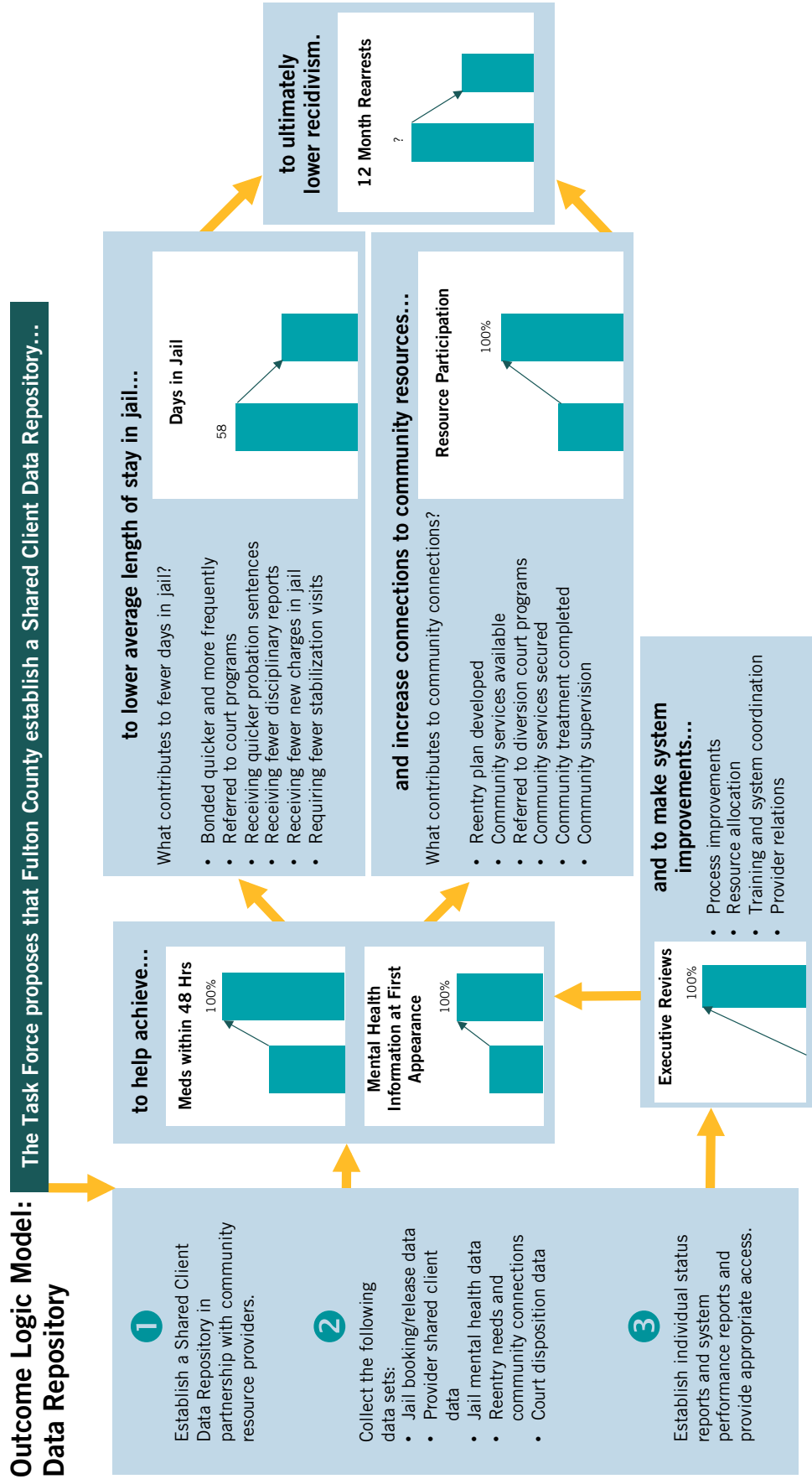
- # and % of cases with mental health information for First Appearance
- # and % of positive screens versus positive evaluations
- # and % of shared clients versus positive screens

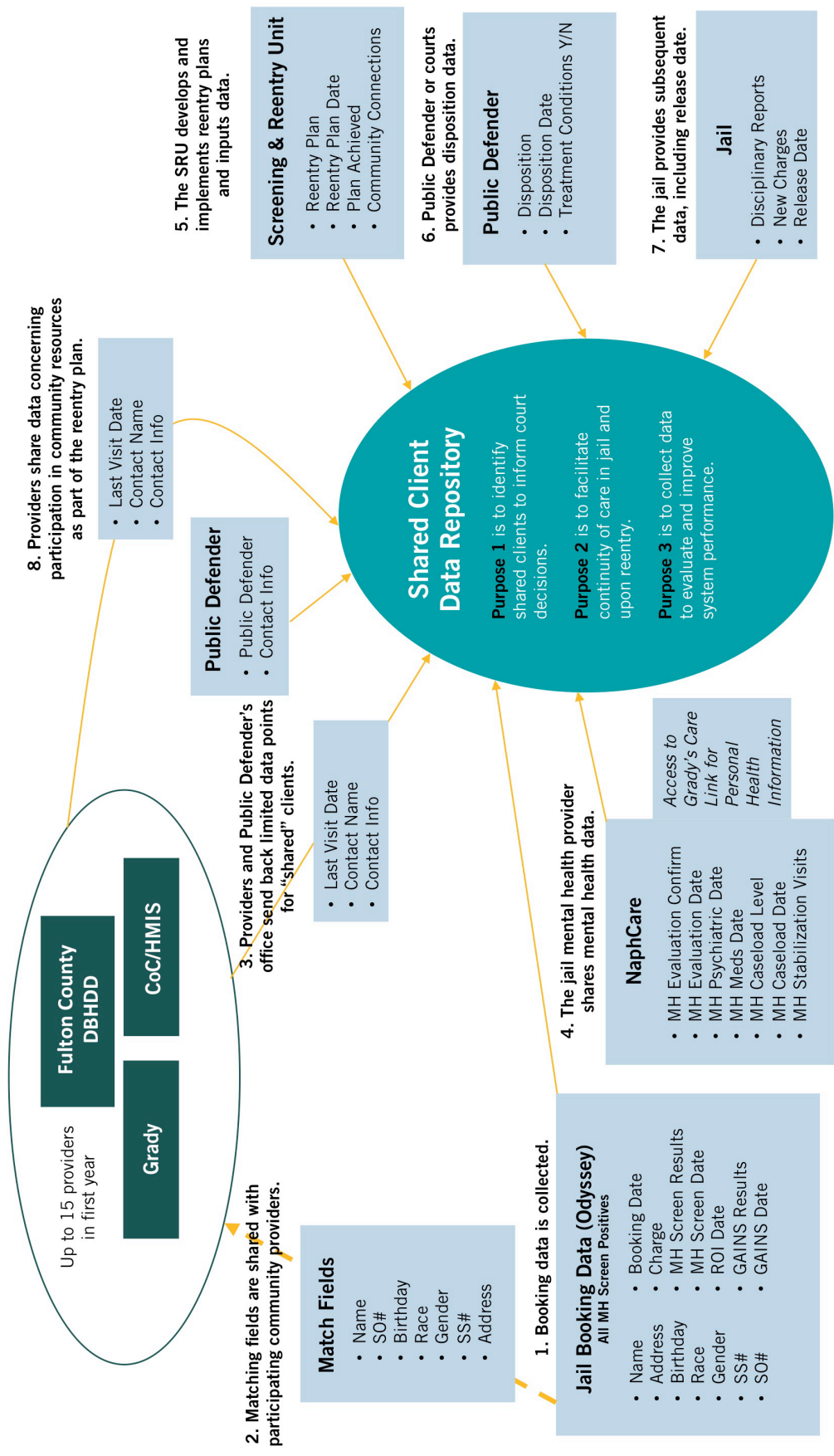
Data System Outputs

- # and % of shared clients
- # and % of Alerts generated

Program Outcomes

- # and % of individuals with mental illness prescribed and administered psychotropic medication within 48 hours
- # and % of community connections made
- Length of stay in jail (# of days)
- % of individuals with mental illness rearrested within 12 months of current booking date
- # and % individuals with mental illness in continuous stable housing





Training Business Case Summary

Problem/Opportunity

The demand for safety net mental health and substance use disorder services in Fulton County is greater than the supply. Diversion options, including crisis stabilization beds and drop-off centers, are limited, making Grady Memorial Hospital and Fulton County Jail the destination for many individuals in crisis. With increasing recognition of the mental health challenges facing Fulton County communities, law enforcement and jail officers experience greater demands to manage encounters involving those with mental illness. Consistent and competent intervention by law enforcement in these situations requires training to avoid escalation and divert persons to appropriate community resources.

Training law enforcement and jail officers in how to de-escalate and promote compassionate and effective assistance to people in crisis would help accomplish three of the four key measures of the Stepping Up Initiative: reduce the number of individuals with mental illness booked into the Fulton County Jail, shorten their average length of stay, and reduce rates of recidivism. In order to accomplish these goals, the Fulton County Justice and Mental Health Task Force (Task Force) recommended developing and implementing a standardized training plan aimed at training 100% of law enforcement officers using Crisis Intervention Training (CIT), trauma-informed responses, and other evidence-based crisis trainings.

Proposed Solution

The Task Force proposes a collaborative approach across Fulton County law enforcement agencies — the Fulton County Police Department, Sheriff’s Office, Marshal’s Department, and 911 operators/dispatchers — to ensure that officers within these agencies receive training in Mental Health First Aid for Public Safety (MHFA/PS), Trauma-Informed Criminal Justice System Responses, and CIT.

In addition, the following elements have been agreed upon during conversations between the Fulton County Sheriff’s Office, the Fulton County Police Department, and the Superior Court of Fulton County:

- Staff every shift with at least one CIT-trained law enforcement or jail officer.
- The Fulton County Police Department will create a CIT/Mental Health Response Unit (or similar), which will include a CIT Training Coordinator to track certifications and manage training requirements for all officers.

- Each agency will endorse a law enforcement co-responder unit, in which a trained clinician would respond to incidents alongside a CIT-trained officer. Emergency 911 dispatchers would be trained to deploy the unit when necessary. A law enforcement co-responder model is considered a diversion best practice.

Implementation, Rollout, and Management Plan

The Task Force recommends that the trainings be delivered in the following order:

- All newly hired law enforcement and jail officers and 911 operators/dispatchers receive Trauma-Informed Responses training and MHFA/PS (unless already certified) within six months of being hired.
- 100% of law enforcement and jail officers and 911 operators/dispatchers who have not yet received Trauma-Informed Responses and/or MHFA/PS be trained within three years.
- 50% of law enforcement and jail officers and 100% of 911 operators/dispatchers receive CIT training within four years.

The Task Force proposes that the Fulton County Police Department be tasked with coordinating and promoting these trainings.

Resources Needed

The Task Force recommends hiring two individuals to coordinate the recommended trainings and deliver MHFA/PS training when necessary. During the first year, the Task Force is requesting \$138,746 for salaries and benefits for these two trainer/coordinators; \$10,250 for office supplies, equipment, and other miscellaneous expenses; and \$11,636 to send the trainer/coordinators to MHFA/PS instructor training and then deliver the training to Fulton County law enforcement and jail officers and 911 operators/dispatchers.

Intended Outcomes

These trainings will provide law enforcement and jail officers the necessary skills to avoid criminalizing a mental health crisis or actions that may be a result of a mental illness while recognizing the need for mental health intervention. Law enforcement and jail officers will be able to identify mental health needs that may otherwise go undetected or become exacerbated by interactions with law enforcement before considering arrest.



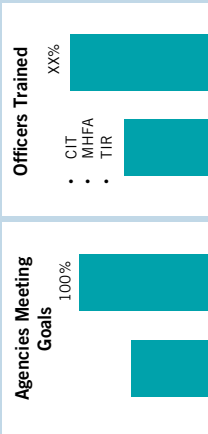
Outcome Logic Model: Mental Health Training

The Task Force proposes that law enforcement and jail officers and 911 operators receive mental health training...

"24" calls are calls to 911 that are determined to involve mental health issues based on the caller's direct or inferred disclosure.

Training will be provided to help law enforcement agencies meet mental health training goals.

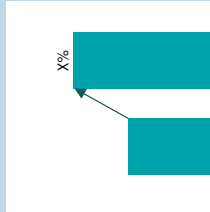
- Crisis Intervention Team (CIT) Training**
 - 50% of law enforcement and jail officers will receive CIT within 4 years
 - 100% of 911 operators will receive CIT within 4 years
- Mental Health First Aid for Public Safety (MHFAPS)**
 - 100% of newly hired law enforcement and jail officers and 911 operators will receive MHFAPS within 6 months of hire date
 - 100% of law enforcement and jail officers and 911 operators who are on the force on 1/1/19 will receive MHFAPS within 4 years
- Trauma-Informed Responses Training**
 - 100% of newly hired law enforcement and jail officers and 911 operators will receive Trauma-Informed Responses training within 6 months of hire date
 - 100% of law enforcement and jail officers and 911 operators who are on the force on 1/1/19 will receive Trauma-Informed Responses training within 4 years



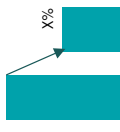
- In conjunction with training goals, Fulton County law enforcement agencies will seek to:
- Staff every shift with a CIT-trained officer
 - Establish a CIT/Mental Health Response Unit
 - Endorse a law-enforcement co-responder model

to improve response to "24" calls...

#/% of officers with mental health training responding to "24" calls

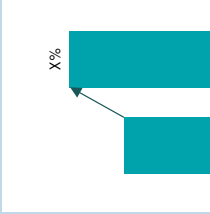


Officer Injuries



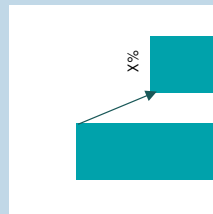
to divert individuals with mental illness to community resources...

#/% of "24" calls with qualifying charges diverted to community resource



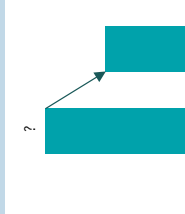
to reduce the number of individuals with mental illness booked into jail...

#/% of "24" calls with arrests for qualifying charges



to ultimately lower recidivism.

12 Month Rearrests



Mental Health Training for Fulton County Law Enforcement

Law enforcement officers are experiencing greater demands to respond to and manage mental health crisis situations.

Police officers are in a position to divert individuals with mental illness to community resources instead of arrest and jail.

Correctional officers are in a position to de-escalate situations and refer individuals to mental health staff, reduce disciplinary reports, and prevent new charges.

Mental health training helps officers recognize and appropriately manage crisis situations.

There are many law enforcement agencies in Fulton County, including Fulton County Sheriff, Atlanta Police Department, Fulton County Police. These entities conform to state training standards (POST) which includes Basic Training Certification and subsequent annual recertification requirements (20 hours).

In addition, many agencies have mental health training requirements. Many provide CIT training to their staff. For example, 195 Fulton County jail officers out of 530 have CIT certification.

The Task Force recommends that Fulton County hire two mental health training coordinators to ensure proposed training goals are met.

The Fulton County Police Chief should take the lead on implementing this recommendation and encouraging municipal agencies to develop and meet their own mental health training goals.

Focus/Depth	Basic Training	CIT Training	Mental Health First Aid for Public Safety	Trauma-Informed Criminal Justice Responses
	Basic law enforcement training includes a segment on "Mental Health, Intellectual Disability Disorder, and Substance Abuse."	Prepares officers to assist people with mental illness, co-occurring disorders, substance abuse, developmental disorders or other brain disorders who are in crisis. Approved by the Georgia Peace Officers Standards and Training (POST) Council.	Training to provide first aid for individuals with mental illness.	Awareness of the impact of trauma on individuals.
Hours/Frequency	Segment is 4 hours One-time certification (annual recertification)	40 hours One-time course	8 hours One-time course Recertification credits	4 hours One-time course
Provider	GPSTC	GPSTC	GPSTC and other providers	Fulton County has 29 trainers
Current Participation/ Offerings	100% of new officers receive Basic Training	Various locations throughout the year including Fulton County Public Safety Training Center	New offering for GPSTC, limited classes	None
Proposed	Continue	Hire two mental health training coordinators to ensure training goals for Fulton County Public Safety		
Goals	100% of officers	<ul style="list-style-type: none"> 50% of law enforcement and jail officers within 4 years 100% of 911 operators within 4 years 	<ul style="list-style-type: none"> 100% of newly hired law enforcement and jail officers and 911 operators within 6 months of hire date 100% of law enforcement and jail officers and 911 operators on the force on 1/1/19 within 4 years 	<ul style="list-style-type: none"> 100% of newly hired law enforcement and jail officers and 911 operators within 6 months of hire date 100% of law enforcement and jail officers and 911 operators on the force on 1/1/19 within 4 years



Diversion Business Case Summary

Problem/Opportunity

From the beginning of the Fulton County Justice and Mental Health Task Force (Task Force), many members consistently expressed a desire to divert persons with mental illness from arrest. However, the question that always followed was: “Divert to what?” Law enforcement officers and behavioral health mobile responders need “drop-off” points as alternatives to arrest and jail for individuals whose interaction with law enforcement could be related to their mental illness.

Not only is diversion prior to arrest important, but so is the opportunity to divert post-arrest. Accountability courts are a proven post-arrest diversion option. These courts focus on intensive treatment and court supervision to hold offenders accountable for their rehabilitation, rather than sentencing them to jail or prison.

To reduce the number of people with mental illness being booked into jail, Fulton County must have a range of diversion options. These options are part of a diversion continuum that offers interventions — from low cost/less intensive treatment to high cost/more intensive treatment — at every point in the criminal justice system and fully leverage community resources. Fulton County is seeking to increase capacity in existing diversion opportunities, as well as create capacity with new options, including a state-funded behavioral health crisis center.

Diversion is key to addressing all four of the four key measures of the Stepping Up Initiative. To accomplish these goals, the Task Force offered multiple recommendations, including establishing a drop-off site for law enforcement to divert individuals with mental illness from jail, expanding court diversion for Magistrate and State Courts, and expanding the Atlanta/Fulton County Pre-Arrest Diversion (PAD) Initiative pilot.

Proposed Solution: Misdemeanor Mental Health Court

The Task Force proposes continuing the Misdemeanor Mental Health Court pilot started in July 2018. Funding was provided in 2018 for a pilot and the Task Force is requesting \$420,000 to continue funding the court.

Participants are identified at their First Appearance hearing or through Pretrial Services. Participation is entirely voluntary: participants may opt out at any time and resume traditional adjudication. To be eligible, a defendant’s mental illness diagnosis must be confirmed, their criminal charge (nonviolent misdemeanors without severe bodily harm or a weapon) must be related to their mental illness, and they must be competent to engage in the court process. The

goals of the MMHC are to protect public safety, reduce incarceration and recidivism, and link individuals with mental illness with services.

Proposed Solution: Pre-Arrest Diversion

The Task Force proposes opening a Community Center for Diversion and Recovery, modeled after the Living Room model in Louisville, Kentucky. Key components of the Center include:

- 24 hours/day, 7 days/week law enforcement drop-off site for pre-arrest diversion in accordance with the existing PAD model. The Task Force proposes adding additional PAD Care Navigation Teams to increase capacity.
- 12 hours/day, 7 days/week walk-in peer support and referral services to support those with a mental illness in their recovery journey.
- Onsite services will be a collaboration between Fulton County, City of Atlanta, and private organizations and will include a behavioral health assessment, a medical screening, a housing assessment, employment/income, identification, legal services, and basic needs.

This proposed approach to redirecting these individuals from jail is based on the most current research on recovery and behavior change. With a focus on harm reduction and relationship building, services will be choice-based and trauma-informed.

RESOURCES NEEDED

A facility for the Community Center for Diversion and Recovery needs to be identified. Ideally, it should be near public transportation and within the existing PAD pilot area. Initially, the Center would be open during daylight hours, with expansion to 24 hours per day.

The Task Force estimates that the annual operating budget will total \$2,320,358 and will be shared between Fulton County and the City of Atlanta. Fulton County would be responsible for funding PAD staff and Peer Specialists, plus direct services expenses (approximately \$1.4 million). The City of Atlanta would be responsible for the Center's operating expenses (\$911,000) plus renovations and capital expenses to prepare the Center to open (\$277,000).

INTENDED OUTCOMES

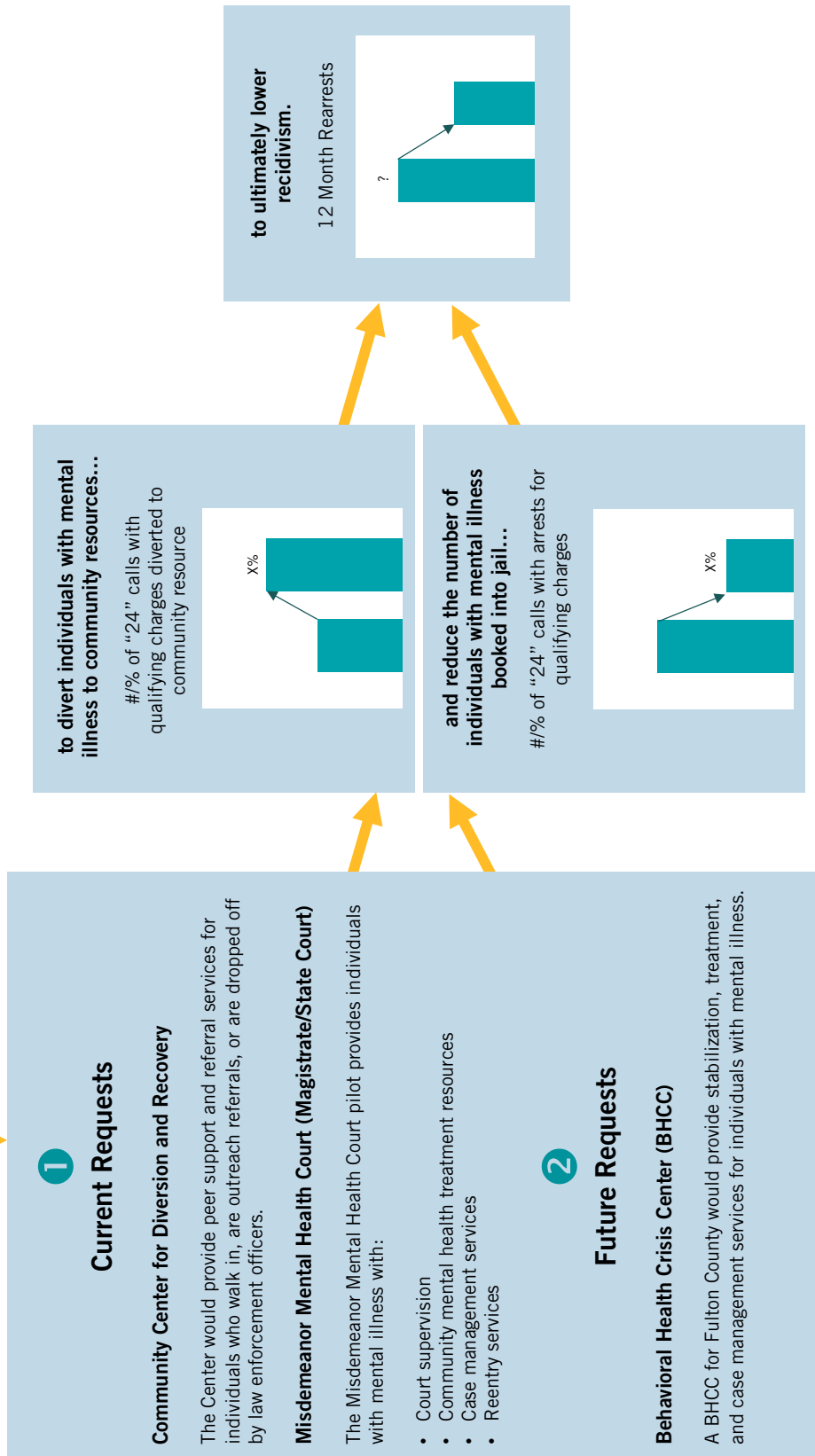
The Task Force proposes diverting 300 individuals where there is an active case for probable cause to arrest, 60% of whom will decrease their number of arrests post-diversion and 80% of whom will increase their length of time between arrests. Additionally, 3,000 individuals will access the Center (non-diversion) and connect to services and support, which will decrease their likelihood of going to jail.



Outcome Logic Model: Diversion Options

The Task Force proposes implementation of diversion options in response to the question: "Divert to What?..."

"24" calls are calls to 911 that are determined to involve mental health issues based on the caller's direct or inferred disclosure.



BUSINESS CASE 1

Jail Screening and Reentry



**FULTON COUNTY JUSTICE AND
MENTAL HEALTH TASK FORCE**
Business Cases

Business Case 1: Jail Screening and Reentry

Problem/Opportunity

Mental health screening procedures within US jails vary widely. County jails use a variety of different screening instruments, some time consuming, some with detention officers administering the screening tool, while others utilize more in-depth assessments with clinicians providing the assessment. As a result, many inmates are not assessed properly or early enough to ensure continuity of care, which is more cost effective, reduces risk, and is a best practice. A validated, properly administered jail mental health screening tool can effectively identify the need for further mental health assessment.

The Fulton County Jail Complex (Rice Street, Union City, Marietta Street, and Alpharetta) has become a de facto mental health treatment and housing provider as a result of many factors:

- Limited diversion options, including crisis stabilization beds or drop-off centers,
- Limited collaboration among Fulton County stakeholders who treat those with mental illness,
- No reentry¹ planning conducted by the Fulton County Sheriff's Office within the Fulton County Jail Complex and few wrap-around services for reentry (some reentry planning is conducted by outside entities for certain individuals), and
- No method for tracking inmates with mental illness, which prevents tracking of their rearrest rates.

Inmates with mental illness remain in the Fulton County Jail Complex more than twice as long (58 days) on average as those who do not have a mental illness (26 days).² Therefore, housing and treating persons with a mental illness in the Fulton County Jail Complex costs taxpayers millions of additional dollars each year.

There is an opportunity to begin using a new, validated mental health screening tool at the Fulton County Jail Complex to accurately identify inmates in need of mental health services.³

¹ The Task Force intends the term "reentry" to mean the same as discharge or transition: connecting returning citizens to services upon release from jail and transition back into the community.

² Fulton County Justice and Mental Health Task Force 2017 Report. Retrieved from fultonstepsup.org/documents/final-report.

³ NaphCare, the Fulton County Jail medical/mental health provider, currently utilizes a comprehensive medical screening tool to identify and assess those with mental health needs. This screening tool includes questions about

This effective and practical approach would optimize the opportunity to identify, assess, and treat inmates based on clinically sound best practices and verifiable data. Reentry services would provide those inmates with mental illness with referrals and connections to community treatment and housing services, which is the very thing that may be keeping them in the jail longer: no place to which they can be released.

The Fulton County Justice and Mental Health Task Force (Task Force) was created to identify gaps in Fulton County’s behavioral health and criminal justice systems and provide methods to implement the four key measures of the national Stepping Up Initiative:

- Reduce the number of individuals with mental illness booked into jail,
- Shorten the average length of stay for individuals with mental illness in jail,
- Increase the percentage of connection to care for individuals with mental illness upon release from jail, and
- Lower rates of recidivism for individuals with mental illness.

In order to accomplish these goals, in its initial phase of work the Task Force made the following recommendation related to screening inmates for mental illness, which was one of five priority recommendations:

- Implement a validated jail mental health screen for 100% of bookings. Institute a standardized process in the Fulton County Jail for identifying, assessing, and treating offenders with mental illness based on clinically sound best practices and verifiable data.

The Task Force made other recommendations that this business case addresses:

- Designate Fulton County Jail inmates with serious and persistent mental illness facing homelessness on release as being at “imminent risk” of homelessness so that care navigation can begin before release.
- Coordinate reentry services to track and monitor the validated jail mental health screen and reentry assessment tools along with discharge planning.
- Connect reentry services at the Fulton County Public Defender’s Office with Fulton County Jail staff to increase the discharge planning capacity at the jail.

current medical, infectious disease, and mental health needs. The accuracy rate for identifying those with a mental illness is unknown.

Accurately identifying and immediately treating those with mental illness during their incarceration and providing them with reentry services would make significant progress on three of the four key measures of the Stepping Up Initiative: shorten the average length of stay, increase the percentage of connection to care upon release, and reduce rates of recidivism.

Proposed Solution

The Task Force designated a Jail Design Team to develop a plan to accomplish the Task Force recommendation to implement a validated jail mental health screen for 100% of bookings and institute a standardized process in the Fulton County Jail for identifying, assessing, and treating offenders with mental illness based on clinically sound best practices and verifiable data. As a result of meetings held during the summer of 2018, the Task Force proposes creating a Screening and Reentry Unit (SRU) within the Fulton County Jail to administer a new, validated mental health screen to accurately identify those with a mental illness; connect them to treatment more expeditiously; and provide reentry planning to ensure they are connected to treatment, housing, and other necessary resources upon release.

The Task Force proposes implementing the Correctional Mental Health Screen for Men and Women (CMHS-M/W), which separately screens men and women, to be administered during the booking process. This screening would be provided for 100% of eligible bookings⁴ into the Fulton County Jail.⁵ A recommendation of the Task Force is to implement the same screening tool at the municipal jails in Fulton County within 12 months of implementation of this screening tool at the Fulton County Jail.

The Task Force also proposes that the SRU complete the GAINS Reentry Checklist for each inmate who screens positive on the CMHS-M/W in order to begin reentry at booking. The GAINS Reentry Checklist helps identify mental health services and other needs the inmate might have upon release. A complete copy of the GAINS Reentry Checklist can be found in Appendix A. Connecting inmates with mental illness with treatment and other necessary services in the community upon release will promote the health and well-being of these individuals who frequent the criminal justice system, reducing overall costs to taxpayers.

⁴ Those eligible to be screened are all those booked into Fulton County Jail excluding those brought into the jail via a Court Production Order (CPO), those being housed pending extradition to another jurisdiction, those being transported long distances needing temporary housing, those belonging to another jurisdiction being housed during an emergency/disaster in that jurisdiction, loan-outs, Grady Medical Detention, and municipal inmates.

⁵ According to Fulton County Jail personnel, all inmates are booked into the Rice Street facility and then transferred to one of the annexes, if necessary.

SCREENING TOOL

The Task Force universally recognized the need for a validated mental health screening tool that could be used in the Fulton County Jail to accurately identify persons with mental illness. The Design Team examined five different screening tools: the Brief Jail Mental Health Screen (BJMHS), the Correctional Mental Health Screen for Men and Women (CMHS-M/W), the England Mental Health Screen (EMHS), the Jail Screening Assessment Tool (JSAT), as well as the mental health screen that is currently in place as part of the jail medical/mental health provider’s (currently NaphCare) comprehensive medical screen. Information on each of the screening tools was collected and the screening tools were compared on several key features. Table 1 contains a comparison of the screening tools evaluated by the Design Team.

Table 1. Comparison of Screening Tools for Use in Fulton County Jail

	Validated	Cost	Accuracy	Who Administers	How Administered	Time to Administer
NaphCare	Unknown	Free	Unknown	Clinician	Subjective	Part of general medical screen
BJMHS	Yes	Free	74% M 55% F	Clinician or Officer	Objective	5 min
CMHS-M/W	Yes	Free	75% M/F	Clinician or Officer	Objective	5 min
EMHS	Yes	Paid	60-80% M/F	Clinician	Objective	5 min
JSAT	Yes	\$55/screen	Variable	Clinician	Subjective	20 min

Information was obtained on whether or not the screening tools have been scientifically validated, and if so, what their average rates of accuracy are; whether the screening tools are in the public domain and free to use or cost money; who can administer each screening tool; whether a screening tool is objective or subjective; and how much time it takes to administer each screening tool. A screening tool is objective if the questions asked are in a yes/no format and do not require the person asking the questions to make a judgment call. A screening tool is subjective if the questions asked are open-ended and/or require the person asking the questions to make a judgment call regarding whether or not the person’s answer qualifies as a yes or no.

From the screening tools that were initially considered, NaphCare’s screening tool was excluded because no information could be obtained to determine if it is scientifically validated, nor its accuracy in identifying inmates who have a mental illness. The JSAT was excluded because it is subjective and costs money. The EMHS was excluded for two reasons: it costs

money, and as a result, no sample was easily available for the Design Team to read. This left the BJMHS and the CMHS-M/W as the final two screening tools for consideration.

The CMHS-M/W and BJMHS are similar in many ways: both are in the public domain and free to use, both can be administered by a clinician or officer in five minutes or less, both are objective instruments, both are validated in both domestic and international samples, and both have reasonable accuracy levels. However, the Task Force recommends using the CMHS-M/W over the BJMHS because the CMHS-M/W has superior accuracy in identifying mental health problems in women compared to the BJMHS. This was important to the Task Force given that, while rates of incarceration as a whole have been declining since about 2014, the rates of incarceration of women continue to increase. Task Force members recognized from professional experience that there are high rates of mental health problems among incarcerated females in Fulton County. Thus, it was imperative that a screening tool accurately identify both men and women. The CMHS outperformed the BJMHS for women and the CMHS performed comparatively well for men, as shown in Table 1. A complete copy of the CMHS-M/W can be found in Appendix B.

SCREENING AND REENTRY UNIT

In order to accomplish the recommendations of the Stepping Up Initiative and the Task Force, the Task Force proposes creating a Screening and Reentry Unit (SRU) within the Fulton County Jail to properly screen and identify those with a mental illness, connect them to treatment, and provide reentry planning to ensure they are connected to treatment and housing upon release. The Task Force proposes implementing the CMHS-M/W to be administered during the booking process. The Task Force also proposes completing the GAINS Reentry Checklist for each inmate who screens positive on the CMHS-M/W in order to begin reentry at booking.

The Task Force proposes that the SRU:

- Implement and conduct the CMHS-M/W for 100% of eligible bookings. The results of the CMHS-M/W would be shared with appropriate entities, including, but not limited to, the Fulton County accountability courts, the new Misdemeanor Mental Health Court that has been established in State and Magistrate Courts, Pretrial Services, and the Fulton County Public Defender's Office Alternative Sentencing Unit.
- Administer the GAINS Reentry Checklist and provide reentry services for inmates identified as positive on the CMHS-M/W.
- Institute a standardized process in the Fulton County Jail for identifying, assessing, and treating offenders with mental illness based on best practices.

- Assist in improving collaboration between the courts by identifying available mental health resources to serve the courts.
- Utilize the results of the CMHS-M/W to implement strategic initiatives that will decrease the length of stay of those who screen positive for a mental illness.
- Designate Fulton County Jail detainees with serious and persistent mental illness facing homelessness upon release as being at “imminent risk” of homelessness so that the SRU can begin reentry planning at booking.
- Develop a strategy for coordinated information sharing between reentry providers and community stakeholders.
- Use standardized release of information forms to ensure coordinated information sharing with community treatment providers.
- Develop a method for monitoring and tracking appropriate data.
- Refine and expand reentry efforts at Fulton County Jail.
- Increase community connections and continuity of care for reentry.
- Reinforce that reentry starts at booking.
- Expand options for housing those with a mental illness upon release from jail.
- Coordinate with the proposed Community Center for Diversion and Recovery to receive returning citizens with mental health needs so that they can connect to care and services as well as a wide range of other needs to reduce recidivism. (Further information on the Center can be found in Business Case 4: Diversion.)
- Coordinate with the Stepping Up Engagement Team on the High Utilizer Project.

Screening and Reentry Unit Roles and Responsibilities

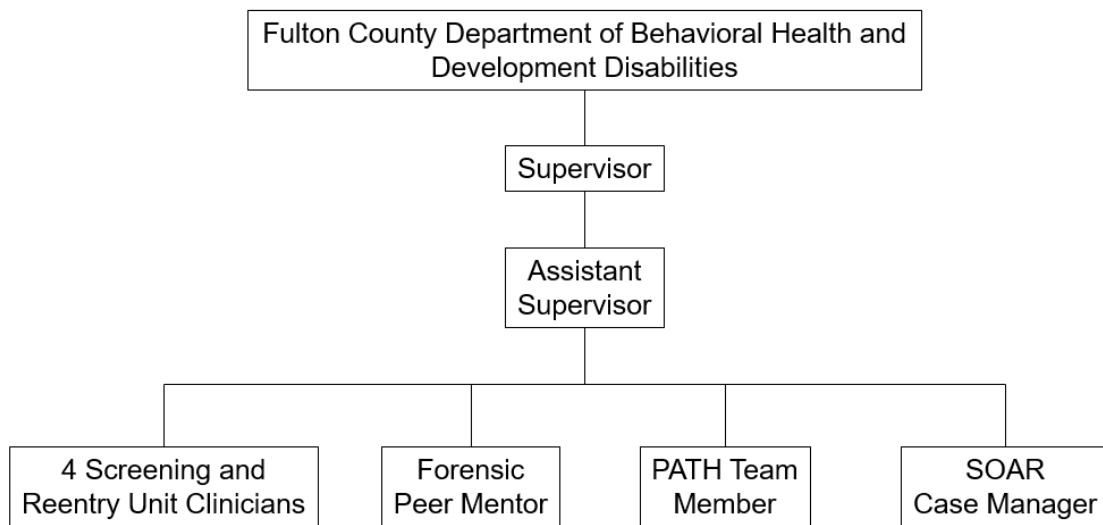
The Task Force proposes staffing the SRU with nine staff members, to be phased in over one to two years, each with roles and responsibilities that will promote a seamless process for screening all eligible inmates booked into the Fulton County Jail for mental illness and providing reentry services for those identified as meeting criteria for a mental illness. The SRU staff would be responsible for following new Fulton County Jail Complex Screening and Reentry Procedures. A copy of the Fulton County Jail Complex proposed screening procedures can be found in Appendix C and a copy of the Fulton County Jail Complex proposed reentry procedures Appendix D.

The Task Force proposes that the Fulton County Department of Behavioral Health and Developmental Disabilities (DBHDD) manage and oversee the operations of the SRU, with the cooperation and collaboration of the Fulton County Jail and its medical/mental health provider.

Screening and Reentry Unit Staff

The SRU would employ nine staff members, including a Supervisor, an Assistant Supervisor, and four additional clinicians to provide screening and reentry services at the jail 24 hours per day, seven days per week. The reentry services provided by the SRU will be augmented by a Forensic Peer Mentor, a SOAR Case Manager, and a PATH Team member. Figure 1 shows the proposed organizational structure of the SRU.

Figure 1. Screening and Reentry Unit Proposed Organizational Chart



The following are descriptions of the responsibilities for each SRU team member:

SCREENING AND REENTRY UNIT SUPERVISOR

The Screening and Reentry Supervisor will provide overall direction for the SRU, including managing, coordinating, leading, and carrying out all standard operating procedures related to screening and reentry. The Supervisor will be responsible for:

- Developing processes for conducting risk and needs assessments to ensure that the results indicated on the CMHS-M/W, GAINS Reentry Checklist, and other

assessments/key components of the screening and reentry processes are incorporated into a meaningful case plan for each inmate identified as mentally ill.

- Developing a strategy — including identifying relevant data elements, frequency of reporting, distribution, audience, and format — for reporting key performance indicators related to the SRU.
- Tracking and analyzing data, determining who will have access to data, and deciding how the data will be shared within the Fulton County Jail and with community treatment providers.

SCREENING AND REENTRY UNIT ASSISTANT SUPERVISOR

The Screening and Reentry Unit Assistant Supervisor will assist the Supervisor in all duties in addition to ensuring that reentry planning is conducted for all eligible inmates. The Assistant Supervisor will supervise the SRU Screening and Reentry Clinicians as well as the SOAR Case Manager, Forensic Peer Mentor, and PATH Team member. The SRU Assistant Supervisor will serve as the lead clinician in the reentry planning process, ensuring referrals and linkages are made to appropriate community programs and mental health providers and other resources needed for support based on the results of the CMHS-M/W and the GAINS Reentry Checklist.

SCREENING AND REENTRY UNIT CLINICIANS

There will be four licensed/license-eligible clinicians to complete the CMHS-M/W for 100% of eligible bookings into the Fulton County Jail. The clinician types include, but are not limited to, a licensed professional counselor (LPC), a licensed clinical social worker (LCSW), a licensed associate professional counselor (LAPC), and/or a person with a master's degree in social work with a license to practice under supervision (LMSW). Each clinician will also complete the key components of the GAINS Reentry Checklist for all eligible inmates booked into the Fulton County Jail and develop a reentry plan in collaboration with each inmate.

FORENSIC PEER MENTOR

A Forensic Peer Mentor “provides mentoring, peer support, and linkage and care coordination to promote the successful reintegration of adults with a behavioral health diagnosis returning to the community following incarceration.”⁶ The Forensic Peer Mentor will be assigned a caseload of up to 15 inmates to ensure that basic needs are planned and provided for upon release, and

⁶ “Job Description: Forensic Peer Mentor” provided by the Georgia Department of Behavioral Health and Developmental Disabilities.

wellness and recovery goals are established and met. The Forensic Peer Mentor will introduce inmates to the concepts of resiliency, self-help, recovery, and peer support.

The Forensic Peer Mentor will assist inmates in successfully transitioning back to their communities upon release by escorting participants to appointments (shopping, doctors' appointments, etc.) so that they can obtain necessary resources following their release from jail; provide peer counseling and support to program participants; help participants develop and implement elements of their case plan; and guide participants in developing other supports and accessing community-based resources to enhance support. (See Appendix E: Forensic Peer Mentor Budget and Job Description, which were provided by Georgia DBHDD.)

During fiscal year 2017, Georgia DBHDD reports that, of 283 returning citizens who were on Forensic Peer Mentor caseloads, only two were rearrested, one received a probation/parole revocation, and none were returned to prison as a result of a new conviction.

SOAR CASE MANAGER

The SOAR (SSI/SSDI Outreach, Access, and Recovery) Case Manager⁷ will assist inmates who may be eligible to receive Social Security benefits upon release from jail with their applications. Inmates eligible for SOAR services are those who screen positive on the CMHS-M/W; have experienced or are at risk of homelessness; and have a serious mental illness, co-occurring substance use disorder, and/or other physical disabilities. The Case Manager will also provide specialized training, advocacy, and assistance to inmates who may be eligible and wish to apply for SSI/SSDI benefits, in addition to starting their applications while incarcerated.⁸

This individual will ensure that a warm hand-off is made with community mental health providers and/or case management to avoid gaps in continuing treatment upon release from the Fulton County Jail. The SOAR Case Manager will also be responsible for notifying the Social Security Administration of any inmates receiving SSI/SSDI upon incarceration in order for Fulton County to receive a federal stipend (see page 51 for more information).

The SOAR model is an effective way to help eligible inmates apply for SSI/SSDI: "Providers who used the SOAR model to complete disability applications achieved a 73 percent approval rating, and initial applications using the SOAR model were approved almost twice as often as

⁷ Depending on the SRU Clinicians' workload and a variety of other factors, the responsibilities of the SOAR Case Manager could be undertaken by the one of the SRU Clinicians.

⁸ Best practice includes a SOAR Case Manager in the community to continue any SSI/SSDI applications started in the jail, to receive communication from the Social Security Administration on behalf the returning citizen, and to be a point of contact for the SOAR Case Manager in the jail.

disability applications for individuals experiencing homelessness that did not use the SOAR model (50 percent approval versus 28 percent approval).⁹ The jail had staff trained in SOAR going back to 2009, but in recent years the service has not been provided. The SOAR-trained staff at that time achieved a 70% success rate. The pilot was so successful, it was used to gain buy-in for a SOAR initiative within the Georgia Department of Corrections.¹⁰

PATH TEAM MEMBER

A PATH (Projects for Assistance in Transition from Homelessness) Team goes “to the streets and homeless shelters to identify homeless individuals with mental illness, engage them in treatment, and connect them to mental health services and mainstream resources needed to end their homeless cycle.”¹¹ The PATH Team member will assist homeless inmates or those at risk of homelessness with mental illness with finding housing, assist with engagement in community treatment, and connect to other resources needed to end the cycle of homelessness. This person will also be part of the warm hand-off and community linkage processes.

Georgia DBHDD currently has several PATH Teams serving the Metro Atlanta area. To provide PATH Team services, Fulton County would need to fund a PATH position through Georgia DBHDD. The Task Force proposes that this position float between the Fulton County Jail and the proposed Community Center for Diversion and Recovery, which is described in detail in Business Case 4: Diversion.

⁹ “Evaluation of SOAR Model Published in Psychiatric Services.” Retrieved from soarworks.prainc.com/article/SOAR-Evaluation-Psychiatric-Services.

¹⁰ “Making SOAR Work in Criminal Justice Systems.” SAMHSA SOAR Technical Assistance Center, Policy Research Associates, Inc. Retrieved from slideplayer.com/slide/3616559/.

¹¹ Adult Mental Health, Georgia Department of Behavioral Health and Developmental Disabilities. Retrieved from dbhdd.georgia.gov/adult-mental-health.

Screening and Reentry Unit Schedule

It is envisioned that the SRU will provide services at the jail 24 hours per day, seven days per week. The Fulton County Jail provided information that the 3 pm – 11 pm shift receives the most bookings; therefore the Task Force proposes that two clinicians along with the Assistant Supervisor staff this shift. The Supervisor will be responsible for monitoring and assessing the appropriateness of this schedule and making adjustments accordingly. The proposed staffing schedule is provided in Table 2 below.

Table 2. Fulton County Jail Screening and Reentry Unit Proposed Staffing Pattern

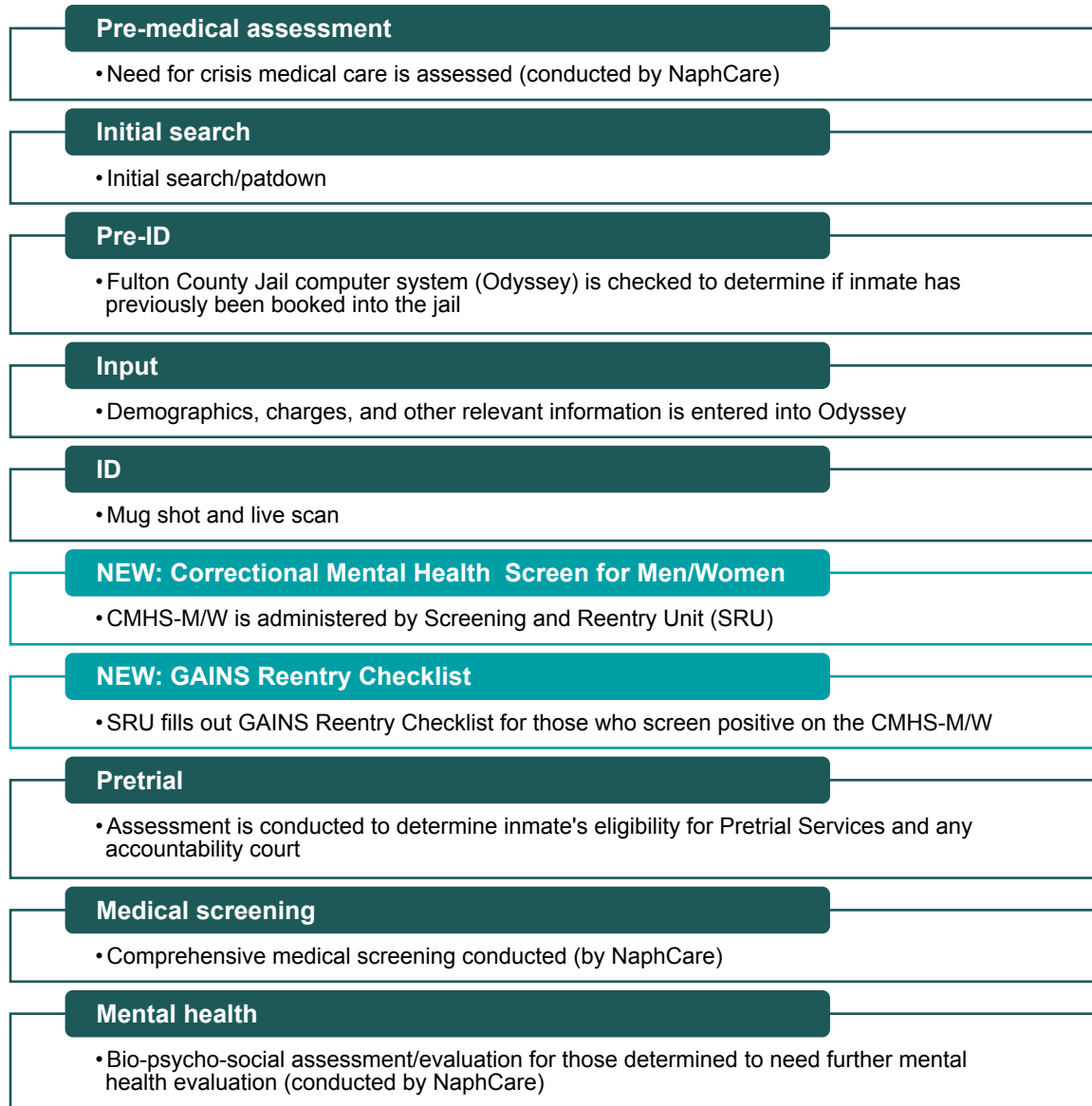
	SRU Supervisor	SRU Assistant Supervisor	SRU Clinicians
Sunday	7am–3pm		7am–3pm (1 staff) 3pm–11pm (2 staff) 11pm–7am (1 staff)
Monday	7am–3pm		7am–3pm (1 staff) 3pm–11pm (2 staff) 11pm–7am (1 staff)
Tuesday	7am–3pm	3pm–11pm	7am–3pm (1 staff) 3pm–11pm (2 staff) 11pm–7am (1 staff)
Wednesday	7am–3pm	3pm–11pm	7am–3pm (1 staff) 3pm–11pm (2 staff) 11pm–7am (1 staff)
Thursday	7am–3pm	3pm–11pm	7am–3pm (1 staff) 3pm–11pm (2 staff) 11pm–7am (1 staff)
Friday		3pm–11pm	7am–3pm (1 staff) 3pm–11pm (2 staff) 11pm–7am (1 staff)
Saturday		3pm–11pm	7am–3pm (1 staff) 3pm–11pm (2 staff) 11pm–7am (1 staff)

Notes: This proposed staffing pattern applies only to the Rice Street facility. Fulton County Jail personnel reported that all detainees are booked in to the Rice Street facility before being transported (if necessary) to one of the jail annexes (Union City, Marietta Street, or Alpharetta).

It would be up to the SRU Supervisor, in consultation with the necessary entities and/or individuals, to determine what shift(s) the SOAR Case Manager, Forensic Peer Mentor, and PATH Team member would work, in addition to any necessary staffing needs at any or all of the annexes.

The Task Force intends that the SRU conduct the CMHS-M/W during the booking process into the Fulton County Jail. Figure 2 shows where this screening would fit into the current booking process.

Figure 2. Proposed Fulton County Jail Booking Process



Note: An individual must be medically stable in order to enter the Fulton County Jail. If someone requires immediate medical care they are taken to the hospital and returned once cleared.

The Task Force recommends that inmates be referred for mental health evaluation and assessment through staff or self-referral at any point while at the Fulton County Jail. All offenders referred for mental health concerns should be evaluated and provided treatment in accordance with the identified mental health needs. Upon receipt of a staff or self-referral other than through the mental health screen (post day of arrival), a licensed mental health professional will perform a mental health screen consisting of a review of the arrival booking screen and conduct a brief clinical interview. The information obtained should be documented as a mental health evaluation/assessment. If it is determined the inmate is not in need of mental health services, the evaluation process will cease.

Implementation, Rollout, and Management Plan

The Task Force proposes commencing Phase 1 operations of the Screening and Reentry Unit (SRU) in 2019. During this phase, the following activities will occur:

- Hire SRU Supervisor, Assistant Supervisor, and four additional clinicians.
- Develop necessary policies, procedures, and forms and determine staffing pattern, routine, and additional responsibilities of each staff member.
- Begin discussions with Georgia DBHDD on developing an MOU to hire and train a Forensic Peer Mentor and PATH Team member.
- Determine the most appropriate method for providing SOAR case management (hire an additional staff member or add duties to an existing staff member).
- Begin conducting the CMHS-M/W and completing the GAINS Reentry Checklist on 100% of eligible bookings and tracking related data.

The Task Force believes the Phase 1 timeline (see Table 3 below) will allow for full development of the entire process with leaders as well as SRU staff involved and allow for the screening and reentry activities to commence July 1, 2019.

Table 3. Proposed Operations and Timeline During Phase 1 of SRU Implementation

PHASE 1	
Date	Activity
January 1, 2019	Fiscal year budget begins
February 2019	Hire Screening and Reentry Unit Supervisor
March 2019	Locate space at the Fulton County Jail booking area to conduct the CMHS-M/W and appropriate reentry work Begin coordinating timing components in conjunction with Fulton County Jail administration and the jail medical/mental health provider for initiating the necessary services that will occur in the booking area Create job descriptions for Assistant Supervisor and four clinicians
April 2019	Locate additional work space outside of jail or booking area Begin developing all necessary policies, procedures, and forms and determine staffing pattern, routine, and additional special responsibilities of each staff member
May 2019	Hire and train Assistant Supervisor and four clinicians
June 2019	Complete developing policies, procedures, and forms and finalize staffing pattern, routine, and additional staff responsibilities
July 1, 2019	Begin universal mental health screenings using the CMHS-M/W for all eligible inmates booked into Fulton County Jail as well as reentry planning using the GAINS Reentry Checklist for eligible inmates

Phase 2 will take place during 2020 and will entail an additional budget request. This phase will involve hiring and training a Forensic Peer Mentor and SOAR Case Manager (if appropriate) as well as bringing a PATH Team member on board.

Resources Needed

The primary resources needed for the proposed Screening and Reentry Unit (SRU) are salaries and benefits for each staff member, in addition to office supplies and equipment, travel, training, and other miscellaneous expenses.

SCREENING AND REENTRY UNIT SALARIES

During Phase 1 in 2019, the Task Force calculates \$491,537 for salaries and benefits of the initial six-member SRU (see Table 4), plus \$37,000 for office supplies and equipment, travel, training, and other miscellaneous expenses for the first year of operations (see Table 5).

Staffing identified for the SRU includes six master’s degree-level or master’s-eligible mental health professionals, with one person identified as Unit Supervisor and one person as Assistant Supervisor, and four behavioral health clinicians. Each of these staff would need to be well-versed in discharge and aftercare planning, have knowledge of community agencies and resources, and have the ability to liaise with other members of the Fulton County criminal justice system.

Table 4. Salaries and Benefits of the Proposed Screening and Reentry Unit

Position	Number	Position Grade	Salary	Fixed Benefits	Variable Rate Cost	TOTAL
Supervisor (Behavioral Health Program Manager)	1	23	\$64,777	\$10,712	\$20,929	\$96,418
Assistant Supervisor (Behavioral Health Clinician II)	1	20	\$54,398	\$10,712	\$17,575	\$82,685
Staff Clinician (Behavioral Health Clinician)	4	19	\$50,939 x 4 = \$203,756	\$10,712 x 4 = \$42,848	\$16,457.50 x 4 = \$65,830	\$78,108.50 x 4 = \$312,434
TOTAL	6		\$322,931	\$64,272	\$104,334	\$491,537

Additional salary and benefits information is provided in Appendix F: Screening and Reentry Unit Proposed Staffing Budget.

Housing and treating persons with a mental illness in the Fulton County Jail Complex costs taxpayers millions of additional dollars each year. As of June 2018, the average daily population of the Fulton County Jail system was approximately 2,400¹² and NaphCare, the jail medical/mental health provider, estimates that 15-16% are mentally ill and on the mental health caseload (384 inmates). The jail spends an average of \$91 per inmate per day.¹³ The average length of stay in jail for those inmates with a mental illness is more than twice that (58 days) of

¹² Fulton County Government Justice Reinvestment Initiative. Retrieved from fultoncountyga.gov/jri/.

¹³ Fulton County Government Justice Reinvestment Initiative. Retrieved from performance.fultoncountyga.gov/stories/s/JRI-Performance-Dashboard-Introduction/7diq-dhzj/.



those who do not have a mental illness (26 days).¹⁴ The average additional days that inmates with mental illness remain in jail costs Fulton County more than \$1.1 million per year. The jail spends \$2,912 to house each inmate with mental illness an average of an additional 32 days.

ADDITIONAL FUNDING NEEDS

The Task Force calculates \$37,000 for office supplies and equipment, travel, training, and other miscellaneous expenses for the first year of operations. The budget assumes each SRU staff member will have a work space in an alternate location; a laptop; internet service; a cell phone; general office equipment; and access to Odyssey, the Fulton County Jail medical/mental health provider medical records, and ancillary records as needed.

Table 5. Total Proposed Annual Expenses for Screening and Reentry Unit

	2019	2020	2021
Salaries and Benefits			
SRU Supervisor	\$96,418	\$96,418	\$96,418
SRU Assistant Supervisor	\$82,685	\$82,685	\$82,685
4 SRU Clinicians	\$312,434	\$312,434	\$312,434
Forensic Peer Mentor	N/A	\$36,193	\$36,193
SOAR Case Manager	N/A	\$59,700	\$59,700
PATH Team Member	N/A	\$53,859	\$53,859
<i>Subtotal Salaries and Benefits</i>	<i>\$491,537</i>	<i>\$641,289</i>	<i>\$641,289</i>
Office Supplies and Other Expenses*	\$37,000	\$22,000	\$17,500
Forensic Peer Mentor Supplies and Other Expenses	N/A	\$9,476	\$9,476
PATH Team Member Supplies and Other Expenses	N/A	\$2,133	\$1,333
GRAND TOTAL	\$528,537	\$674,898	\$669,598

Notes: Laptops, cell phones, office equipment, and desk phones are one-time purchases. The rest are ongoing.

Information on the Forensic Peer Mentor salary, benefits, and other expenses was provided by Georgia DBHDD. The position would be employed by the Georgia Mental Health Consumer Network through its contract with Georgia DBHDD and funded by Fulton County, with payment outlined in an MOU and made to Georgia DBHDD.

The average salary (\$37,000) for the SOAR Case Manager was provided by the SAMHSA SOAR Technical Assistance Center. Benefits were calculated based upon data provided by the Fulton County Strategy and Performance Management Office for the other SRU staff members.

* Does not include supplies and other expenses for a Forensic Peer Mentor or PATH Team member.

¹⁴ Fulton County Justice and Mental Health Task Force 2017 Report. Retrieved from fultonstepsup.org/documents/final-report.

For additional information on the expenses in Tables 4 and 5, see Appendix G: Total Proposed Annual Expenses for Screening and Reentry Unit.

The location for delivery of the SRU's services will depend upon the layout of the booking area within the Fulton County Jail. It is anticipated there will be a need for at least two work spaces within the booking area in order to provide the SRU with room to conduct the CMHS-M/W for all eligible inmates booked into the jail, identify those who are positive on the screening for requiring comprehensive mental health assessment (completed by the jail medical/mental health provider), and conduct the GAINS Reentry Checklist.

PROPOSED REVENUE STREAM

One source of revenue that could offset some of the costs related to the SRU would be payments from the Social Security Administration (SSA) to the Fulton County Jail for each inmate the jail reports to SSA who is receiving benefits at the time of their incarceration. When an inmate is incarcerated, their benefits are suspended (terminated if incarcerated for more than 12 months). For every Social Security recipient that the Fulton County Jail notifies SSA of their incarceration, Fulton County will receive between \$200 and \$400 (depending on how quickly the SSA is notified). See Appendix I: Social Security Administration Incentive Payments for State and Local Institutions for more information on the incentive payments.

Data Collection and Justification

The success of the Screening and Reentry Unit (SRU) depends on more than simply screening all eligible inmates who are booked into the jail. The Task Force defines success as screening all eligible inmates using the CMHS-M/W, connecting inmates who screen positive with appropriate mental health resources within the jail, and providing reentry services in preparation for release. There is no way to quantify success or failure without collecting data and analyzing it to track progress. Data analysis would help the SRU implement a strategy of continuous quality improvement to evaluate what is working well and what needs to be reexamined for changes and/or solutions to work better.

The Task Force proposes collecting data using an automated system. The data includes such information as whether or not the CMHS-M/W was completed for the inmate and, if the screen was positive:

- The date the further, comprehensive mental health assessment by the jail medical/mental health provider was completed,
- The date the GAINS Reentry Checklist was completed,

- The date the inmate was referred for and received a psychiatric evaluation, if necessary, and
- Whether or not the inmate was placed on psychotropic medication, if necessary.

This automated system would be developed by the Fulton County Information Technology team, which has provided a cost estimate and implementation plan in Business Case 2: Data.

Intended Outcomes

The overall objectives of the Screening and Reentry Unit (SRU) are to use a validated jail mental health screen (CMHS-M/W) for 100% of eligible bookings, which is estimated to be approximately 25,000 per year, in an effort to reduce the length of stay of those with an identified mental illness, increase the percentage of those inmates connected to treatment, and reduce their recidivism. The Task Force anticipates achieving these goals through better identification and treatment of those with mental illness and improved reentry services. Through the process of utilizing a validated jail mental health screen to accurately identify inmates with mental illness at the time of booking, and with immediate implementation of reentry planning, the Task Force is confident that the length of stay for those with mental illness in the Fulton County Jail can be reduced.

Mental health treatment initiated within 48 hours of booking will aid in the necessary continuity of care, while concurrent effective and comprehensive reentry planning will enhance the application and array of services necessary for successful and sustained reintegration into the community upon release. This includes application for funding resources such as Social Security, residential programs, identified community mental health providers for treatment and medication management, and employment opportunities. By shortening the length of stay in jail and increasing connections to treatment, particularly upon release, recidivism is likely to decrease.

Incorporating the SRU into the booking and reentry processes at the jail is of paramount importance. Designating a team with clear roles and responsibilities will accurately identify those in need of mental health treatment, clear obstacles for release, ensure that individuals receive the proper care upon release from the jail, and prevent the need for stabilization and crisis services in the community, thus reducing the fiscal impact on community funding for such services.

Additional outcomes related to the SRU are primarily fiscal. For example, with fewer individuals incarcerated with mental illness, the average per diem expenditure for detainees

reduces overall, given the briefer incarceration period and fewer medical and mental health resources necessary. Lowered recidivism of these individuals who are receiving more comprehensive mental health services in the community will have a significant fiscal impact on the court system, particularly in terms of time expenditure; the jail system; and the state- and county-funded mental health systems, particularly with individuals who have become frequent utilizers of community resources.

In addition to the important fiscal outcomes, in its 2016–2019 Strategic Plan, Fulton County demonstrated a commitment to ensuring “All People Are Safe.” Several of the key performance indicators and strategies identified for this priority area can be addressed through the creation of the SRU:

Fulton County Strategic Plan Key Performance Indicators

- Percentage of those arrested who are rearrested in Fulton County within 12 months of original arrest, and
- Percentage of those convicted of a crime who are arrested again within 12 months of release.

Fulton County Strategic Plan Key Strategies

- Effectively address the increasing populations of people with mental illness and/or drug/alcohol dependency, and those experiencing homelessness who overwhelm the public safety system.

Risks, Obstacles, and Support Needed

Tracking clinical information from the proposed Screening and Reentry Unit (SRU), the jail medical/mental health provider, and jail administration is essential to providing comprehensive screening and reentry services. Without coordinated data, identifying those in need of mental health treatment and reentry services may not occur, resulting in services being delayed or not provided. Frequent and routine communication and collaboration among the jail administration, the jail medical/mental health provider, and the SRU is a vital part of the implementation phase and continuous quality improvement.

Typical challenges and obstacles to providing a comprehensive jail mental health screening and reentry services to eligible inmates include but are not limited to:

- Adequate space for program development and maintenance;

- Inter- and intra-agency relationship management;
- Timely access to comprehensive accurate clinical information;
- Demographic information; and
- Well-reviewed fiscal expenditures on a frequent, ongoing basis, particularly in the first year, in order to ascertain adequate funding streams.

Accountability and Communication

The Task Force believes that structured, measurable objectives that are attainable and have realistic time frames are necessary to ensure that the Screening and Reentry Unit (SRU) is on track and up-to-date at all times. The Task Force feels that an appropriate way to accomplish these goals would be for the Fulton County Strategy and Performance Management Office to conduct periodic inspections and/or performance audits of mental health care delivery and services in all Fulton County detention facilities. Performance audits and/or inspections of mental health care delivery and services should incorporate the following:

- National Commission on Correctional Health Care, Correctional Mental Health Care Standards and Guidelines for Delivering Services,
- Fulton County Jail Mental Health Standard Operating Procedures,
- Monitoring service delivery requirements and performance standards required in the contract for the delivery of comprehensive mental health services, and
- Monitoring compliance with contemporary mental health practices in the community.

The performance audits should be conducted and scored using a comprehensive tool for compliance and non-compliance, followed by an audit summary that includes the findings. The jail medical/mental health provider should be required to respond to any audit deficiencies (score compliance threshold needs to be established) by submitting a corrective action plan to the Fulton County Chief Jailer, the Fulton County contract manager, and any other necessary designees within one month of deficient findings. Findings and recommendations should be furnished in writing to the Chief Jailer, the jailer in charge of each facility, and other departmental managers as appropriate.

Conducting a review of data on a routine basis (weekly, monthly, quarterly) will provide pertinent information such as:

- Total number of inmates screened during booking,

- Total number of inmates booked versus the number screened at booking,
- Corresponding data of inmates identified as needing comprehensive mental health assessments,
- Number of inmates who receive the comprehensive mental health assessment,
- Number of inmates placed on the mental health caseload after the comprehensive mental health assessment,
- Number of inmates receiving a referral and subsequent initial psychiatric evaluation,
- Number of inmates receiving psychotropic medication after psychiatric evaluation,
- Number of inmates receiving reentry services,
- Types of reentry services provided,
- Length of stay of those receiving reentry services,
- Recidivism/rearrest numbers for those provided reentry services, and
- Criminal justice disposition (enter plea, need competency to stand trial evaluation, charges dismissed, bonding out with mental health oriented conditions).

Target goals should be established with baseline data from existing mental health records, administrative reports compiled in conjunction with the Fulton County Jail medical/mental health provider for jail administration, Odyssey data (that is permissible with the Chief Jailer), and other sources of data utilized to develop the target goals based on program objectives that will be established.

Appendix A: GAINS Reentry Checklist



Instructions for Completing GAINS Jail Re-Entry Checklist

General Information

It is recommended that the form be completed in quadruplicate for all detainees identified with mental health service needs within 48 hours of arriving at the facility. The quadruplicate forms should be distributed as follows: top copy in detainee's file to give upon discharge, second copy to medical personnel, third copy to mental health personnel, and the fourth copy for use according to facility's procedures.

Detainee's Name:	Enter detainee's last name, first name, and middle initial
Gender:	Check Male (M) or Female (F)
Date of Birth:	Enter month, day, and year
Today's Date:	Enter month, day, and year
Jail ID#:	Enter Jail ID# associated with detainee
SSN#:	Enter detainee's Social Security Number
Name of Facility:	Enter name of jail
Name of Person Completing Form and Phone Number:	Print name of person completing form and unit phone number. If multiple people use this form, each person must print his/her identifying information on this form.
Current Status:	Check Sentenced Inmate or Pre-Trial Detainee
Projected Release Date:	Enter projected date of release (if known)

Instructions:

Potential Needs in Community after Release

Discuss each service *with detainee* to determine if there is a need to plan for this service prior to discharge. Check the appropriate boxes that correspond to the services identified as a need by the detainee. If the person completing the form identifies a need for which the detainee does not agree to receive planning, indicate this in the Steps Taken and Date(s) section (Ex: Detainee is homeless but does not agree to receive assistance with housing upon discharge).

Steps Taken by Jail Staff and Date(s)

Indicate the steps taken to set-up the identified services and the dates this was done. Notes in this section should reflect a continuous effort to plan for re-entry services throughout the detainee's stay in the facility. If multiple people complete this form, each person must identify the steps that she/he completes in this section with initials, as well as entering his/her name at the top of the form.

Example:

Detainee identifies Mental Health Services as a need:

9/1/03 L.T. Contacted Community Mental Health Services (MHS) to set-up appointment with intake coordinator upon release. Will contact closer to projected date of release.

9/25/03 S.P. Release date is firm for 10/3/03. Contacted MHS and made appointment for 10/3/03 at 1:00 p.m. MHS agreed to provide 1 bus token and jail will provide 1 token to assist with transportation.

10/2/03 L.T. Appointment confirmed at MHS for 10/3/03 at 1:00 p.m.

Detainee's Final Plan & Contact Information for Referrals

Identify final plan in terms of appointment times, next steps, and person to contact for each identified need.

Example:

1:00 p.m. appointment on 10/3/03 at MHS with intake coordinator: Julie Young. Phone: 333-1212; Address: 1234 Street, City, USA 11120.

Final Section

Full plan completed and discussed with detainee?	Check Yes or No
If no, why?	In this section, specify why the full plan was not completed or discussed with detainee by checking: ✓ Detainee refused; ✓ Court released before plan completed; ✓ Incomplete for other reasons—specify (e.g., provider was unable to be contacted)
Attachments?	Check Yes if attaching corresponding materials; Check No if not.



GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs					
Detainee's Name _____ Last , First M		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ___/___/___ mm dd yy	Today's Date ___/___/___ mm dd yy	Jail ID # _____ SSN# _____
Name of Facility _____	Name of Person Completing Form and Phone Number _____	Current Status <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	Date of Admission ___/___/___ mm dd yy	Projected Release Date ___/___/___ mm dd yy	
<u>Potential Needs in Community After Release</u>		<u>Steps Taken by Jail Staff and Date(s)</u>		<u>Detainee's Final Plan & Contact Information for Referrals</u>	
Mental Health Services <input type="checkbox"/>		_____		_____	
Psychotropic Medications <input type="checkbox"/>		_____		_____	
Housing <input type="checkbox"/>		_____		_____	
Substance Abuse Services <input type="checkbox"/>		_____		_____	
Health Care <input type="checkbox"/>		_____		_____	
Health Care Benefits <input type="checkbox"/>		_____		_____	
Income Support/Benefits <input type="checkbox"/>		_____		_____	
Food/Clothing <input type="checkbox"/>		_____		_____	
Transportation <input type="checkbox"/>		_____		_____	
Other <input type="checkbox"/>		_____		_____	
Full plan completed and discussed with detainee? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? Detainee refused <input type="checkbox"/> Court released before plan completed <input type="checkbox"/> Incomplete for other reasons <input type="checkbox"/> Specify: _____			Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Detainee's Copy



GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs					
Detainee's Name _____ Last First M		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____ mm dd yy	Today's Date ____/____/____ mm dd yy	Jail ID # _____ SSN# _____
Name of Facility _____	Name of Person Completing Form and Phone Number _____	Current Status <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	Date of Admission ____/____/____ mm dd yy	Projected Release Date ____/____/____ mm dd yy	
<u>Potential Needs in Community After Release</u>		<u>Steps Taken by Jail Staff and Date(s)</u>		<u>Detainee's Final Plan & Contact Information for Referrals</u>	
Mental Health Services <input type="checkbox"/>		_____		_____	
Psychotropic Medications <input type="checkbox"/>		_____		_____	
Housing <input type="checkbox"/>		_____		_____	
Substance Abuse Services <input type="checkbox"/>		_____		_____	
Health Care <input type="checkbox"/>		_____		_____	
Health Care Benefits <input type="checkbox"/>		_____		_____	
Income Support/Benefits <input type="checkbox"/>		_____		_____	
Food/Clothing <input type="checkbox"/>		_____		_____	
Transportation <input type="checkbox"/>		_____		_____	
Other <input type="checkbox"/>		_____		_____	
Full plan completed and discussed with detainee? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? Detainee refused <input type="checkbox"/> Court released before plan completed <input type="checkbox"/> Incomplete for other reasons <input type="checkbox"/> Specify: _____			Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Medical Records



GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs					
Detainee's Name _____ Last First M		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ___/___/___ mm dd yy	Today's Date ___/___/___ mm dd yy	Jail ID # _____ SSN# _____
Name of Facility _____	Name of Person Completing Form and Phone Number _____	Current Status <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	Date of Admission ___/___/___ mm dd yy	Projected Release Date ___/___/___ mm dd yy	
Potential Needs in Community After Release		Steps Taken by Jail Staff and Date(s)		Detainee's Final Plan & Contact Information for Referrals	
Mental Health Services <input type="checkbox"/>		_____		_____	
Psychotropic Medications <input type="checkbox"/>		_____		_____	
Housing <input type="checkbox"/>		_____		_____	
Substance Abuse Services <input type="checkbox"/>		_____		_____	
Health Care <input type="checkbox"/>		_____		_____	
Health Care Benefits <input type="checkbox"/>		_____		_____	
Income Support/Benefits <input type="checkbox"/>		_____		_____	
Food/Clothing <input type="checkbox"/>		_____		_____	
Transportation <input type="checkbox"/>		_____		_____	
Other <input type="checkbox"/>		_____		_____	
Full plan completed and discussed with detainee? <input type="checkbox"/> Yes <input type="checkbox"/> No			Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, why? Detainee refused <input type="checkbox"/> Court released before plan completed <input type="checkbox"/> Incomplete for other reasons <input type="checkbox"/> Specify: _____					

Mental Health Records



GAINS Re-Entry Checklist For Inmates Identified with Mental Health Service Needs					
Detainee's Name _____ Last First M		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____ mm dd yy	Today's Date ____/____/____ mm dd yy	Jail ID # _____ SSN# _____
Name of Facility _____	Name of Person Completing Form and Phone Number _____	Current Status <input type="checkbox"/> Pre-Trial Detainee <input type="checkbox"/> Sentenced Inmate	Date of Admission ____/____/____ mm dd yy	Projected Release Date ____/____/____ mm dd yy	
Potential Needs in Community After Release		Steps Taken by Jail Staff and Date(s)		Detainee's Final Plan & Contact Information for Referrals	
Mental Health Services <input type="checkbox"/>		_____		_____	
Psychotropic Medications <input type="checkbox"/>		_____		_____	
Housing <input type="checkbox"/>		_____		_____	
Substance Abuse Services <input type="checkbox"/>		_____		_____	
Health Care <input type="checkbox"/>		_____		_____	
Health Care Benefits <input type="checkbox"/>		_____		_____	
Income Support/Benefits <input type="checkbox"/>		_____		_____	
Food/Clothing <input type="checkbox"/>		_____		_____	
Transportation <input type="checkbox"/>		_____		_____	
Other <input type="checkbox"/>		_____		_____	
Full plan completed and discussed with detainee? <input type="checkbox"/> Yes <input type="checkbox"/> No			Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, why? Detainee refused <input type="checkbox"/> Court released before plan completed <input type="checkbox"/> Incomplete for other reasons <input type="checkbox"/> Specify: _____					

Facility Use



Appendix B: Correctional Mental Health Screen for Men and Women



Correctional Mental Health Screen for Men (CMHS-M)

Name _____ Last, First, MI	Detainee # _____	Date ___/___/___ mm/dd/year	Time ___:___
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QUESTIONS	NO	YES	COMMENTS
1. Have you ever had worries that you just can't get rid of?			
2. Some people find their mood changes frequently – as if they spend everyday on an emotional roller coaster. Does this sound like you?			
3. Do you get annoyed when friends or family complain about their problems? Or do people complain that you're not sympathetic to their problems?			
4. Have you ever felt like you didn't have any feelings, or felt distant or cut off from other people or from your surroundings?			
5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?			
6. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?			
7. Do you tend to hold grudges or give people the silent treatment for days at a time?			
8. Have you ever tried to avoid reminders, or to not think about, something terrible that you experienced or witnessed?			
9. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
10. Have you ever been troubled by repeated thoughts, feelings, or nightmares about something you experienced or witnessed?			
11. Have you ever been in a hospital for non-medical reasons such as in a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			
12. Have you ever felt constantly on guard or watchful even when you didn't need to, or felt jumpy and easily startled?			

TOTAL # YES: _____	General Comments:
<p>Refer for further Mental Health Evaluation if the Detainee answered Yes to 6 or more items OR If you are concerned for any other reason</p> <ul style="list-style-type: none"> <input type="radio"/> URGENT Referral on ___/___/___ to _____ <input type="radio"/> ROUTINE Referral on ___/___/___ to _____ <input type="radio"/> Not Referred 	
Person Completing Screen: _____	



INSTRUCTIONS FOR COMPLETING THE CMHS-M

General Information:

The CMHS is a tool designed to assist in the early detection of psychiatric illness during the jail intake process. The Research Team under the direction of Drs. Julian D. Ford and Robert L. Trestman at the University of Connecticut Health Center developed this Correctional Mental Health Screen for Men (CMHS-M) with a grant funded by the National Institute of Justice.

Instructions for administration of the CMHS-M:

Correctional Officers may administer this mental health screen during intake.

Name: Detainee's name- Last, first and middle initial
Detainee#: Detainee's facility identification number
Date: Today's month, date, year
Time: Current time (24hr or AM/PM)

Questions #1-12 may be administered as best suits the facility's policies and procedures and the reading level, language abilities, and motivation of the detainee who is completing the screen. The method chosen should be used consistently. Two recommended methods:

- Staff reads the questions out loud and fills in the detainee's answers to the questions on the form
- Staff reads the questions out loud, while the detainee reads them on a separate sheet and fills in his answers

Each question should be carefully read, and a check mark placed in the appropriate column (for "NO" or "YES" response).

The staff person should add a note in the **Comments** Section to document any information that is relevant and significant for any question that the detainee has answered "YES."

If the detainee declines to answer a question or says he does not know the answer to a question, do NOT check "YES" or "NO." Instead, record DECLINED or DON'T KNOW in the **Comments** box.

Total # YES: total number of YES responses

General Comments: Staff may include information here to describe overall concerns about the responses (for example: intoxicated, impaired, or uncooperative)

Referral Instructions:

Urgent Referral: A referral for **urgent** mental health evaluation may be made by the staff person if there is any behavioral or other evidence that a detainee is unable to cope emotionally or mentally or is a suicide risk.

Routine Referral: A detainee answering "**YES**" to **6 or more items** should be referred for **routine** mental health evaluation. A referral also may be made if the staff person has any concerns about the detainee's mental state or ability to cope emotionally or behaviorally.

****** If at any point during administration of the CMHS-M the detainee experiences *more than mild and temporary emotional distress* (such as severe anxiety, grief, anger or disorientation) he should be referred for immediate mental health evaluation.

Referral: Check the appropriate box for whether a detainee was referred. If referred, check URGENT or ROUTINE, enter the date of the referral and the mental health staff person or mental health clinic to whom the referral was given.

Person completing screen: Enter the staff member's name

Correctional Mental Health Screen for Women (CMHS-W)

Name _____ <small>Last, First, MI</small>	Detainee # _____	Date ___/___/___ <small>mm/dd/year</small>	Time ___:___
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Questions	No	Yes	Comments
1. Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?			
2. Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?			
3. Some people find their mood changes frequently-as if they spend everyday on an emotional rollercoaster. For example, switching from feeling angry to depressed to anxious many times a day. Does this sound like you?			
4. Have there ever been a few weeks when you felt you were useless, sinful, or guilty?			
5. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
6. Do you find that most people will take advantage of you if you let them know too much about you?			
7. Have you been troubled by repeated thoughts, feelings, or nightmares about something terrible that you experienced or witnessed?			
8. Have you ever been in the hospital for non-medical reasons, such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			

TOTAL # YES: _____	General Comments: _____
Refer for further Mental Health Evaluation if the Detainee answered Yes to 5 or more items OR If you are concerned for any other reason	
<input type="radio"/> URGENT Referral on ___/___/___ to _____	
<input type="radio"/> ROUTINE Referral on ___/___/___ to _____	
<input type="radio"/> Not Referred	
Person Completing Screen: _____	



INSTRUCTIONS FOR COMPLETING THE CMHS-W

General Information:

The CMHS is a tool designed to assist in the early detection of psychiatric illness during the jail intake process. The Research Team under the direction of Drs. Julian D. Ford and Robert L. Trestman at the University of Connecticut Health Center developed this Correctional Mental Health Screen for Women (CMHS-W), with a grant funded by the National Institute of Justice.

Instructions for administration of the CMHS-W:

Correctional Officers may administer this mental health screen during intake.

Name: Detainee's name- Last, first and middle initial
Detainee#: Detainee's facility identification number
Date: Today's month, date, year
Time: Current time (24hr or AM/PM)

Questions #1-8 may be administered as best suits the facility's policies and procedures and the reading level, language abilities, and motivation of the detainee who is completing the screen. The method chosen should be used consistently. Two recommended methods:

- Staff reads the questions out loud and fills in the detainee's answers to the questions on the form
- Staff reads the questions out loud, while the detainee reads them on a separate sheet and fills in her answers

Each question should be carefully read, and a check mark placed in the appropriate column (for "NO" or "YES" response).

The staff person should add a note in the **Comments** Section to document any information that is relevant and significant for any question that the detainee has answered "YES."

If the detainee declines to answer a question or says she does not know the answer to a question, do NOT check "YES" or "NO." Instead, record DECLINED or DON'T KNOW in the **Comments** box.

Total # YES: total number of YES responses

General Comments: Staff may include information here to describe overall concerns about the responses (for example: intoxicated, impaired, or uncooperative)

Referral Instructions:

Urgent Referral: A referral for **urgent** mental health evaluation may be made by the staff person if there is any behavioral or other evidence that a detainee is unable to cope emotionally or mentally or is a suicide risk.

Routine Referral: A detainee answering "**YES**" to **5 or more items** should be referred for **routine** mental health evaluation. A referral also may be made if the staff person has any concerns about the detainee's mental state or ability to cope emotionally or behaviorally.

****** If at any point during administration of the CMHS-W the detainee experiences *more than mild and temporary emotional distress* (such as severe anxiety, grief, anger or disorientation) she should be referred for immediate mental health evaluation.

Referral: Check the appropriate box for whether a detainee was referred. If referred, check URGENT or ROUTINE, enter the date of the referral and the mental health staff person or mental health clinic to whom the referral was given.

Person completing screen: Enter the staff member's name

Appendix C: Fulton County Jail Complex Proposed Screening Procedures



Fulton County Jail Complex Screening Procedures		
Functional Area:	Reference Number:	Revises Previous Effective Date:
Subject:		
Authority:	Effective Date: 06/29/2018	Page 1 of 6

I. POLICY:

It is the policy of Fulton County that all eligible detainees are screened for mental health needs to determine the need for further assessment as clinically indicated.

II. APPLICABILITY:

This policy is applicable to all eligible detainees entering the Fulton County Jail System.

III. RELATED DIRECTIVES:

Fulton County Standard Operating Procedures:

1. Fulton County Sherriff's Office Jail Policies and Procedures/Jail Orders - Number: 2600-01
2. Fulton County Jail System medical and behavioral health provider - please refer to current vendor contract
3. Fulton County Reentry Policy - Reference Number:
4. Fulton County Department of Behavioral Health and Development Disabilities - please refer to current vendor contract
5. NCCHC Adult Standards - 2018

IV. DEFINITIONS:

1. Correctional Mental Health Screening (CMHS) for Men and Women: "The Correctional Mental Health Screening for Men (CMHS-M) measures acute mental health issues



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present in detainees that should be identified prior to placement. Questions are answered in a yes-no format, and then rated on a Likert-scale from 1 (low risk or need) to 5 (high risk or need), depending on severity, in the comments box at right.”¹

2. Reentry services: Any necessary services, including but not limited to housing, mental health treatment, medication, etc., that connects the individual to supports that reduces re-arrest and/or re-incarceration.
3. Mental Health Evaluation/Assessment: A comprehensive tool that proactively identifies persons with suicidal ideations or behavioral health issues.
4. Screener/Reentry Clinician: This person is responsible for administering the Correctional Mental Health Screening for Men and Women on 100% of all eligible detainees and for administering the GAINS Reentry checklist on all inmates screened positive on the Correctional Mental Health Screening for Men and Women.
5. Screener/Reentry Supervisor: Responsible for managing, coordinating, leading, and carrying out all SOPs related to screening/reentry.
6. Screener/Reentry Assistant Supervisor/Discharge Planner: Assist the supervisor in all duties related to the unit in addition to ensuring that reentry planning is being conducted for all eligible inmates.
7. GAINS Reentry Checklist: This form was produced as a quadruplicate document with the goal to centralize critical re-entry information to ensure that the inmate, correctional staff, and appropriate community providers have the information.²

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https://www.insideprison.com/article_assessments_Correctional_Mental_Health_Screening_Men.asp



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8. Continuity of Care: A process by which the detainee and the care team are cooperatively involved in ongoing health care (mental, social, physical) toward the shared goal of comprehensive treatment of the detainee to reduce re-arrest and/or re-incarceration.
9. Release of Information: A form that a patient signs authorizing treating health entities to release protected health information (PHI) to other treating health entities.
10. Serious and Persistent Mental Illness: "Defined as having, 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 disorders 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:
 - a. 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.
 - b. 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).

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- c. 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 inability to complete tasks or structured activities commonly found in occupational, home or educational settings.
 - d. Coexisting substance use disorder of significant duration (e.g., greater than 6 months) or co-diagnosis of substance abuse
 - e. High risk for or a recent history of criminal activity due to mental illness (e.g., arrest and incarceration).
 - f. 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 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).
 - g. Chronically homeless (e.g., one extended episode of homelessness for a year or four episodes of homelessness within three years).
 - h. Functional impairments such as hygiene, employment, and ability to maintain a safe, stable living environment.
 - i. Non-compliance with medication therapy, treatment, and supervision requirements."
11. Co-occurring Disorder: "Mental illness in combination with substance use disorder that results in functional impairment."
12. Clinician/Qualified Mental Health Professional: A health care professional licensed by the State of Georgia or a Master-Level clinician. A clinician



Functional Area:	Prev. Eff. Date:	Page 5 of 6
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includes, but is not limited to, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Psychiatrist, Advanced Practice Registered Nurse (APRN), and Psychologist.

13. Eligible detainees: All detainees booked into the Fulton County Jail System excluding those brought into the jail via a Court Production Order (CPO), those being housed pending extradition to another state, those being transported long distances needing temporary housing, those belonging to another jurisdiction housed during an emergency/disaster in that jurisdiction, loan-outs, Grady Medical Detention, and municipal inmates.

V. ATTACHMENTS:

All forms and attachments associated with this Standard Operating Procedure are set forth below.

1. Screening Reentry Organizational Chart
2. Booking Process
3. Release of Information

VI. PROCEDURES:

Fulton County Jail System Mental Health Screening Procedures:

- A. After routine medical screening by jail medical provider, the Screening/Reentry Unit (SRU) clinician will administer the Correctional Mental Health Screen (CMHS) to all eligible detainees.
- B. All eligible detainees identified through the CMHS as being positive for further mental health evaluation/assessment will receive a comprehensive mental health evaluation/assessment by a qualified mental health professional.
- C. Upon completion of the comprehensive mental health evaluation/assessment, the detainee will be referred to the jail medical/behavioral health provider for further evaluation and treatment.



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- D. All eligible detainees identified through the CMHS as being positive for further mental health evaluation/assessment will be referred for a GAINS Reentry Checklist to determine eligibility for Reentry services.

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Appendix D: Fulton County Jail Complex Proposed Reentry Procedures



Fulton County Jail Complex Reentry Procedures		
Functional Area:	Reference Number:	Revises Previous Effective Date:
Subject:		
Authority:	Effective Date: 06/29/2018	Page 1 of 6

I. POLICY:

It is the policy of Fulton County that all detainees determined eligible for further Mental Health Evaluation/Assessment through the use of the Correctional Mental Health Screening (CMHS), receive Reentry services.

II. APPLICABILITY:

This policy is applicable to all detainees entering the Fulton County Jail Complex.

III. RELATED DIRECTIVES:

Fulton County Standard Operating Procedures:

1. Fulton County Sherriff's Office Jail Policies and Procedures - Number: 2600-01
2. Fulton County Pretrial Services SOP-IU-1: Intake Procedures
3. Fulton County Jail Complex medical and behavioral health provider - please refer to current vendor contract
4. Fulton County Department of Behavioral Health and Development Disabilities - please refer to current vendor contract



Functional Area:	Prev. Eff. Date:	Page 2 of 5
	Effective Date:	Reference Number:

IV. DEFINITIONS:

1. Correctional Mental Health Screening for Men and Women: "The Correctional Mental Health Screening for Men (CMHS-M) measures acute mental health issues present in detainees that should be identified prior to placement. Questions are answered in a yes-no format, and then rated on a Likert-scale from 1 (low risk or need) to 5 (high risk or need), depending on severity, in the comments box at right."¹
2. Reentry services: Any necessary services, including but not limited to housing, mental health treatment, medication, etc., that connects the individual to supports that reduces re-arrest, re-incarceration, and/or recidivism as defined by the Fulton County Justice and Mental Health Task Force.
3. Mental Health Evaluation/Assessment: A comprehensive tool that proactively identifies persons with suicidal ideations or behavioral health issues.
4. Reentry/Screeener: This person is responsible for administering the Correctional Mental Health Screening for Men and Women on 100% of all eligible detainees and for administering the GAINS Reentry checklist on all inmates screened positive on the Correctional Mental Health Screening for Men and Women.
5. Reentry/Screeener Supervisor: Responsible for managing, coordinating, leading, and carrying out all SOPs related to screening/reentry.
6. Reentry/Screeener Assistant Supervisor: Assist the supervisor in all duties related to the unit in addition to ensuring that reentry planning is being conducted for all eligible inmates.
7. GAINS Reentry checklist: This form was produced as a quadruplicate document with the goal to centralize

¹

https://www.insideprison.com/article_assessments_Correctional_Mental_Health_Screening_Men.asp



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critical re-entry information to ensure that the inmate, correctional staff, and appropriate community providers have the information.²

8. SOAR (SSI/SSDI Outreach, Access and Recovery) Case Manager: This case manager completes high-quality SSI (Social Security Insurance) & SSDI (Social Security Disability Insurance) applications using the SOAR model, communicates with local SSA (Social Security Administration) & DDS (Department of Disability Services) representatives and tracks application outcomes.
9. Forensic Peer Support Specialist: Forensic Peer Mentors are people living in recovery from mental health and/or addictive disease diagnoses and have had Personal lived experience with the criminal justice system.
10. Continuity of care: A process by which the detainee and the care team are cooperatively involved in ongoing health care (mental, social, physical) toward the shared goal of comprehensive treatment of the detainee to reduce re-arrest and/or re-incarceration.
11. Forensic Reentry Resource Packet: A list of potential resources a detainee can access post-release.
12. Central Control Admin Sergeant: The supervisor with responsibility for Central Control operations at Fulton County Jail.
13. Release of information: A form that a patient signs authorizing treating health entities to release protected health information (PHI) to other treating health entities.

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https://www.urban.org/sites/default/files/osher_ui_paper.pdf



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V. ATTACHMENTS:

All forms and attachments associated with this standard operating procedure are set forth below.

1. Screening Reentry Organizational Chart
2. Booking Process
3. Screening Reentry Staff Analysis
4. GAINS Reentry Checklist
5. Release of Information
6. Forensic Peer Support Requirements

VI. PROCEDURES:

Fulton County Jail Complex Reentry Procedures:

- A. All detainees identified, through the Correctional Mental Health Screen, as being positive for further mental health evaluation/assessment will receive a GAINS Reentry checklist.
- B. Upon completion of the GAINS Reentry checklist, any potential needs identified in the community after release will be documented by Reentry staff.
- C. Any identification and documentation of any potential needs in the community, the Reentry screener will obtain the necessary Release(s) of Information from the detainee.
- D. Upon obtaining the necessary Release(s) of Information, the Reentry staff member will transmit the appropriate release(s) to the appropriate provider.
- E. The Reentry screener will coordinate with the criminal defense to determine if the current criminal case(s) may be resolved with a reentry plan and determine the necessary timeline for completing the Reentry Plan.
- F. If the detainee remains housed at the Fulton County Jail Complex after first appearance and meets the criteria for appropriateness for reentry, the reentry screener will



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begin to develop a reentry plan that meets the needs identified in the GAINS Reentry checklist.

- G. If the detainee is released on bond before first appearance, copies of the GAINS Reentry checklist and any releases of information obtained will be provided to the following, including but not limited to: jail reentry team, accountability courts, public defender, and the Fulton County Department of Behavioral Health and Developmental Disabilities.
- H. Prior to release the Reentry/Screening Supervisor will ensure that there are no holds or warrants to prevent the specific detainee from being released, and that all appropriate clearances have been conducted by the Fulton County Sheriff.
- I. For detainees released prior to the development of a reentry plan, the screening/reentry unit will provide an appropriate Resource Packet that addresses the potential community needs identified in the GAINS Reentry checklist.
- J. Upon release from the Fulton County Jail, every inmate on the mental health caseload shall receive a four (4) day supply of the medication that he/she was prescribed in addition to any unused medication that was prescribed while incarcerated. This medication will be provided by the "Releasing Officer."
- K. All inmates on the mental health caseload at the Fulton County Jail Complex will be released between 9am and 9pm.
- L. Prior to release, coordination needs to take place between the Reentry Supervisor and the Central Control Admin Sergeant.



Appendix E: Forensic Peer Mentor Budget and Job Description



Forensic Peer Mentor Budget

Salary	\$27,500.00
Fringe	\$8,693.00
Travel (FPM + prorated Supervisor)	\$4,200.00
Training	\$500.00
Equipment + Telecommunications	\$500.00
Supplies	\$125.00
Subtotal Direct Costs	\$41,518.00
Indirect costs	\$4,151.80
Total Budget	\$45,669.80

Job Description

Forensic Peer Mentor (FPM)

Reports To: Georgia Mental Health Consumer Network (GMHCN)

Overview: Forensic Peer Mentors are people living in recovery from mental health and/or addictive disease diagnoses and have had personal lived experience with the criminal justice system. They operate from the perspective that everyone who has lived experience with mental health and/or addictive diseases and involvement with the criminal justice system has the capacity to recover their lives and successfully live lives of meaning and purpose in the communities of their choice.

The Forensic Peer Mentor (FPM) provides mentoring, peer support, and linkage and care coordination to promote the successful community reintegration of adults with a behavioral health diagnosis returning to the community following incarceration. The FPM works with returning citizens on-site within an assigned correctional facility who are within 12-18 months of their release date/TPM (tentative parole month), as well as in the community post-release, providing trauma-informed, culturally-competent direct services including linkage and assistance in developing transportation plans to community services to facilitate access to entitlements and community-based behavioral health and other services. Using a person-centered approach to engagement, mental illness, substance abuse, and co-occurring disorders, FPM's support returning citizens to reduce criminal recidivism, change behaviors, establish safety, develop supportive healthy networks, and access community resources.



FPM's perform a wide range of tasks aimed at creating mutual relationships with the returning citizens in hopes that they will regain control over their own lives and over their own recovery process. In order to accomplish this, FPM's may engage in the following:

- Role model competency in recovery principles
- Role model and share effective coping skills
- Assist returning citizens in articulating their personal goals, identify potential outcomes and challenges, and provide needed support as identified by the returning citizens they are working with
- Assist returning citizens in creating, and supporting them with ongoing maintenance of a personal Wellness Recovery Action Plan (WRAP)
- Assist in identifying, and supporting participation in, mutual self-help support groups
- Role model and share problem solving techniques with the returning citizens
- Role model and share how to identify and overcome their fears. (i.e., in preparation for prison discharge and living lives of recovery in the community)
- Role model and share job-related skills
- Role model and share the skills needed for self-advocacy
- Assist with linking to community resources
- Assist in establishing and/or maintaining natural support systems
- Role model, and share, effective coping techniques and self-help strategies
- Assist returning citizens in creating a Whole Health Action Management (WHAM) plan
- Role model and share skills of reporting to probation/parole officer, judges, etc.

Responsibilities:

- Maintain a case load of 1:30 per facility/1:15 per FPM, accepting referrals for returning citizens on levels 2, 3, and 4 at state prison facilities
- Provide mentoring, peer support and linkage and care coordination to adults with behavioral health needs including; substance use disorders, mental illness, trauma histories, and extensive involvement in the criminal justice system
- Assess returning citizens' immediate needs, legal circumstances, and engagement needs to develop service plans and deliver appropriate short-term and referral services

- Participate in correctional facility transition/release planning, support correctional facility clinical team with writing reentry plans for all returning citizens on case load; attend and prepare for multidisciplinary team meetings
- Link returning citizens to treatment, self-help, and community resources as needed to progress toward goals; involve family, significant others, and treatment providers in service provision as needed and agreed upon with returning citizen
- Assist with problem-solving to address risk factors for criminal recidivism, personal safety and community living; address criminal recidivism risk factors through targeted groups, linkage and care coordination and problem-solving peer support sessions
- Facilitate and/or assist in developing transportation plans for returning citizens to after-care appointments
- Act as advocate and liaison for returning citizens in securing housing, entitlements/benefits, treatment, medical care, and other community services and supports that are responsive to the needs of returning citizens
- Provide individual supportive peer counseling as needed, using appropriate evidence-based practices, e.g. motivational interviewing
- Educate returning citizens about their rights and instill hope in returning citizens
- Complete required documentation, including progress notes and significant data in accordance with documentation policies
- May provide education and information to promote public interest and advocacy for services for returning citizens with behavioral health needs
- May assist in program evaluation and research activities
- Maintain a working knowledge of current trends and developments in the behavioral health field by reading books, journals, and other relevant material
- Attend relevant job-related seminars, meetings, conferences, trainings, and conference calls when offered
- Attend continuing education (CE) opportunities approved by the Georgia CPS Project and/or Georgia CARES Project in order to meet the required 12 CEU's needed each calendar year to maintain certification as a CPS/CARES
- Complete other related duties as required by GMHCN supervisory staff



Qualifications:

- Graduate of a recognized Peer Mentor training program such as Certified Peer Specialist (CPS) or Georgia Certified Addiction Recovery Empowerment Specialist (CARES) Training
- Completion of Forensic Peer Training
- High school diploma or GED with related work experience
- Must be a self-identified current or former recipient of behavioral health services with a history of involvement in the criminal justice system. As a peer in recovery from mental illness and/or substance abuse the peer must be willing to utilize recovery experience to engage and support returning citizens; must embrace the philosophy of resilience and recovery and be willing to be a role model for returning citizens with behavioral health needs
- Treats others with dignity and respect
- Effective oral and written communication skills and organizational skills are essential
- Ability to maintain confidential communications and protect confidentiality of records
- Commitment to working with integrity and ethically; ability to maintain appropriate boundaries with returning citizens and effective, collaborative working relationships with correctional facility staff
- Ability to work independently
- Proficiency with electronics, including cell phone/smartphone, computer and databases, with working knowledge of Microsoft Office
- Georgia driver's license with clean driving record
- Reliable form of personal transportation

Work Environment/Physical Demands Summary:

The FPM works in the community and an office environment within a local correctional facility and uses a computer, telephone and other office equipment as needed to perform duties. The noise level in the work environment is typical of that of an office within a correctional facility. Work also involves travel to returning citizens' homes, community provider-locations and meetings. FPM's may encounter frequent interruptions throughout the work day. The FPM is regularly required to sit, talk, or hear; frequently required to use repetitive hand motion, handle or feel, and to stand, walk, reach, bend or lift up to 20 pounds regularly and 30 pounds

occasionally. Contact with the public in home, office, or prison/jail environments may risk exposure to irrational/hostile behavior, contagious diseases, or contact with domestic animals.

Note: Budget and job description were provided by Georgia DBHDD.



Appendix F: Screening and Reentry Unit Proposed Staffing Budget



Screening and Reentry Unit Proposed Staffing Budget

Position	#	Position Grade	Salary	Fixed Benefits	Variable Rate Cost	TOTAL
Behavioral Health Program Manager	1	23	\$64,777	\$10,712	\$20,929	\$96,418
Behavioral Health Clinician II	1	20	\$54,398	\$10,712	\$17,575	\$82,685
Behavioral Health Clinician	4	19	\$203,756	\$42,848	\$65,830	\$312,434
TOTAL	6	-	\$322,931	\$64,272	\$104,334	\$491,537

Behavioral Health Program Manager

Salary Total		64,777	Value of all positions
Number of Positions	1		

Fixed Rates	Per Employee		
1505 Life Insurance	\$ 57	57	Estimated Cost Line
1061 Workers Compensation*	\$ 450	450	Estimated Cost Line
1510 Dental Insurance	\$ 291	291	Estimated Cost Line
1512 Vision Insurance	\$ 112	112	Estimated Cost Line
1501 Health Insurance	\$ 9,802	9,802	Estimated Cost Line
Total Fixed Benefits	\$ 10,712	10,712	

Variable Rates	Percentage		
1010 Social Security	6.2%	4,016.2	Estimated Cost Line
1011 Social Security - Medicare	1.5%	939.3	Estimated Cost Line
1060 Unemployment	0.7%	427.5	Estimated Cost Line
1062 Disability	0.5%	323.9	Estimated Cost Line
1522 Retiree H/L/V	13.5%	8,744.0	Estimated Cost Line
1527 DC-Contribution Emplr	8.0%	5,182.2	Estimated Cost Line
1529 DC-Contribution Employer 2%	2.0%	1,295.5	Estimated Cost Line
	32.3%	\$ 20,929	

Estimated Costs		\$ 96,418	Estimated Cost Total
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Behavioral Health Clinician II

Salary Total		54,398	Value of all positions
Number of Positions	1		

Fixed Rates	Per Employee		
1505 Life Insurance	\$ 57	57	Estimated Cost Line
1061 Workers Compensation*	\$ 450	450	Estimated Cost Line
1510 Dental Insurance	\$ 291	291	Estimated Cost Line
1512 Vision Insurance	\$ 112	112	Estimated Cost Line
1501 Health Insurance	\$ 9,802	9,802	Estimated Cost Line
Total Fixed Benefits	\$ 10,712	10,712	

Variable Rates	Percentage		
1010 Social Security	6.2%	3,372.7	Estimated Cost Line
1011 Social Security - Medicare	1.5%	788.8	Estimated Cost Line
1060 Unemployment	0.7%	359.0	Estimated Cost Line
1062 Disability	0.5%	272.0	Estimated Cost Line
1522 Retiree H/L/V	13.5%	7,343.0	Estimated Cost Line
1527 DC-Contribution Emplr	8.0%	4,351.8	Estimated Cost Line
1529 DC-Contribution Employer 2%	2.0%	1,088.0	Estimated Cost Line
	32.3%	\$ 17,575	

Estimated Costs **\$ 82,685** Estimated Cost Total

Behavioral Health Clinician I

Salary Total		203,756	Value of all positions
Number of Positions	4		

Fixed Rates	Per Employee		
1505 Life Insurance	\$ 57	228	Estimated Cost Line
1061 Workers Compensation*	\$ 450	1800	Estimated Cost Line
1510 Dental Insurance	\$ 291	1164	Estimated Cost Line
1512 Vision Insurance	\$ 112	448	Estimated Cost Line
1501 Health Insurance	\$ 9,802	39,208	Estimated Cost Line
Total Fixed Benefits	\$ 10,712	42,848	



<i>Variable Rates</i>	<u>Percentage</u>		
1010 Social Security	6.2%	12,632.8	<i>Estimated Cost Line</i>
1011 Social Security - Medicare	1.5%	2,954.4	<i>Estimated Cost Line</i>
1060 Unemployment	0.7%	1,344.8	<i>Estimated Cost Line</i>
1062 Disability	0.5%	1,018.8	<i>Estimated Cost Line</i>
1522 Retiree H/L/V	13.5%	27,504.2	<i>Estimated Cost Line</i>
1527 DC-Contribution Emplr	8.0%	16,300.4	<i>Estimated Cost Line</i>
1529 DC-Contribution Employer 2%	2.0%	4,075.2	<i>Estimated Cost Line</i>
	32.3%	\$ 65,830	
 Estimated Costs		\$ 312,434	<i>Estimated Cost Total</i>



Appendix G: Total Proposed Annual Expenses for Screening and Reentry Unit



	2019	2020	2021	Notes
Salaries and Benefits				
Supervisor	\$96,418	\$96,418	\$96,418	
Assistant Supervisor	\$82,685	\$82,685	\$82,685	
4 Clinicians	\$312,434	\$312,434	\$312,434	
Forensic Peer Mentor	N/A	\$36,193	\$36,193	Information on the Forensic Peer Mentor salary, benefits, and other expenses was provided by Georgia DBHDD. The position would be employed by the Georgia Mental Health Consumer Network through its contract with Georgia DBHDD and funded by Fulton County, with payment outlined in an MOU and made to Georgia DBHDD.
SOAR Case Manager	N/A	\$59,700	\$59,700	To be determined if a new position is needed or if the duties can be incorporated into those of another staff member.
PATH Team Member	N/A	\$53,859	\$53,859	Information on salary, benefits, and other expenses was provided by Georgia DBHDD.
<i>Subtotal Salaries and Benefits</i>	<i>\$491,537</i>	<i>\$641,289</i>	<i>\$641,289</i>	
Office Supplies and Other Expenses*				
Laptops	\$10,000	\$1,667	\$0	One each for each staff member, except Forensic Peer Mentor; one-time expense
Cell phones	\$500	\$250	\$0	One each for Supervisor, Assistant Supervisor, SOAR Case Manager; one-time expense
Office equipment	\$10,000	\$1,667	\$0	Desks, chairs, bookcases, etc.; one-time expenses
Desk phones	\$1,500	\$250	\$0	To purchase VOIP phones; one-time expense
Office supplies	\$2,000	\$2,333	\$2,333	
Printing	\$2,500	\$2,917	\$2,917	
Postage	\$500	\$583	\$583	
Photocopies	\$2,500	\$2,917	\$2,917	



	2019	2020	2021	Notes
Travel and training	\$6,000	\$7,000	\$7,000	
Parking and mileage	\$1,500	\$1,750	\$1,750	
<i>Subtotal Office Supplies and Other Expenses</i>	<i>\$37,000</i>	<i>\$22,000</i>	<i>\$17,500</i>	
Forensic Peer Mentor Supplies and Other Expenses	N/A	\$9,476	\$9,476	Training, travel, equipment, telecommunications, supplies, and indirect costs
PATH Team Member Supplies and Other Expenses	N/A	\$2,133	\$1,333	Laptop and air card (first year only), training, and mileage to transport individuals as necessary
GRAND TOTAL	\$528,537	\$674,898	\$669,598	

* Does not include supplies and other expenses for Forensic Peer Mentor or PATH Team member.



Appendix H: Social Security Administration Incentive Payments for State and Local Institutions





Incentive Payments for State and Local Institutions

The Social Security and SSI programs

Social Security provides disability, retirement and survivors benefits to qualified individuals and their families based on the worker's earnings. Supplemental Security Income (SSI) is a federal program that provides monthly payments to people who are 65 or older, or who are blind or have a disability and who have little or no income and resources. Social Security manages both programs.

In most cases, Social Security or SSI benefits cannot be paid to people who are in prison or other public institutions. Administrators of jails, prisons and other correctional and certain mental health institutions can help Social Security by reporting information about confined or incarcerated people.

Authority for incentive payments

Federal law permits incentive payments to state and local correctional and certain mental health institutions for providing information that:

- Results in the suspension of SSI payments to people whose confinement began in March 1997 or later; or
- Results in the suspension of Social Security retirement, survivors or disability insurance benefits to people whose confinement began in April 2000 or later.

Participation in incentive payment program

State and local correctional institutions, and certain mental health institutions that want to participate in the incentive payment program, must sign an agreement with the Commissioner of Social Security. Under the agreement, the institutions must provide the following information every month about all newly admitted inmates:

- Social Security number;
- Name;

- Date of birth;
- Date that confinement or incarceration began;
- Conviction date;
- Release dates, and
- Other identifying information about the inmate.

Institutions must also provide initial reports containing this information for their total inmate population. Participating institutions must forward the information to Social Security electronically.

Amount of incentive payments

For every Social Security or SSI recipient that is suspended as a result of information provided, we will pay the institution:

- \$400 for information received within 30 days of the confinement; or
- \$200 for information received after 30 days but within 90 days after confinement.

NOTE: We will not pay an incentive payment for information received after 90 days of confinement.

Sending Inmate Reports to Social Security

In addition to monthly reports of new inmate admissions, institutions must provide us an initial report with their total inmate population. Participating institutions must forward the information to Social Security electronically.

How incentive payment process works

When reports are received, we will:

1. Verify that required inmate data has been furnished by each participating correctional or mental health institution;
2. Confirm that Social Security number data matches information in our files;



3. Review payment records to find out if any inmates are receiving Social Security or SSI benefit payments;
4. Notify the inmate that Social Security or SSI payments must be suspended;
5. Determine the incentive payment to each participating facility or institution;
6. Transmit monthly incentive payments via electronic funds transfer to the financial account specified by each participating institution or facility; and
7. Send a monthly notice to each participating institution with:
 - The total number of Social Security beneficiaries and SSI recipients whose benefits we suspended because of your inmate report;
 - The total monthly incentive payments due you; and
 - The date we transferred the electronic funds to your financial account.

Help Us Stop Fraud and Waste in Government Programs

Our law changed in December 2013. It now expands our authority to share prisoner information with the Department of Treasury for the purposes of tax administration, debt collection, and identifying, preventing and recovering improper payments under federally funded programs. You can help us stop fraud and waste in other government programs by sending us the following additional inmate information with your monthly inmate report for re-disclosure to Treasury's Do Not Pay Portal:

- Work release dates,
- Projected release dates,
- Taxpayer identification numbers,
- Prison assigned inmate numbers, and
- Inmate's last known addresses.

Questions about incentive payment process

If you have any questions about this incentive payment program, you can contact any Social Security office for the name and address of our regional prisoner coordinator. The coordinator will assist you in enrolling in the program or answering any questions you may have.

Contacting Social Security

The most convenient way to contact us anytime, anywhere is to visit www.socialsecurity.gov. There, you can: apply for benefits; open a *my* Social Security account, which you can use to review your *Social Security Statement*, verify your earnings, print a benefit verification letter, change your direct deposit information, request a replacement Medicare card, and get a replacement SSA-1099/1042S; obtain valuable information; find publications; get answers to frequently asked questions; and much more.

If you don't have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at **1-800-772-1213** or at our TTY number, **1-800-325-0778**, if you're deaf or hard of hearing.

If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods since you may experience a higher than usual rate of busy signals and longer hold times to speak to us. We look forward to serving you.



Securing today
and tomorrow

Social Security Administration
Publication No. 05-10088
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BUSINESS CASE 2

Data



**FULTON COUNTY JUSTICE AND
MENTAL HEALTH TASK FORCE**
Business Cases

Business Case 2: Data

Problem/Opportunity

The Fulton County Justice and Mental Health Task Force (Task Force) was created to identify gaps in Fulton County’s behavioral health and criminal justice systems and recommend actions to achieve the four key measures of the national Stepping Up Initiative:

- Reduce the number of individuals with mental illness booked into jail,
- Shorten the average length of stay for individuals with mental illness in jail,
- Increase the percentage of connection to care for individuals with mental illness upon release from jail, and
- Lower rates of recidivism for individuals with mental illness.

In its deliberations, the Task Force quickly encountered issues related to data — particularly, data sharing — and its importance in making progress on all four key measures. Data sharing helps criminal justice and behavioral health staff do their jobs better and gives county executives and managers insights into operational performance and improvement opportunities.

However, currently no collaborative data sharing protocols or consolidated data systems exist to assist behavioral health and criminal justice entities in sharing vital medical and treatment information. Developing such protocols would benefit the effective and efficient treatment of individuals with mental illness and allow Fulton County to evaluate the success of the system components in meeting desired outcomes.

In order to accomplish the goals of the Stepping Up Initiative, in its initial phase of work the Task Force made the following recommendation related to data sharing, which was one of five priority recommendations:

- Develop and implement a strategy for coordinated information sharing between reentry providers and community stakeholders to improve case coordination. Establish data-sharing agreements between Fulton County Jail, the 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.

The Task Force made other recommendations that this business case addresses:

- Designate Fulton County Jail inmates with serious and persistent mental illness facing homelessness on release as being at “imminent risk” of homelessness so that care navigation can begin before release.
- Establish a standing mechanism for reporting jail and housing data that can be used by decision makers.
- Develop a working data team to continually and proactively gather and review data to measure and track the four key measures of the Stepping Up Initiative that were adopted by the Fulton County Commission.

To implement these recommendations, the Task Force created a Data Design Team to identify operational requirements, budget needs, and success measures. The work of the Design Team included:

- Identifying the targeted business processes,
- Identifying similar approaches used by other jurisdictions,
- Developing a proposed solution, and
- Identifying implementation options and related costs.

Targeted Business Processes

The Data Design Team focused its considerations on the data needs and operational success of three primary business processes.

BUSINESS PROCESS 1: IDENTIFICATION, TREATMENT, AND REENTRY OF INDIVIDUALS WITH MENTAL ILLNESS

In Business Case 1: Jail Screening and Reentry, the Task Force recommended the implementation of a new Screening and Reentry Unit (SRU) to be housed at the Fulton County Jail that is designed to improve the identification and treatment of individuals with mental illness in the jail, as well as provide and coordinate reentry services. If approved and funded, the SRU will be responsible for conducting a mental health screening and reentry needs assessment on 100% of eligible bookings, providing reentry planning and services, and establishing community connections.

The efforts of the proposed SRU are critical for subsequent actions within the criminal justice and behavioral health systems, including:

- Determination of appropriate jail mental health treatment options,
- Judicial decisions, and
- Reentry planning and implementation.

Data are needed to improve timely decision-making and action. In particular, data are needed to facilitate prescription and administration of psychotropic medication within 48 hours (if deemed clinically necessary), identification of the existence of prior mental health treatment in the community prior to a First Appearance hearing, and timely release from jail.

Specifically, it is expected that the fully implemented business process will result in the following workflow:

Day One

1. An individual is booked into jail.
2. The SRU conducts the following for each individual, as part of an automated workflow:
 - a. Correctional Mental Health Screen for Men/Women (CMHS-M/W),
 - b. GAINS Reentry Checklist to identify reentry needs for those who screen positive on the CMHS-M/W, and
 - c. Release of information authorization form.
3. The jail mental health provider (currently NaphCare) should be notified electronically of each individual who screens positive on the CMHS-M/W to schedule a mental health evaluation, according to the mental health protocol.
4. Every evening, an automated process will achieve the following steps:
 - a. Upload selected data points for each individual booked into jail,
 - b. Match the individual booked with corresponding data from participating entities, and
 - c. For each “shared client,” additional data is sent from participating entities.

Day Two

1. An “Alert” is generated for each individual in the “priority” population, which will consist of individuals with the following characteristics:
 - a. A positive CMHS-M/W screen,

- b. Misdemeanor or non-violent felony charge(s),
 - c. Are shared clients with participating community providers, and
 - d. Have GAINS Reentry Checklist needs in each of these four areas: mental health, psychotropic medication, income, and housing.
2. Alerts will be available to the SRU staff, jail mental health provider, public defender, Fulton County Homeless Continuum of Care (CoC), Fulton County Department of Behavioral Health and Developmental Disabilities (DBHDD), and Grady Health System, as operational needs dictate and in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. The Alert may be in the form of an email that links to an automated report/screen.
3. SRU and public defender staff may begin contacts with community providers to verify the individual’s mental health needs, request appropriate personal health information, develop reentry plans for individuals who consent to planning, and secure community treatment connections in advance of release.
4. Meanwhile, the jail mental health provider can complete the mental health protocol as appropriate — consisting of a comprehensive mental health evaluation, mental health caseload assignment, psychiatric evaluation, and administration of psychotropic medication (if deemed clinically necessary) — to meet the desired 48 hour deadline. It is expected that the jail mental health provider will have access to protected health information (PHI) from Grady through CareLink.
5. First Appearance hearings are typically held on day two. At this point, the following information should be available for the priority population: CMHS-M/W results, GAINS Reentry needs, and existing community connections. This basic information can support court decisions such as bond, alternative sentences, and accountability court referrals.

BUSINESS PROCESS 2: CONNECTIONS WITH COMMUNITY TREATMENT AND SERVICE PROVIDERS

Community providers and law enforcement officers lack access to data and information that would promote connections to treatment rather than arrest and incarceration. The Task Force identified that easily accessible information on where individuals are receiving services and how to connect to these services will minimize the necessity of arrest. Sharing information will also reduce duplication of services and reduce the amount of time it often takes to engage individuals in services and treatment.

The Task Force identified core agencies to pilot the data sharing platform. Once the pilot is operating seamlessly, the Task Force proposes a strategic outreach process to additional community treatment and service providers for inclusion in the next phase. The more agencies that are successfully integrated in the data sharing platform, the more effective the community can be in increasing connections to care and reducing the number of individuals with mental illness booked into jail.

BUSINESS PROCESS 3: MANAGEMENT DATA ANALYSIS

The Task Force identified a need to monitor and assess the performance of the criminal justice and behavioral health systems and their components, especially the Fulton County Jail SRU and the jail mental health provider. While the specific processes of how to monitor and analyze were not developed, the data points necessary to conduct basic analysis were identified. (See page 102 for a list of the data points.) More information about the SRU can be found in Business Case 1: Jail Screening and Reentry.

Approaches by Other Jurisdictions

The Data Design Team met many times during the summer of 2018 and evaluated three existing data sharing platforms: the Georgia Health Information Network (GaHIN), the Statewide Maryland Automated Tracking System (SMART) developed by the Institute for Governmental Service and Research at the University of Maryland, and My Resource Connection (MyRC), developed by the Johnson County, Kansas government.

The federal Substance Abuse and Mental Health Administration (SAMHSA) recognizes MyRC as a best practice strategy for preventing or reducing the jail involvement of individuals with mental illnesses or substance abuse disorders.¹ SAMHSA invited Johnson County to present MyRC at their Best Practices Implementation Academy to Reduce the Number of People with Mental Illnesses and Substance Abuse Disorders in Jails in 2017 and 2018.

“My Resource Connection is a data-sharing web app developed by Johnson County staff. It allows a case manager to obtain information about other county services a particular client is receiving, contact information of other professionals serving that client, information about other individuals

¹ “Using Mental Health Screening and Assessment to Serve Individuals with the Most Needs.” Retrieved from jocogov.org/sites/default/files/documents/CMO/SAMHSA%20Case%20Study%20-%20Johnson%20County%20Kan_FINAL.pdf.

residing in the client's home, and potential services from community-based organizations that might be of benefit to the client.”²

The primary purpose of the Johnson County approach is to facilitate linkages between criminal justice and behavioral health systems to promote continuity of care. Rather than providing detailed PHI or workflow capability, the system is primarily designed to enable quick communication with caseworkers and others who provide services to shared clients so that information can be shared as appropriate. Entities participating in the Johnson County system include hospitals, ambulance services, the behavioral and public health departments, the department of aging, the state probation agency, and many private entities. Appendix A contains screen shots of data available to MyRC users.

Members of the Task Force attended the 2018 Academy and heard their presentation and invited Johnson County to present via weblink to members of the Design Team. Several virtual meetings were held to better understand the functional and technical aspects of the Johnson County system. The Design Team determined that the Johnson County model best aligns with the intent and desired outcomes of the Task Force recommendations.

Proposed Solution: Shared Client Data Repository

To support the three business processes outlines earlier, the Task Force proposes that Fulton County – under the management of its Information Technology (IT) team – develop a Shared Client Data Repository that collects specific data from various entities and sources for three main purposes:

1. Identification of shared clients: individuals who were booked into the Fulton County Jail who previously engaged with one or more participating community treatment providers.
2. Facilitate connections with community treatment providers who have served the shared client to:
 - a. Promote information sharing to improve continuity of care, and
 - b. Facilitate the development of reentry plans and ultimately establish community connections to ensure continuity of care and reduce the likelihood of rearrest.
3. Monitor and analyze system performance to identify opportunities for improvement.

² My Resource Connection, Government Innovators Network. Ash Center for Democratic Governance and Innovation, Harvard Kennedy School. Retrieved from innovations.harvard.edu/my-resource-connection.

The following outlines a high-level project design used to identify operational and resource requirements and as a reference for the Fulton County IT team. A more rigorous implementation plan will need to be developed by the IT team to guide implementation.

INITIAL PARTICIPATING ENTITIES

The Task Force proposes that the following five entities initially participate in the project:

1. Grady Memorial Hospital,
2. Fulton County DBHDD through its vendor, River Edge,
3. Fulton County Jail’s mental health provider (currently NaphCare),
4. Odyssey (Fulton County’s criminal justice data system), and
5. Fulton County Homeless CoC through its Homeless Management Information System (HMIS).³

It is anticipated that other entities, including but not limited to behavioral health providers (58 are funded by Fulton County), the courts, the Georgia Department of Community Supervision, and local law enforcement agencies, will participate in the data repository over time.

DATA REPOSITORY RECORDS

The data repository will include:

- Basic booking and release information for all individuals booked into jail,
- Relevant data from participating community treatment and service providers for those individuals who are shared clients, and
- Various mental health data from the jail mental health provider for those individuals who screen positive on the CMHS-M/W upon booking.

³ “A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards.” US Department of Housing and Urban Development. Retrieved from hudexchange.info/programs/hmis/.

PROJECT COMPONENTS

The project design includes the following general phases:

1. DATA SHARING AGREEMENTS

Participating entities will approve data sharing agreements that set forth the data elements, protocols, liability, HIPAA compliance, and other issues necessary to develop the Shared Client Data Repository. Contracts with the jail mental health provider should be amended as necessary to support the goals of the project.

2. DATA SHARING PROTOCOLS

Data sharing protocols will set forth what data will be shared; the method by which it will be transmitted, received, and integrated; as well as frequency and other factors. It is anticipated that the following data points will be needed:

JAIL DATA VIA ODYSSEY	
Booking Information	
<ul style="list-style-type: none"> Name Sheriff's Office (SO) Number Social Security Number Birth date Race and ethnicity 	<ul style="list-style-type: none"> Gender Booking date Address Charge
Screening and Reentry Unit Data	
<ul style="list-style-type: none"> CMHS-M/W screening date and results (not diagnosis) Date release of information obtained Release of information type Date GAINS Reentry Checklist elements identified 	<ul style="list-style-type: none"> GAINS Reentry Checklist elements, including current SSI/SSDI status Date reentry plan created Date reentry plan completed Date Social Security Administration notified (if appropriate)
Mental Health Information	
<ul style="list-style-type: none"> Evaluation results (not diagnosis) Evaluation date Psychiatric assessment date 	<ul style="list-style-type: none"> Date psychotropic medications prescribed and administered Date assigned to mental health caseload
Subsequent Jail Data	
<ul style="list-style-type: none"> Disciplinary reports New charges incurred while in jail 	<ul style="list-style-type: none"> Mental health stabilization visits Release date

PUBLIC DEFENDER'S OFFICE VIA ODYSSEY	
<ul style="list-style-type: none"> Contact information for public defender assigned to case (name, phone, email) Case disposition 	<ul style="list-style-type: none"> Case disposition date Conditions of case disposition, if any
COMMUNITY PROVIDERS VIA DATA SHARING PROTOCOL (for all individuals booked into jail who share clients)	
<ul style="list-style-type: none"> Last visit date 	<ul style="list-style-type: none"> Contact name, phone, email
HMIS VIA DATA SHARING PROTOCOL (for all individuals booked into jail who match clients)	
<ul style="list-style-type: none"> Demographic information Household size Veteran status Disability status 	<ul style="list-style-type: none"> "Chronic homelessness" status Zip code of last address Living situation prior to program entry Stability of previous night's living arrangement

3. IDENTIFICATION OF BUSINESS, FUNCTIONAL, AND TECHNICAL REQUIREMENTS

User cases and other methods will be completed to identify functional and business requirements of the resulting system. Hardware and software requirements will also be determined, including security requirements, hosting, identity management/credentialing, web-user interface, user support, maintenance schedules, and related requirements.

One anticipated requirement will be the development of an Alert report, which was described earlier. The Alert report will be generated every morning for those individuals booked into jail the previous day, who have the following characteristics:

- A positive CMHS-M/W screen,
- Misdemeanor or non-violent felony charge(s),
- Are shared clients with participating community and housing providers, and
- Have GAINS Reentry Checklist needs in each of these four areas: mental health, psychotropic medication, income, and housing.

The Alert report will be made available to the SRU, Fulton County Office of the Public Defender, and other participating entities, as operational needs dictate and in compliance with HIPAA regulations. Appendix B is an illustration of the Alert report and its data contents.

Another anticipated requirement will be the development of individual and aggregate reports. Appendices C and D illustrate the contents of the proposed reports. Access to these reports should be determined as part of the implementation process.



4. GOVERNANCE

The Task Force proposes establishing a governing committee and charter to make decisions and guide efforts in developing the Shared Client Data Repository. User groups may be developed to ensure training and ongoing communication.

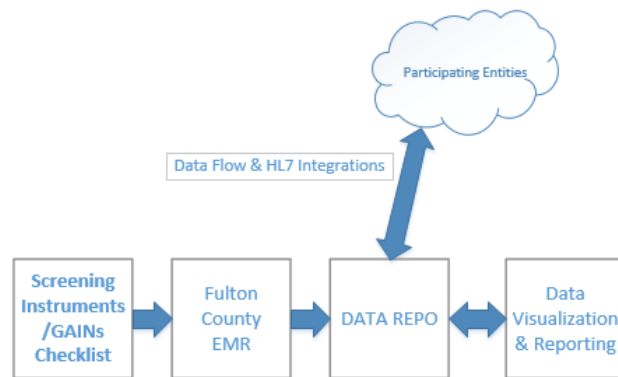
Implementation Approach and Costs

The Fulton County IT team has identified the technical components and proposed five-year budget for this initiative, which follow.

TECHNICAL COMPONENTS

Solution components consist of seven primary areas. See the diagram below for details associated with these components.

1. Forms and integration
2. Shared Client Data Repository
3. Automated data transfer
4. HL7 Interfacing and integration
5. Application support services
6. Dashboard, visualization, and alerts
7. Aggregated reporting



1. FORMS AND INTEGRATION

Business Case 1: Jail Screening and Reentry proposes the use of two paper-based forms, the CMHS-M/W and the GAINS Reentry Checklist, that should be automated. These sources of input require translation and development for data entry into an Electronic Medical Records (EMR) system. The electronic version of these forms should support appropriate error checking and data validation. They also require backend integration and normalized data storage as required per EMR data storage requirements. The forms may stand alone or be integrated with the county's system. The design preference would be integrated with the EMR itself. (Details will be defined as part of the technical solution phase of the project.)

2. SHARED CLIENT DATA REPOSITORY

This solution requires a central data repository to store shared patient data. The repository will hold personally identifiable information (PII) and PHI; therefore, data storage must meet all HIPAA requirements, including data at rest. The data repository location may exist on premise or be cloud-based with the determining factors being cost, liability, and architectural implementation considerations.

3. AUTOMATED DATA TRANSFER

As part of the allocated budget for the Shared Client Data Repository, underlying data as received from data entry forms and EMR should be transferred in a secured manner to the repository automatically. This data transfer may occur near real time or daily.

4. HL7 INTERFACING AND INTEGRATION

To accommodate data sharing among participating entities, Health Level-7 (HL7) interfacing and integration is recommended. HL7 is a set of international standards for transfer of clinical and administrative data between software applications used by various healthcare providers. As of this writing, it is estimated that there are 45 entities wishing to participate in this shared health information solution. A rough cost of \$10,000 per interface/integration per entity will be required. On-boarding will occur at the rate of 15 entities per year with completion of the initial 45 by the end of year three. This proposal assumes ongoing maintenance of interfaces will be supported by the submitting entity.

5. APPLICATION SUPPORT SERVICES

For adequate application support of this solution it is anticipated that an Application Architect, a Data Architect, and a Data Officer be added to the IT team. These positions have been identified as a priority for the 2019 budget.

6. DASHBOARD, VISUALIZATION, AND ALERTS

Automated and configurable Alerts for a targeted population within the system should be supported. These Alerts will serve as awareness indicators to health professionals that a shared client (individuals who were booked into the Fulton County Jail who previously engaged with one or more participating community treatment providers) may require additional health services. The solution should include a dashboard with visual gauges for predefined metrics based on analysis, as well as the ability to implement custom configurable metrics and

accompanying gauges and/or charts. Dashboards should have some branding features and elements that are configurable for the participating entity.

7. AGGREGATED REPORTING

A standard reporting component should exist that gives participating entities the ability to run customizable report queries to meet their individual data reporting needs. The ability to run reports for one or more individuals should be a core function. Output should allow for exporting and printing of report information. Reporting is essential to enable health care professionals to provide enhanced support services.

PROPOSED BUDGET

The budget estimates for each of the above items are presented below:

	Year 1	Year 2	Year 3	Year 4	Year 5
Forms and Integration	\$200,000				
Share Client Data Repository	\$400,000				
HL7 Interfacing and Integration (15 entities per year)	\$150,000	\$150,000	\$150,000		
Application Support Services	\$450,000	\$450,000	\$450,000	\$450,000	\$450,000
Dashboard, Visualization, Alerts, and Reporting	\$171,000	\$75,000	\$75,000	\$75,000	\$75,000
Total	\$1,371,000	\$675,000	\$675,000	\$525,000	\$525,000

Intended Outcomes

Increasing data sharing will lead to increased access to information, which will reduce the number of individuals with mental illness booked into the Fulton County Jail, shorten their average length of stay, increase the percentage of connection to care upon release, and reduce rates of recidivism.

This system would also help Fulton County meet some of the goals outlined in its 2016–2019 Strategic Plan. Under the goal, “All People Are Safe,” this data system will help reduce the:

- Percentage of those arrested who are re-arrested in Fulton County within 12 months of original arrest, and
- Percentage of those convicted of a crime who are arrested again within 12 months of release.

Under the goal, “All People Are Healthy,” this data system will help reduce the percentage of residents who report that in the last 12 months they received a diagnosis and/or had a medical condition that required treatment and sought treatment for that condition, but were unable to access treatment for that condition.

Performance Measures

There are approximately 3,300 bookings into the jail each month. Using NaphCare’s estimate that 16% of the jail population is on the mental health caseload, that equates to 528 people. If this system prevents one quarter (132) of them from being booked into jail (average length of stay: 58 days), then that would avoid costs of \$696,696 per year (based upon \$91 per day for housing), not including jail medical costs or court adjudication costs.

The following measures will indicate the success of the project, and ultimately, the outcomes of the business processes:

Data Warehouse Implementation and Maintenance

- Number of participating organizations
- Percent of system uptime
- Percent of user satisfaction with system
- Number and percent of records with full data

Program Efficiency/Quality

- Number and percent of cases with mental health information for First Appearance hearing
- Number and percent of positive screens versus positive evaluations
- Number and percent of shared clients versus positive screens

Data System Outputs

- Number and percent of shared clients
- Number and percent of Alerts generated

Program Outcomes

- Number and percent of individuals with mental illness prescribed and administered psychotropic medication within 48 hours
- Number and percent of community connections made


- Length of stay in jail (number of days)
- Percent of individuals with mental illness rearrested within 12 months of current booking date
- Number and percent of individuals with mental illness in continuous stable housing



Appendix A: Examples of Data Available to MyRC Users








My Resource Connection
Collaborating for Success
A resource hosted by Johnson County, Kansas

Sign Out | [Send Message](#)

Welcome Chris  [Select Language](#)

Home Clients Services Jobs Apartments Map

Name Address Caseworker System ID

Last Name: First Name: Go advanced

[Bookmarks](#)


Results for bookmark: MED-ACT Behlth Incident Past60Days and Active COR CRT MNH - 5 records found << >>

ClientID	ClientName	BirthDate	Age	Sex	Race	Dept/Div	System	SystemID	SourceDate
+ 230039775				Female	White	EMS/MED-ACT	IMAGETREND	FB5-201709...	11/01/2017
+ 230050710				Male	Other Race	EMS/MED-ACT	IMAGETREND	FB5-201611...	11/01/2017
+ 230034725				Female	White	EMS/MED-ACT	IMAGETREND	FB5-201710...	11/01/2017
+ 230042802				Male	Other Race	EMS/MED-ACT	IMAGETREND	FB5-201709...	11/01/2017
+ 230039681				Female	White	EMS/MED-ACT	IMAGETREND	FB5-201709...	11/01/2017

select: all none selected: [itinerary](#) [map](#) [directions](#) [transit](#) [remove](#) [bookmark](#) [expand](#) [collapse](#)

1		10/31/2018
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A red flag indicates this individual is a "mutual" client with another program.



Last Name: First Name: Go Reset advanced

Results for Birthdate = and matched last four SSN - 5 records found

ClientID	ClientName	BirthDate	Age	Sex	Race	Dept/Div	System
260000471				Female	White	OLATHEPD/Mental Health	OLATHEPDBHCALL
180003373				Female		MNH	MYAVATAR
230039681				Female	White	EMS/MED-ACT	IMAGETREND

Address
Address Type
Residential 1
Residential 2
Residential 3
Residential 4
Incident on 09/08/2017 12:29PM

City, State Zip
Olathe, KS 66061
Olathe, KS 66062
Olathe, KS 66061
LEAVENWORTH, KS 66048
Olathe, KS 66061

map>> 27 client(s) at this address>> parcel info>>
map>> 27 client(s) at this address>> parcel info>>
map>> 21 client(s) at this address>> parcel info>>
map>> 27 client(s) at this address>> parcel info>>

Job Search Links for 66061: Monster>> CareerBuilder>> Craigslist>> Claz.org>>

Contact Info

Phone (Client)
Phone (Client)
Phone (Client)
Phone (MED-ACT Point of Contact)
Email (MED-ACT Point of Contact)

Services

Begin Date	End Date	Service Type
09/08/2017 12:29PM	09/08/2017 12:29PM	Treated Transported by EMS (ALS) to Shawnee Mission Medical Center -- Poisoning/Drug Ingestion
08/28/2017 10:49PM	08/28/2017 10:49PM	Patient Refused Care -- Poisoning/Drug Ingestion
08/24/2017 11:12AM	08/24/2017 11:12AM	Treated Transported by EMS (ALS) to Overland Park Regional Medical Center -- Pain

Service Provider Org
MED-ACT
MED-ACT
MED-ACT

2
Expand a client record to obtain more detail about the client and the services they are receiving.





My Resource Connection
Collaborating for Success
A resource hosted by Johnson County, Kansas

Welcome Chris | Sign Out | Send Message | Select Language

Home Clients Services Jobs Apartments Map
Address Caseworker System ID
Last Name: First Name: Go Reset advanced
Results for Birthdate = and matched last four SSN - 5 records found

ClientID	ClientName	BirthDate	Age	Sex	Race	Dept/Div	System
260000471				Female	White	OLATHEPD/Mental Health	OLATHEPDBHCALL
180003373				Female		MNH	MYAVATAR
230039681				Female	White	EMS/MED-ACT	IMAGETREND

City, State Zip
 Olathe, KS 66061 map>> 27 client(s) at this address>> parcel info>>
 OLATHE, KS 66062 map>> 27 client(s) at this address>> parcel info>>
 Olathe, KS 66061 map>> 21 client(s) at this address>> parcel info>>
 LEAVENWORTH, KS 66048 map>>
 Olathe, KS 66061 map>> 27 client(s) at this address>> parcel info>>
 >> CareerBuilder>> Craigslist>> Claz.org>>

Send Message

To: med-actqa@jocoems.org

From: chris.schneweis@jocogov.org

Title: MyRC Client Initials: KR (IMAGETREND System ID: FB5-20170908-115)

Message:

Send Cancel

Service Provider Org
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3

Click on the service coordinator's email address to send them a message.

Appendix B: Alert Report Example



[Name of Inmate]
GAINS Priority/Reentry Report

Birthdate: 01/01/01
 Gender: Male

Race: White
 Identifier: 8799879

Arrest Data

Booking Date: 01/01/01 Days in Jail: 2
 Charge: Misdemeanor | Qualifying Felony | Non-Qualifying Felony
 Previous Arrest 12 months: No

Mental Health Data

Screen: POSITIVE (01/01/01) Release of Information: 01/01/01
 Evaluation: REFERRED (01/01/01) Psychotropic Medication: [administered date]
 Caseload Placement: level/date Stabilization Visits: 0

GAINS Reentry Checklist Results

Category	Need	Plan	Actual
Mental Health Services			
Psychotropic Medication			
Housing			
Income Support/Benefits			
Substance Abuse Services			
Health Care			
Health Care Benefits			
Food/Clothing			
Transportation			
Other			

Community Linkages

Provider	Date	Contact Name	Contact Info
Grady			
River Edge			
Housing			

Disposition

Disposition	Date	Contact (Public Defender)
Signature Bond with Community Treatment/Housing		
Supervised Bond with Community Treatment/Housing		
Accountability Court		
Alternative Sentencing with Community Treatment/Housing		
Other		



Appendix C: Individual Data Report Example





DATA POINT	FORMULA	EXPECTED RESULT	COMMENTS
Days in jail	Booking date – release date	Less than 58 days	
Is there an existing CMHS-M/W for the inmate?	Booking date – screening date	Zero	Problem if screening date is Null
Was it conducted the same day as booking?			
Is there an existing GAINS Reentry Checklist for the inmate?	Booking date – GAINS date	Zero	Problem if GAINS date is Null
Was it conducted the same day as booking?			
Is there an existing mental health evaluation for the inmate?	Booking date – evaluation date	Less than 48 hours	Problem if evaluation date is Null
Was it conducted within 48 hours of booking?			
Was the inmate prescribed psychotropic medication?	Booking date – medication prescription date	Less than 48 hours	Do not count if medication administration date is Null
Was the inmate administered psychotropic medication within 48 hours of booking?	Booking date – medication administration date		
Timely release	Court case disposition date – release date	To be determined	
Transition plan	Booking date – date transition plan created	To be determined	Should not have transition plan if mental health evaluation result is negative
CMHS-M/W quality check	Positive CMHS-M/W = mental health evaluation positive?	Yes	
GAINS Priority group	Inmate is in need of mental health services, psychotropic medication, income supports, housing	To be determined	

Appendix D: Aggregate Data Report Example





TIME PERIOD				TOTAL BOOKED: #
General Population	Positive CMHS-M/W screens	#	%	
	Emergency referrals from correctional officers	#	%	
	Average length of stay	# days	Range	
	Rearrest within 12 months	#	%	
Mental Health Caseload	GAINS Reentry Checklists completed	#	%	Average days
	GAINS priority population	#	%	Average days
	Transition plans completed	#	%	Average days
	Mental health evaluation conducted	#	%	Average days
	Mental health evaluation positive	#	%	Average days
	Mental health caseload assignment	#	%	Average days
	Psychotropic medication prescribed/administered	#	%	Average days
Behavior of Inmates on Mental Health Caseload	Number of medical consults	#	%	
	Stabilization visits to Grady	#	%	
	Disciplinary reports	#	%	
	New charges	#	%	
Disposition of Inmates on Mental Health Caseload	Bond	#	%	
	Alternative sentencing	#	%	
	Accountability court	#	%	
	Other	#	%	
	Previous community treatment reported	#	%	
Community Connections Made for Inmates on Mental Health Caseload	Transition plans completed	#	%	
	Connections made to:			
	Treatment	#	%	
	Housing	#	%	
Other	#	%		
Audit	Positive screens – mental health evaluation confirmation	#	%	
	Full record	#	%	

BUSINESS CASE 3

Training



**FULTON COUNTY JUSTICE AND
MENTAL HEALTH TASK FORCE**
Business Cases

Business Case 3: Training

Problem/Opportunity

Fulton County is Georgia’s largest county by population, with slightly more than one million residents in 2017.¹ The Atlanta Regional Commission estimates that as many as 50,000 Fulton County residents have a severe mental illness. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) *Behavioral Health Barometer* shows that the number of Georgians with serious mental illness has increased every year from 2010 to 2014, yet less than 30% receive treatment or counseling.²

The demand for safety net mental health and substance use disorder services in Fulton County and Atlanta is greater than the supply. Diversion options, including crisis stabilization beds and drop-off centers, are limited, making the emergency departments at Grady Memorial Hospital and other hospitals as well as Atlanta City Detention Center and Fulton County Jail the destination for many individuals in crisis.

With increasing numbers of mental health challenges facing Fulton County communities, law enforcement and jail officers experience greater demands to manage interactions brought about by an individual’s mental illness, including crisis situations. Consistent and competent intervention by law enforcement and jail officers in situations involving an individual with mental health challenges requires training to avoid escalation and divert persons to appropriate community resources.

“Prior research has shown that police officers often feel inadequately trained to deal with mental health crises and are frequently frustrated by sluggish response times from mental health crisis teams. They resort to arrest because they lack available alternatives Reducing unnecessary arrests would serve law enforcement interests by limiting the amount of time officers need to spend on these calls, and enhancing safety for the responding officer and for the community.”³

Training is necessary to divert and reduce the number of individuals with mental illness from entering the criminal justice system and to promote compassionate and effective assistance to

¹ Fulton County, Georgia Quick Facts. US Census Bureau. Retrieved from [census.gov/quickfacts/fact/table/fultoncountygeorgia/PST045217](https://www.census.gov/quickfacts/fact/table/fultoncountygeorgia/PST045217).

² *Behavioral Health Barometer: Georgia, 2015*. Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Retrieved from [samhsa.gov/data/sites/default/files/2015_Georgia_BHBarometer.pdf](https://www.samhsa.gov/data/sites/default/files/2015_Georgia_BHBarometer.pdf).

³ Franz, Stephanie and Randy Borum. “Crisis Intervention Teams may prevent arrests of people with mental illness.” *Police Practice and Research*, Vol. 12, No. 3, June 2011, 265-272.

people in crisis. But training isn't just about providing appropriate skills for law enforcement officers; it's also about providing an opportunity for cross-sector collaboration among law enforcement, criminal justice, and mental health professionals to provide a systemic alternative to arrest and incarceration.

The Fulton County Justice and Mental Health Task Force (Task Force) was created to identify gaps in Fulton County's behavioral health and criminal justice systems and provide methods to implement the four key measures of the national Stepping Up Initiative:

- Reduce the number of individuals with mental illness booked into jail,
- Shorten the average length of stay for individuals with mental illness in jail,
- Increase the percentage of connection to care for individuals with mental illness upon release from jail, and
- Lower rates of recidivism for individuals with mental illness.

In order to accomplish these goals, in its initial phase of work the Task Force made the following recommendation related to training, which was one of five priority recommendations:

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

Training is a key component to addressing three of the four key measures of the Stepping Up Initiative: reduce the number of individuals with mental illness booked into the Fulton County Jail, shorten their average length of stay, and reduce rates of recidivism.

Proposed Solution

At the national, state, and local government levels, there is a recognition that law enforcement officers, including jail officers, face unique challenges in effectively responding to persons with mental health challenges. With this recognition, law enforcement agencies have an increased obligation to understand and serve these citizens to provide a high level of public safety. All law enforcement agencies within Fulton County have officers in their departments who have the training to appropriately deal with citizens who are suffering from a mental health episode. However, it only takes seconds for a situation to deteriorate during an encounter with an individual under mental distress with an officer who lacks the experience and training to deal

with this type of situation. The Task Force sees a need for quality mental health training for every law enforcement and jail officer serving in Fulton County.

Specific training in how to respond to the unique needs of those with a mental illness is necessary to divert and reduce the number of these individuals from entering the criminal justice system and to compassionately and effectively assist in a crisis situation. Consistent and competent intervention in situations in which an individual with a mental illness interfaces with law enforcement is of paramount importance.

Early intervention through an improved law enforcement response will increase the likelihood that individuals with a mental illness will receive appropriate treatment in the community, diverting them from jails that are often not equipped to meet their mental health treatment needs. Linkage to needed mental health treatment will also aid in addressing criminogenic factors to lower the rates of recidivism.

Implementation of law enforcement-based specialized responses to people with mental illness is founded upon the following values and principles:

- Improved services for individuals with mental illness with frequent criminal justice system contact,
- Improved effectiveness of law enforcement response to decrease the number of individuals with mental illness booked into jail,
- Diversion from the criminal justice system and linkage to needed mental health services and early intervention,
- Reduction in law enforcement and jail officer and civilian injuries by providing training on appropriate de-escalation techniques for individuals with mental illness,
- Improving the ability of jail officers to respond to and de-escalate mental health crises,
- Having law enforcement officers who may be the first to encounter an individual with a mental illness have enough baseline knowledge to recognize the need for intervention and treatment as an alternative to arrest, and
- Collaboration between law enforcement, the mental health community, and other stakeholders to streamline the provision of mental health treatment services.

The Task Force designated a Training Design Team to develop a plan to implement the Task Force recommendation to develop and implement a standardized training plan aimed at training 100% of law enforcement in CIT, trauma-informed responses, and other evidence-based

trainings. As a result of meetings held during the summer of 2018, the Task Force proposes a collaborative approach across Fulton County law enforcement agencies — specifically, the Fulton County Police Department, Sheriff’s Office, Marshal’s Department, and 911 operators/dispatchers — to ensure that all officers receive the following trainings:

- Mental Health First Aid for Public Safety,
- Trauma-Informed Criminal Justice System Responses, and
- CIT.

Crisis situations can be de-escalated by officers with the use of these trainings, thereby increasing public safety, saving jail space, saving time and labor costs associated with jail transports and court appearances, and avoiding possible injuries associated with a violent contact.

MENTAL HEALTH FIRST AID FOR PUBLIC SAFETY

Adult Mental Health First Aid training goals are to preserve life, prevent problems from becoming more serious, promote and enhance recovery, and provide comfort and support. During a Mental Health First Aid course, participants learn about the signs and symptoms of a variety of mental illnesses, how to assess for the risk of suicide or harm, how to listen nonjudgmentally, how to give reassurance, and how to encourage an individual to seek professional help while also encouraging self-help and other support strategies.

Mental Health First Aid was first developed in 2001 and Mental Health First Aid for Public Safety (MHFA/PS) was rolled out nationally in 2012. There are other modules specific to higher education, rural populations, veterans, and older adults. MHFA/PS is built upon the Adult Mental Health First Aid course but is specifically designed for police, first responders, jail officers, and other public safety employees. It “provides officers with more response options to help them de-escalate incidents and better understand mental illnesses so they can respond to mental health related calls appropriately without compromising safety.”⁴

MHFA/PS can be incorporated into law enforcement training regimens in one of two ways: as a stand-alone course and/or as an enhancement for those who have already completed CIT training. Officers must recertify every three years to receive the latest information on mental health and substance use disorders. The initial MHFA/PS is an eight-hour course and the recertification is 90 minutes.

⁴ “Mental Health First Aid for Public Safety.” Mental Health First Aid USA. Retrieved from mentalhealthfirstaid.org/cs/wp-content/uploads/2016/01/Public-Safety-Overview-2.pdf.

More information is available in Appendix A: Mental Health First Aid for Public Safety One-Pager.

TRAUMA-INFORMED RESPONSES TRAINING

It is widely recognized that large numbers of justice-involved individuals have experienced serious trauma in their lifetime. This can impede an individual's capacity for recovery and often increases instances of involvement with the criminal justice system. "How Being Trauma-Informed Improves Criminal Justice System Responses" (Trauma-Informed Responses training) is a training course for criminal justice professionals that helps them increase their understanding and awareness of the impact of trauma and develop trauma-informed responses to avoid re-traumatizing an individual during an encounter.⁵ The course is four hours.

"Trauma-informed care is an approach used to engage people with histories of trauma. It recognizes the presence of trauma symptoms and acknowledges the role that trauma can play in people's lives. Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals. This increases safety for all, decreases the chance of an individual returning to criminal behavior, and supports the recovery of justice-involved women and men with serious mental illness."⁶

CRISIS INTERVENTION TEAM TRAINING

The 40-hour CIT training is considered a national best practice that provides law enforcement and jail officers with a comprehensive understanding of mental health issues from clinicians, consumers and families with lived experience, and specialized trainers. CIT is not just a training course but is a model "designed to improve officers' ability to safely intervene, link individuals to mental health services, and divert them from the criminal justice system when appropriate."⁷ Training topics include the signs and symptoms of mental illness and co-occurring disorders; mental health treatment, including psychotropic medications; legal issues; and de-escalation techniques. Training also includes a visit to a local mental health treatment facility. Studies suggest that CIT training reduces arrest rates for those with a mental health challenge.⁸

⁵ Ibid.

⁶ Trauma Training for Criminal Justice Professionals. Retrieved from samhsa.gov/gains-center/trauma-training-criminal-justice-professionals.

⁷ Watson, Amy C., PhD and Anjali J. Fulambarker, MSW. "The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners." *Best Practices in Mental Health*, 2012 Dec, 8(2): 71.

⁸ Franz, Stephanie and Randy Borum. "Crisis Intervention Teams may prevent arrests of people with mental illnesses." *Police Practice and Research*, 2011 June, 12(3): 265-272.

ADDITIONAL ELEMENTS

Based upon conversations that have occurred between the Fulton County Sheriff's Office, the Fulton County Police Department, and the Superior Court of Fulton County, the following actions have been agreed upon:

- Every shift is to be staffed with at least one CIT-trained law enforcement or jail officer.
- The Fulton County Police Department will create a CIT/Mental Health Response Unit (or similar), which will include a CIT Training Coordinator to track certifications and manage ongoing training requirements for all officers. The Unit will also be responsible for creating a knowledge base that can be shared with officers regarding best practices.
- Each agency will endorse a law enforcement co-responder model, which would create a framework where a trained clinician would report to the scene of incidents alongside a CIT-trained officer. Emergency 911 dispatchers would be trained to deploy the law enforcement co-responder unit if there is an indication of a mental health crisis at the time of the call. A law enforcement co-responder model is considered a diversion best practice.

INCLUSION OF FULTON COUNTY MUNICIPAL AND EDUCATIONAL LAW ENFORCEMENT AND PUBLIC SAFETY AGENCIES

Not only is it important for Fulton County law enforcement agencies to participate in these trainings, but the Task Force would like to encourage Fulton County leadership to reach out to the more than 20 municipal and educational law enforcement agencies (plus seven 911 operations) throughout the county to promote and incentivize them to join Fulton County's efforts to deliver these trainings.

Many law enforcement agencies, both municipal and educational, are already working to implement several of these trainings. Atlanta Police Department requires cadets to take CIT training to graduate and is working to train 100% of officers in CIT. According to the Atlanta Police Department, as of August 2017, they had 524 CIT trained officers. Throughout Georgia, many municipalities have signed onto the International Association of Chiefs of Police One Mind Campaign, which is a pledge to commit to implementing four strategies to ensure successful interactions between police officers and persons with a mental illness within 12 to 36 months.⁹ The four strategies are:

- Establish a clearly defined and sustainable partnership with one or more community mental health organization(s),

⁹ One Mind Pledge, International Association of Chiefs of Police. Retrieved from theiacp.org/one-mind-pledge.

- Develop and implement a model policy addressing police response to persons affected by mental illness,
- Train and certify 100% of the agency’s sworn officers (and selected non-sworn staff, such as dispatchers) in Mental Health First Aid or other equivalent mental health awareness programs, and
- Provide CIT training to a minimum of 20% of the agency’s sworn officers (and selected non-sworn staff, such as dispatchers).

In Fulton County, the police departments of Alpharetta, Georgia State University, Georgia Tech, Johns Creek, and Milton have all signed the pledge. As of October 2018, Georgia Tech has completed implementing all four strategies.¹⁰

Implementation, Rollout, and Management Plan

The Task Force recommends that the trainings be delivered in the following order:

1. All newly hired law enforcement and jail officers and 911 operators/dispatchers receive Trauma-Informed Responses training within six months of being hired (4 hours)
2. All newly hired law enforcement and jail officers and 911 operators/dispatchers receive MHFA/PS within six months of being hired, unless they are already certified (8 hours)
3. 100% of law enforcement and jail officers and 911 operators/dispatchers who have not yet received MHFA/PS and/or Trauma-Informed Responses be trained within three years (12 hours)
4. 50% of law enforcement and jail officers and 100% of 911 operators/dispatchers receive CIT training within four years (40 hours)

The Task Force proposes that the Chief of the Fulton County Police Department be tasked with coordinating and promoting these trainings through the Fulton County Public Safety Training Center.

Resources Needed

The Task Force proposes hiring two individuals to coordinate the recommended trainings and deliver MHFA/PS training when necessary. These individuals would be part of the Fulton

¹⁰ Pledged Agencies, One Mind Pledge, International Association of Chiefs of Police. Retrieved from theiacp.org/pledged-agencies.

County Police Department's CIT/Mental Health Response Unit (or similar) and would be responsible for tracking CIT and other training certifications and coordinating and scheduling ongoing training recommendations for officers and 911 operators/dispatchers.

Of the trainings recommended, only MHFA/PS requires a funding commitment. Both CIT and Trauma-Informed Responses training are available at no cost.

MENTAL HEALTH FIRST AID FOR PUBLIC SAFETY

Mental Health First Aid USA certifies instructors to deliver MHFA/PS. Becoming an instructor costs \$2,050 (\$2,000 for the Adult MHFA course + additional \$50 for Public Safety module materials).¹¹ If law enforcement agencies were to send officers to training provided by others there would be a cost per person, but it is unknown how much that would be since each instructor sets their own fees. An instructor can train up to 30 individuals at a time, with a minimum of 10. Recertification is required three years after taking the initial MHFA/PS course and costs \$29.95 per person.¹²

CIT TRAINING

CIT training has been available free of charge for Georgia law enforcement officers since 2004 through the Georgia Public Safety Training Center (GPSTC). Governor Deal expanded its availability in 2016. GPSTC provides the training both at its facility in Forsyth as well as around the state at approved sites. There are currently 12 approved sites in Fulton County, as well as 7 additional sites in surrounding counties. Between July and December 2018, there were 16 CIT classes scheduled in and around Fulton County.

TRAUMA-INFORMED RESPONSES TRAINING

In April 2018, 29 people from a variety of Fulton County criminal justice partners (law enforcement, behavioral health, and local and state government agencies) attended "How Being Trauma-Informed Improves Criminal Justice System Responses Train-the-Trainer" presented by SAMHSA's GAINS Center. Upon completion of the course, these individuals were certified to deliver the Trauma-Informed Responses training locally. These volunteer trainers provide the training free of charge. SAMSHA recommends that two trainers conduct the training.

¹¹ There is a discount available for members of the National Council for Behavioral Health. Currently, both the Georgia and Fulton County Departments of Behavioral Health and Developmental Disabilities and River Edge Behavioral Health are all members. Certification Process, Mental Health First Aid USA. Retrieved from mentalhealthfirstaid.org/become-an-instructor/certification-process/.

¹² Online Re-Certification, Mental Health First Aid USA. Retrieved from mentalhealthfirstaid.org/re-certification/.

COSTS TO IMPLEMENT TRAINING BUSINESS CASE

It is estimated that to hire two trainer/coordinators would cost \$138,746 per year in salaries and benefits. To provide these two individuals with training on how to be an MHFA/PS instructor would cost \$4,100 (or less if they are able to take advantage of the National Council for Behavioral Health member discount). Mental Health First Aid USA currently has instructor trainings scheduled in Atlanta in February and April 2019. If either of the new trainer/coordinators are already certified Adult MHFA or MHFA/PS instructors, then this cost would not need to be incurred.

If it is assumed that the trainer/coordinators become certified to teach MHFA/PS in April/May 2019, they could begin teaching the eight-hour course in July 2019. There are currently approximately 822 officers within the Fulton County Police Department, Sheriff's Office, and Marshal's Department. If they teach two classes per month with 25 participants in each class, they would be able to train 600 officers by the end of 2019. If they then teach five more classes within the first three months of 2020, they would have trained all 822 officers, plus likely all 911 operators/dispatchers. The actual number needing MHFA/PS is probably lower since some are likely already trained, but the actual number is unknown. The trainer/coordinators could then continue delivering one MHFA/PS course every other month (six times per year) to train newly hired officers. The exact number of trainings per year would depend on the number of new hires and how many officers are already certified.

If it is assumed that no officers are currently certified in MHFA/PS and the first will be trained in 2019, then recertification will not need to occur until 2022, which is outside the timeframe of the budget presented in this business case. However, there are likely some officers within these agencies who are already certified and will need to be recertified within the budget timeframe presented in this business case, but the year of their certification is unknown. To recertify all 822 law enforcement and jail officers would cost \$24,619. It is unknown how many 911 operators/dispatchers Fulton County employs.

Table 1. Proposed Costs to Implement Business Case 3: Training

	2019	2020	2021
Trainer/Coordinators (2)	\$138,746	\$138,746	\$138,746
Office Supplies and Other Expenses	\$10,250	\$4,250	\$4,250
Deliver MHFA/PS Training	\$11,636	\$5,652	\$3,768
GRAND TOTAL	\$160,632	\$148,648	\$146,764

Additional salary and benefits information is provided in Appendix B: Trainer/Coordinator Proposed Staffing Budget. A full breakdown of costs associated with training is presented in Appendix C: Total Proposed Annual Expenses for Training.

Intended Outcomes

Training law enforcement and jail officers on how to deal with someone with a mental illness helps start the intervention process earlier. Training promotes interventions that include cross-sector collaboration and coordination between the mental health and criminal justice systems at first contact. Cross-sector collaboration and coordination creates a shared vision across systems to include prevention, early intervention, treatment, recovery, and de-criminalization of mental illness.

Individuals with an active and untreated mental illness are more likely to engage in undesired behaviors that necessitate law enforcement and jail officer intervention. Training law enforcement and jail officers to handle encounters with individuals with mental illness will accomplish many goals:

- Link these individuals to needed mental health services,
- Reduce officer and civilian/inmate injuries,
- Increase the number of trained officers responding to signal/code 24 calls,¹³ and
- Work in combination with the proposed Community Center for Diversion and Recovery (see Business Case 4: Diversion), 911 dispatch, and other strategies (such as the law enforcement co-responder unit) to divert individuals with mental illness to treatment and away from jail.

¹³ Within Fulton County, most 911 systems, including Atlanta, use signal or code 24 to indicate the call involves an individual with mental illness. Some, like Sandy Springs and Johns Creek, use plain language and others may use a different number other than 24.

These trainings will provide law enforcement and jail officers the necessary skills to avoid criminalizing a mental health crisis or actions that may be a result of a mental illness while recognizing the need for mental health intervention. Law enforcement and jail officers will be able to assess the need for mental health services before considering arrest, thus identifying mental health needs that may otherwise go undetected or become exacerbated by interactions with law enforcement. Ultimately, training will assist in reducing recidivism by decriminalizing mental illness and connecting these individuals to services needed to manage their illness in the community.

Training law enforcement and jail officers will also promote policies that reduce stigma and the prevalence of mentally ill individuals in jails by utilizing best practices. If policy, best practices, and funding are prioritized before an individual interfaces with the criminal justice system, the cost of mental health services in jails will be reduced and individuals with mental illness can be diverted to more appropriate mental health services in the community.

Data Collection and Justification

The number of law enforcement and jail officers and 911 operators/dispatchers in Fulton County who have been trained in Adult MHFA or MHFA/PS, Trauma-Informed Responses, and CIT are unknown. (Fulton County Jail reports that, as of August 2018, 195 officers have CIT training.) The initial data to be collected from each law enforcement agency include the current number of law enforcement and jail officers and 911 operators/dispatchers who have been trained in Adult MHFA or MHFA/PS, Trauma-Informed Responses, and CIT; and the current number of law enforcement and jail officers and 911 operators/dispatchers who still require these trainings. This initial data will help the trainer/coordinators develop a plan to achieve the desired training goals outlined in the proposed solution within the desired timeframe.

Program evaluation variables will focus on a commitment to data collection and analysis and will include the following:

- The number of individuals with a mental illness booked into jail who received a law enforcement-based specialized response in the community,
- The length of time a specially trained officer is on the scene with an individual with a mental illness as opposed to an officer who does not have specialized response training,
- Whether or not there is an increase in a diversion disposition where a specially trained officer is involved,

- The number of injuries to officers and civilians where a specially trained officer is involved in de-escalating an individual with mental health or co-occurring disorder,
- The number of times a specially trained officer collaborated with mental health providers, medical personnel, mobile crisis teams, and crisis stabilization units during early intervention as opposed to the disposition ending in arrest,
- The number of mental health crisis calls to 911,
- The number of 911 calls with a mental health component that result in arrest,
- The number of emergency room referrals where a specially trained officer is involved,
- The number of new charges incurred while an inmate with a mental illness is incarcerated,
- The number of linkages to appropriate mental health services,
- Patient satisfaction surveys following connection to services, and
- A survey of the population to determine police–community trust.

Risks, Obstacles, and Support Needed

There are several obstacles related to ensuring all officers receive the recommended training; the primary being time. Georgia law enforcement officers are already required to complete 20 hours of continuing education each year, several of which are prescribed by law. To require additional training that may not meet POST training requirements in addition to paying any overtime required for officers to substitute for those in training will need to be managed by each agency.

CIT and MHFA/PS are both offered through GPSTC. However, MHFA/PS is a new offering and only a few courses are currently scheduled for 2019. This is one reason that the Task Force recommends hiring two trainer/coordinators.

It is an initiative of GPSTC to have all law enforcement officers within the State of Georgia receive CIT training. GPSTC is the only organization that is authorized to provide CIT training to law enforcement and jail officers in the state. (GPSTC will have three trainers assigned to the region that includes Fulton County in 2019.) Support needed for CIT training could include a partnership with GPSTC to expand the number of trainers and community resources to prioritize the top five arresting agencies in Fulton County.

As mentioned earlier, 29 local individuals are certified to deliver Trauma-Informed Responses training free of charge. However, these trainers are employed by other community organizations and state and local agencies, which limits their availability. In addition, SAMHSA states that Trauma-Informed Responses training should be delivered by at least two trainers. As a result, the Task Force recommends Fulton County provide two trainer/coordinators to coordinate trainer availability and training locations.

One final obstacle that is worth noting is the attitude of officers towards receiving these trainings. Many will see value but some will not. However, the Task Force feels strongly that all officers should receive these trainings since it is not always predictable when an officer will encounter someone with a mental illness that impacts their interactions with law enforcement.

Accountability and Communication

Structured, measurable objectives that are attainable and with realistic time frames are necessary to ensure the training program is on track and up-to-date at all times. This requires a strategic plan to ensure that law enforcement officers participate in the recommended trainings.

In the first year, newly modified procedures will mandate that 100% of newly hired officers complete MHFA/PS as necessary and Trauma-Informed Responses training. Review of the progress each agency makes toward meeting this goal will occur on a routine basis no less frequently than monthly.

To ensure that 50% of currently employed law enforcement and jail officers participate in and complete CIT training over a four-year time period will require an estimated 25% of that number (or 12.5% of the total force) per year complete such training. The trainer/coordinators will monitor the assignment of officers to CIT training at designated locations on a monthly basis to ensure there are adequate slots provided for current officers and that the goal of the total number of officers completing the training per year is met.

A database will provide the names and dates of completed trainings as well as projected training dates for the current officer employees at six-month intervals. Fidelity checks will occur on a monthly basis in order to maintain the integrity of the training process.

Training success will require buy-in from leadership in each law enforcement agency. This can be accomplished through a written plan to work with each agency's training coordinator to establish a training schedule based on the Task Force's recommendations. Success will also require support from commanders and supervisors.

Delays in communication or action can hinder success. It is imperative to hire the trainer/coordinators who can work consistently with the various agencies to make sure the process is streamlined. The trainer/coordinators will communicate the benefits, develop communications materials, and ensure dates, locations, and materials are in order. These individuals may need to visit roll calls or other activities to engage officers about participation and then follow up once participants register for training.



Appendix A: Mental Health First Aid for Public Safety One-Pager



Mental Health First Aid for Public Safety

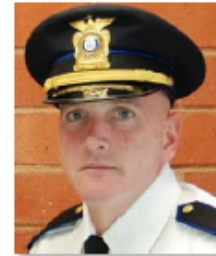
Mental Health First Aid USA is an 8-hour course that teaches a 5-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, and self-help care. Participants learn the unique risk factors and warning signs of mental health problems, builds understanding of the importance of early intervention, and, most importantly, teaches individuals how to help someone in crisis or experiencing a mental health challenge.

ABOUT THE PROGRAM

The course is taught to police, first responders, corrections officers, and other public safety audiences around the country. Mental Health First Aid for Public Safety provides officers with more response options to help them deescalate incidents and better understand mental illnesses so they can respond to mental health related calls appropriately without compromising safety. Approximately 20,000 public safety professionals have taken the course, including at police academies in Philadelphia, DC, Seattle, and numerous smaller and rural departments.

"Public Safety Officers, regardless of rank or position, may find themselves confronted with a mental health crisis. My Mental Health First Aid training helped me save a life, and regular incidents serve as reminders of how public safety officers fall back on their training in times of crisis."

- Captain Joseph Coffey,
Rhode Island Municipal Police Academy
Mental Health First Aid National Trainer



"What struck me most about Mental Health First Aid is the interest it generates among people who don't have a direct connection to the mental health field. This is a program that can move us beyond usual constituencies to truly build a healthy community."

-David Johnson, CEO, Bert Nash Center, Lawrence, Kansas

WHO CAN BE A MENTAL HEALTH FIRST AIDER?

- Law enforcement
- Corrections officers
- Other first responders
- 911 Dispatch Staff
- Human resources professionals
- Business leaders
- Nurses and other primary care workers
- School and college workers
- Faith community leaders
- Caring citizens

- Defusing crises
- Promoting mental health literacy
- Combating stigma of mental illness
- Enabling early intervention through recognition of signs and symptoms
- Connecting people to care

To see who is already providing the course in your community, visit www.MentalHealthFirstAid.org.

Appendix B: Proposed Staffing Budget for Trainer/Coordinators



Training Business Case

of Positions: 2

Position # 17

Salary: \$44,336

Salary Total		88,672	Value of all positions
Number of Positions	2		

<i>Fixed Rates</i>	Per Employee		
1505 Life Insurance	\$ 57	114	<i>Estimated Cost Line</i>
1061 Workers Compensation*	\$ 450	900	<i>Estimated Cost Line</i>
1510 Dental Insurance	\$ 291	582	<i>Estimated Cost Line</i>
1512 Vision Insurance	\$ 112	224	<i>Estimated Cost Line</i>
1501 Health Insurance	\$ 9,802	19,604	<i>Estimated Cost Line</i>

Total Fixed Benefits	\$ 10,712	21,424
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<i>Variable Rates</i>	Percentage		
1010 Social Security	6.2%	5,497.4	<i>Estimated Cost Line</i>
1011 Social Security - Medicare	1.5%	1,285.7	<i>Estimated Cost Line</i>
1060 Unemployment	0.7%	585.2	<i>Estimated Cost Line</i>
1062 Disability	0.5%	443.4	<i>Estimated Cost Line</i>
1522 Retiree H/L/V	13.5%	11,969.5	<i>Estimated Cost Line</i>
1527 DC-Contribution <u>Emplr</u>	8.0%	7,093.8	<i>Estimated Cost Line</i>
1529 DC-Contribution Employer 2%	2.0%	1,773.4	<i>Estimated Cost Line</i>
	32.3%	\$ 28,649	

Estimated Costs	\$ 138,745	<i>Estimated Cost Total</i>
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Appendix C: Total Proposed Annual Expenses for Training





	2019	2020	2021	Notes
Salaries and Benefits				
Trainer/Coordinator (2)	\$138,746	\$138,746	\$138,746	
Office Supplies and Other Expenses				
Laptops	\$3,000	\$0	\$0	One each for each staff member; one-time expense
Cell phones	\$500	\$0	\$0	One each for each staff member; one-time expense
Office equipment	\$2,000	\$0	\$0	Desks, chairs, bookcases, etc.; one-time expenses
Desk phones	\$500	\$0	\$0	To purchase VOIP phones; one-time expense
Office supplies	\$500	\$500	\$500	
Printing	\$500	\$500	\$500	
Postage	\$250	\$250	\$250	
Photocopies	\$1,000	\$1,000	\$1,000	
Travel and training	\$1,000	\$1,000	\$1,000	
Parking and mileage	\$1,000	\$1,000	\$1,000	
<i>Subtotal Office Supplies and Other Expenses</i>	<i>\$10,250</i>	<i>\$4,250</i>	<i>\$4,250</i>	
Mental Health First Aid for Public Safety				
Instructor Training	\$4,100	\$0	\$0	Assume receive instructor certification in April/May 2019; begin delivering classes in July 2019
MHFA Manuals	\$4,800	\$3,600	\$2,400	\$16 each, including shipping; assume class size of 25, 2 classes per month (July 2019 – February 2020), 1 class every other month thereafter
Printing Other Materials	\$336	\$252	\$168	Printing of handouts & certificates for course: up to 200 pages for a course of 25, 2 classes per month (July 2019 – February 2020), 1 class every other month thereafter
Lunch and Snacks	\$2,400	\$1,800	\$1,200	\$8 per person per day; assume class size of 25, 2 classes per month (July 2019 – February 2020), 1 class every other month thereafter

	2019	2020	2021	Notes
MHFA/PS Recertification	Unknown	Unknown	Unknown	\$29.95 per person. The number needing recertification is unknown. To recertify 822 officers = \$24,619
<i>Subtotal Mental Health First Aid for Public Safety</i>	\$11,636	\$5,652	\$3,768	
GRAND TOTAL	\$160,632	\$148,648	\$146,764	

Notes: This budget assumes that no law enforcement or jail officers or 911 operators/dispatchers are currently trained in Adult Mental Health First Aid or Mental Health First Aid for Public Safety. If they are, then the training budget will likely be lower.

Costs for MHFA manuals, Printing Other Materials, and Lunch/Snacks were taken from Mental Health First Aid USA's Sample Budget for One Day course, available at mentalhealthfirstaid.org/become-an-instructor/start-a-local-program/.





BUSINESS CASE 4

Diversion



**FULTON COUNTY JUSTICE AND
MENTAL HEALTH TASK FORCE**
Business Cases

Business Case 4: Diversion

Problem/Opportunity

Fulton County is Georgia’s largest county by population, with slightly more than one million residents in 2017.¹ The Atlanta Regional Commission estimates that as many as 50,000 Fulton County residents have a severe mental illness. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) *Behavioral Health Barometer* shows that the number of Georgians with serious mental illness has increased every year from 2010 to 2014, yet less than 30% receive treatment or counseling.²

The demand for safety net mental health and substance use disorder services in Fulton County and Atlanta is greater than the supply. Diversion options, including crisis stabilization beds and drop-off centers, are limited, making the emergency departments at Grady Memorial Hospital and other hospitals as well as Atlanta City Detention Center and Fulton County Jail the destination for many individuals in crisis.

From the beginning of the Fulton County Justice and Mental Health Task Force (Task Force), members consistently expressed a desire to divert persons with mental illness from arrest. However, the question that always followed was: “Divert to what?” Law enforcement officers and behavioral health mobile responders need “drop-off” points as alternatives to arrest and jail for individuals whose interaction with law enforcement could be related to their mental illness. Increasing drop-off options 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 was created to identify gaps in Fulton County’s behavioral health and criminal justice systems and provide methods to implement the four key measures of the national Stepping Up Initiative:

- Reduce the number of individuals with mental illness booked into jail,
- Shorten the average length of stay for individuals with mental illness in jail,
- Increase the percentage of connection to care for individuals with mental illness upon release from jail, and

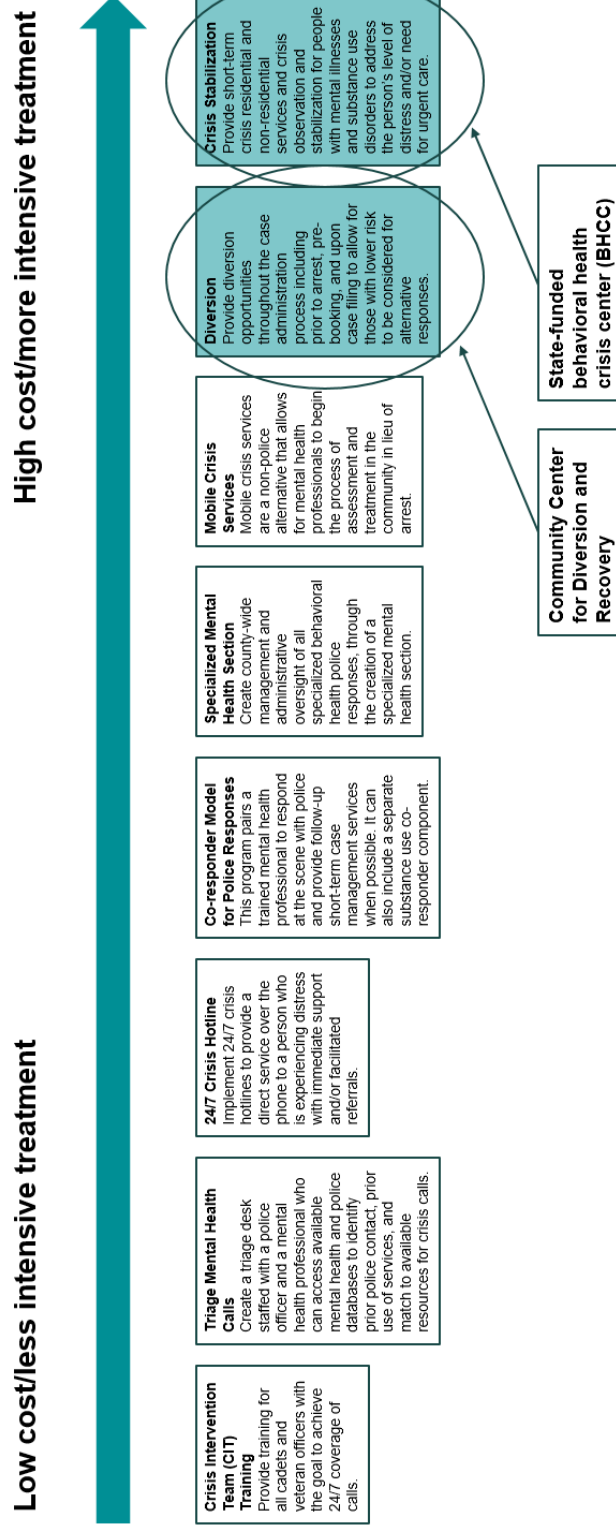
¹ Fulton County, Georgia Quick Facts. US Census Bureau. Retrieved from www.census.gov/quickfacts/fact/table/fultoncountygeorgia/PST045217.

² *Behavioral Health Barometer: Georgia, 2015*. Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Retrieved from samhsa.gov/data/sites/default/files/2015_Georgia_BHBarometer.pdf.

- Lower rates of recidivism for individuals with mental illness.

There is no single solution to where and how to divert these individuals from jail. To achieve the greatest impact and reduce the number of people who have mental health needs being booked into jail, Fulton County must have a range of diversion programs and practices. These programs and practices are part of a diversion continuum that offers interventions at every point in the criminal justice system and fully leverage community resources. The diversion continuum offers options that vary from low cost/less intensive treatment to high cost/more intensive treatment. Figure 1 lays out a continuum of pre-arrest diversion best practices established by the Council of State Governments. Figure 2 provides an overview of those diversion best practices that currently exist in Fulton County, where capacity can be increased, and options for creating capacity with new options, including a state-funded behavioral health crisis center.

Figure 1. Diversion Best Practices Continuum



Source: Council of State Governments

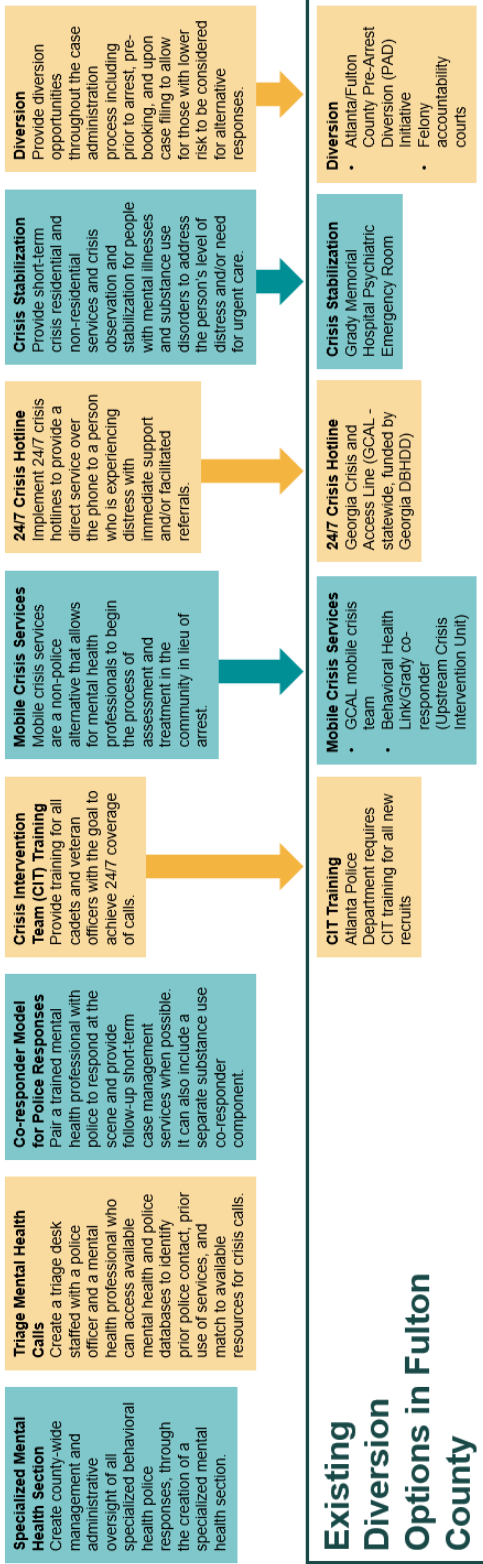




Division Best Practices Source: Council of State Governments

Figure 2. Existing Diversion Best Practices in Fulton County

Diversion Best Practices



Increase Capacity

Create Capacity

Specialized Mental Health Section
 Create county-wide management and administrative oversight of all specialized behavioral health police responses, through the creation of a specialized mental health section.

Triage Mental Health Calls
 Create a triage desk staffed with a police officer and a mental health professional who can access available mental health and police databases to identify prior police contact, prior use of services, and match to available resources for crisis calls.

Co-responder Model for Police Responses
 Pair a trained mental health professional with police and provide follow-up short-term case management services when possible. It can also include a separate substance use co-responder component.

Crisis Intervention Team (CIT) Training
 Provide training for all cadets and veteran officers with the goal to achieve 24/7 coverage of calls.

Mobile Crisis Services
 Mobile crisis services are a non-police alternative that allows professionals to begin assessment and treatment in the community in lieu of arrest.

24/7 Crisis Hotline
 Implement 24/7 crisis hotlines to provide a direct service over the phone to a person who is experiencing distress with immediate support and/or facilitated referrals.

Crisis Stabilization
 Provide short-term crisis residential and non-residential services and crisis observation and stabilization for people with mental illnesses and substance use disorders to address the person's level of distress and/or need for urgent care.

Diversion
 Provide diversion opportunities throughout the case administration process including prior to arrest, pre-arrest, and upon booking, and upon case filing to allow for those with lower risk to be considered for alternative responses.

Increase Capacity

Specialized Mental Health Section
 Create county-wide management and administrative oversight of all specialized behavioral health police responses, through the creation of a specialized mental health section.

Triage Mental Health Calls
 Create a triage desk staffed with a police officer and a mental health professional who can access available mental health and police databases to identify prior police contact, prior use of services, and match to available resources for crisis calls.

Co-responder Model for Police Responses
 Pair a trained mental health professional with police and provide follow-up short-term case management services when possible.

CIT Training
 Train all law enforcement officers in CIT, Mental Health First Aid, and Trauma-Informed Responses in all municipal and college/university law enforcement/public safety agencies

Mobile Crisis Services
 Increase operating hours and number of Upstream Crisis Intervention Units

24/7 Crisis Hotline
 Embed GCAL call takers in 911 centers throughout county

Crisis Stabilization
 Open Community Center for Diversion and Recovery

Diversion
 Expand PAD Initiative

Diversion
 Misdemeanor Mental Health Court

Not only is diversion prior to arrest important, but so is the opportunity to divert post-arrest. One of the most effective diversion alternatives is an accountability court. Accountability courts are an alternative model within the justice system in which focus is placed on intensive treatment, drug testing, and court supervision to hold offenders accountable for their rehabilitation, rather than sentencing them to jail or prison. Accountability courts are a proven post-arrest diversion option.

While the Superior Court of Fulton County has had a Behavioral Health Treatment Court and the Magistrate Court operated a Treatment Diversion Court for many years, cases bound over from municipal courts to Fulton County State Court had no accountability court option. Between January 1, 2012 and July 1, 2017, more than 157,000³ cases were bound over from county municipal courts to State Court. At the end of 2017, the Treatment Diversion Court was eliminated and Fulton County provided funding to pilot a new Misdemeanor Mental Health Court that would serve eligible defendants in both Magistrate and State Courts.⁴

Diversion — both pre-arrest and via the courts — is a key component to addressing all four of the key measures of the Stepping Up Initiative. In order to accomplish these goals, in its initial phase of work the Task Force made the following recommendation related to diversion, which was one of five priority recommendations:

- Continue and expand funding for court diversion services (Treatment Diversion Court model) for Magistrate and State Courts.

The Task Force made other recommendations that this business case addresses:

- 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 serious and persistent mental illness from jail.
- Redirect Fulton County resources (housing, support services, etc.) to increase the success of the participants in the Atlanta/Fulton County Pre-Arrest Diversion Initiative Pilot and expand the program capacity.

³ Data obtained from Office of the Fulton County Solicitor General Keith Gammage.

⁴ The Behavioral Health Treatment Court is certified by the Council of Accountability Court Judges. The Treatment Diversion Court was not.

Proposed Solution: Misdemeanor Mental Health Court

To provide diversion options post-arrest, the Task Force proposes continuing the Misdemeanor Mental Health Court (MMHC), which began as a pilot in July 2018. The MMHC is intended for misdemeanor defendants. (Those charged with a felony are eligible for the Superior Court Behavioral Health Treatment Court.) The court partners with the Fulton County Department of Behavioral Health and Development Disabilities (DBHDD), Odyssey Family Counseling, the Fulton County Sheriff's Office, the Fulton County Jail and its medical/mental health provider, Fulton County Pretrial Service, probation services, and the Fulton County Marshal, who provides two CIT-trained officers.

Participants are identified at their First Appearance hearing or through Pretrial Services. Participation is entirely voluntary; participants may opt out at any time and resume traditional adjudication. (Defendants with competency issues are not eligible.) Those eligible are released on probation with appropriate conditions, including a treatment plan and supervision. To be eligible, a defendant's mental illness diagnosis must be confirmed, their criminal charge (nonviolent misdemeanors without severe bodily harm or a weapon) must be related to their mental illness, and they must be competent to engage in the court process.

The goals of the MMHC are to protect public safety, reduce incarceration and recidivism, and link individuals with mental illness with services. The court expects participants to adhere to program conditions and requirements, which will improve their likelihood of success.

To continue operating the MMHC will cost \$420,000 per year. It is intended that continuing funding for the MMHC will impact three of the Stepping Up Initiatives' four key measures:

- Shorten the average length of stay for individuals with mental illness in jail,
- Increase the percentage of connection to care for individuals with mental illness upon release from jail, and
- Lower rates of recidivism for individuals with mental illness.

Proposed Solution: Pre-Arrest Diversion

The Task Force established a Diversion Design Team to develop a plan to implement the Task Force recommendation to 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 mental illness from jail. To accomplish the goals of the Task Force and Stepping Up Initiative requires a continuum of interventions, as shown in Figure 2. As a result of Design Team

meetings held during the summer of 2018, the Task Force proposes expanding the scope of the existing Atlanta/Fulton County Pre-Arrest Diversion (PAD) Initiative to open a Community Center for Diversion and Recovery. The recommended pre-arrest diversion center, in concert with other state-funded options, will expand Fulton County’s ability to address diversion needs.

The PAD Initiative was developed in partnership with the City of Atlanta and Fulton County as a strategy to provide timely intervention and treatment for people who commit minor/low-level offenses, divert them from the criminal justice system, and work with criminal justice partners to remove legal barriers to success. The Task Force’s proposed diversion solution creates an opportunity for more individuals to connect to a wide array of services more immediately.

COMMUNITY CENTER FOR DIVERSION AND RECOVERY

The Task Force proposes opening a Community Center for Diversion and Recovery, modeled after the Living Room model in Louisville, Kentucky. This Center would initially operate a minimum of 12 hours per day and provide peer support and referral services in a welcoming environment to individuals who walk in, are brought in as an “outreach referral” by outreach teams, or are diverted from arrest by law enforcement agencies. The Center would then expand to allow law enforcement officers to divert individuals from jail 24 hours per day. This proposed approach to redirecting these individuals from jail is based on the most current research on recovery and behavior change. With a focus on harm reduction⁵ and relationship building, services will be choice-based and trauma-informed.

Key components of the Center include:

- **24 hours/day, 7 days/week Law Enforcement Drop-Off Site for Pre-Arrest Diversion.** PAD Care Navigators will be onsite to accept individuals diverted from jail by law enforcement officers. Officers must have probable cause to arrest an individual and the individual must consent to diversion. Individuals diverted from jail will be provided with intensive and ongoing case management services, with the goal of linkage to care, improved quality of life, and reduced recidivism. Diversions will follow the existing PAD protocol, which includes a focus on informed consent.
- **12 hours/day, 7 days/week Walk-In Peer Support and Referral Services.** Certified Peer Support Specialists will greet individuals who walk in to receive support with basic

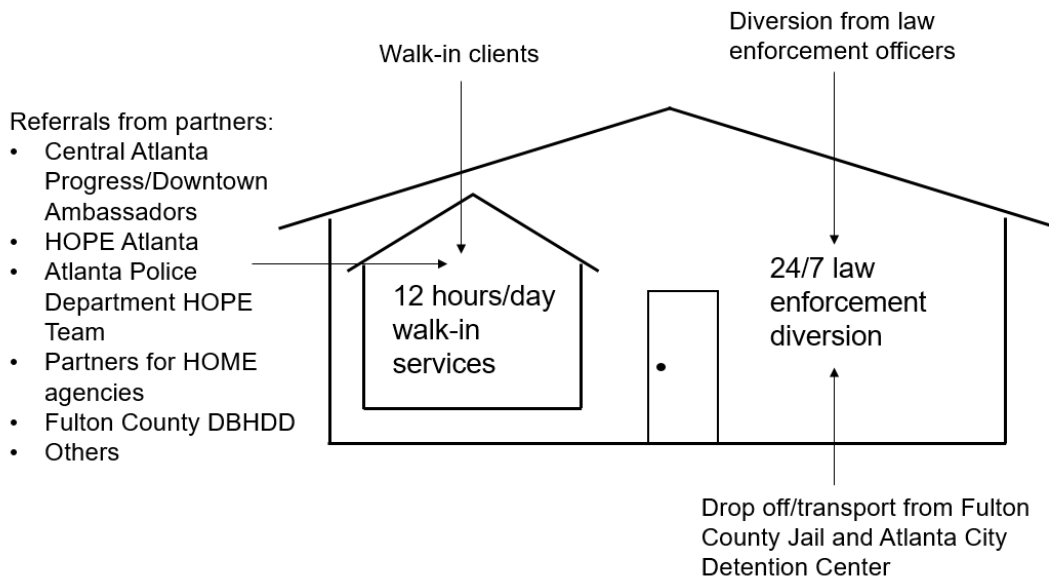
⁵ “Harm Reduction’ refers to policies, programs, and practices that aim primarily to reduce the adverse health, social, and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.” (Harm Reduction International. Retrieved from hri.global/what-is-harm-reduction.)

needs and connection to services. These individuals may come through referral from detention facilities upon release, outreach teams, social service providers, or word-of-mouth.

- Co-Location of Critical Services.** Services provided onsite will be a collaboration between Fulton County, City of Atlanta, and private organizations. These services will include a behavioral health assessment, a medical screening, a housing assessment, legal services, and basic needs, in addition to referrals to social services, including employment/income, identification, substance use treatment, and others. These services will be available to walk-in and diverted individuals.

The Task Force proposes that a PATH Team Member, which is described in Business Case 1: Jail Screening and Reentry, float between the Fulton County Jail and the Community Center for Diversion and Recovery. The Task Force also proposes that the Fulton County Jail be able to release inmates to the Center.

Figure 3. Proposed Methods for Clients to Access the Community Center for Diversion and Recovery



The PAD pilot area currently includes downtown, Midtown, and the Old Fourth Ward. This area was selected for both its economic and cultural significance to the city and state, as well as the concentration of arrests for quality of life and other drug-related offenses. Pre-arrest diversion allows police officers to divert individuals into services prior to making an arrest if they determine the behavior is related to unmet mental health needs, substance use, or extreme

poverty. In its first year, PAD accepted 59 participants into the program, where they receive emergency shelter, linkage to services, and ongoing case management.

In order to divert to the program, officers must call a referral line and request a PAD Care Navigation Team meet the officer and individual at the scene. Though the total time is typically under 30 minutes, this diversion still requires that police officers be out of service until the team has arrived and assessed the individual. The mobile care navigation teams will continue to operate, but by establishing a location where law enforcement can drop off within four minutes, the PAD Initiative hopes to make it easier and quicker for law enforcement to divert individuals with mental illness from the jail.

There are currently two PAD Care Navigation Teams, which are not enough to effectively respond to the number of potential diversions. The Task Force recommends providing funding to hire an additional four PAD Care Navigation Teams to staff the Center as a drop-off location for officers.

Implementation, Rollout, and Management Plan

A facility for the Community Center for Diversion and Recovery needs to be identified. Ideally, it should be near public transportation and within the existing PAD pilot area. Table 1 provides an anticipated timeline for opening the Center.

Table 1. Proposed Timeline

Date	Activity
Month 0	County budget approved
Month +1	<ul style="list-style-type: none"> Finalize Center budget and staffing needs Identify building Begin recruiting and hiring Peer Support Specialists and additional PAD Care Navigators Amend PAD Protocol to accept drop-off diversions Complete program design with directly impacted stakeholders: peer support, referrals, procedures, etc.
Month +2	<ul style="list-style-type: none"> Bring new staff on board and provide training using partner resources to bridge any funding gaps Complete facility upgrades
Month +3	<ul style="list-style-type: none"> Open Center during daytime hours Begin PAD training for and engagement with law enforcement Begin street outreach to and engagement with impacted communities with partner agencies



Month +4	<ul style="list-style-type: none"> • 24/7 diversion hours begin • Continue PAD training for and engagement with law enforcement • Continue outreach to and engagement with impacted communities with partner agencies
Months +4 to +6	<ul style="list-style-type: none"> • Develop a protocol to allow PAD to divert individuals taken to Grady Memorial Hospital Psychiatric Emergency Room for stabilization

Resources Needed

Preliminary planning conversations have already been conducted with:

- Fulton County Justice and Mental Health Task Force;
- Partners for HOME;
- Atlanta/Fulton County PAD Initiative;
- Grady Health System;
- Georgia DBHDD;
- Fulton County DBHDD;
- Atlanta, MARTA, and other local police departments;
- Central Atlanta Progress;
- Georgia Mental Health Consumer Network;
- Georgia Council on Substance Abuse; and
- Other key partners.

The estimated annual operating budget for the proposed Center is \$2.33 million. This budget includes the cost of Center operations, care navigators to staff diversions, peer support specialists, behavioral health clinicians, and nurse technicians. It also includes funding for direct services for diverted individuals and walk-ins, including housing placement assistance, medication assistance, and legal fines and fees.

The annual operating budget would be shared between Fulton County and the City of Atlanta, with Fulton County having responsibility for providing funding for diversion staff and other service providers as well as direct service expenses (\$1.4 million), and City of Atlanta responsible for the annual expenses associated with operating the Center (\$911,000) as well as renovations and capital expenses necessary to prepare the Center to open (\$277,000), which will

be a one-time cost in the first year. More information on direct service expenses can be found in Appendix C.

Table 2. Community Center for Diversion and Recovery Proposed Capital and Annual Operating Budgets

Annual Operating Budget	
Direct Service Expenses	\$400,000
Center Personnel	\$1,300,868
Center Administration	\$69,340
Center Operations	\$550,150
Total Annual Operating Budget	\$2,320,358
Capital Budget	
Renovations	\$126,331
Other Capital Expenses	\$151,500
Total Capital Budget	\$277,831
Total Annual Operating and Capital Budgets	\$2,598,189

Cost Sharing	Fulton County	City of Atlanta
Year 1	\$1,409,210 (54.2%)	\$1,188,979 (45.8%)
Years 2 & 3	\$1,409,210 (60.7%)	\$911,148 (39.3%)

Note: The annual operating budget does not include PAD's existing budget.

A more detailed budget, including a breakdown of costs between Fulton County and the City of Atlanta, is provided in Appendix A. A proposed staffing plan is provided in Appendix B. Appendix C contains examples of pre-arrest diversion direct service expenses for participants.

Data Collection and Justification

The PAD Initiative seeks to connect each participant to the resources and supports that they decide are the most appropriate for them. The program operates with the expectation that each participant will have different measures of success, but that each active participant should see both a reduction in recidivism and improvements in quality of life metrics. In addition, the overall success of the program must include reducing the harmful impact of participant behaviors on local communities (e.g., reducing sex and drug paraphernalia found on residential streets).



The PAD Initiative has contracted with an interdisciplinary team to conduct an outcomes evaluation of the pilot. The PAD Initiative anticipates incorporating the Center into the evaluation contract already in place. The evaluation includes collecting and analyzing qualitative and quantitative data and will have process and outcome components. The evaluation will assess the following performance measures:

- **Recidivism Measures:** Number of arrests, technical violations, and days without arrest. These data will be collected quarterly from police records and matched with court records.
- **Client-Level Data:** Service providers and evaluation staff will collect sociodemographic, criminal justice, and health status data at baseline, after six months, and at discharge via client interviews.
- **Clinical Measures:** Number of clients with a serious mental illness or co-occurring disorder who are: a) referred and screened for mental health services; b) engaged in behavioral health treatment; c) showing improved behavioral health outcomes; d) showing improved quality of life (housing, employment, etc.); and e) showing improved physical health outcomes as a result of treatment and services.
- **Process Measures:** Process measures include the number of trained law enforcement officers, number of active social service partners, and the number of referrals to service providers.
- **Cost-Benefit Analysis:** At the conclusion of the first year of operation, the evaluation team will complete a cost-benefit analysis associated with arrest, incarceration, and adjudication that compares these costs to those of diversion and service delivery.

Intended Outcomes

PAD staff estimate being able to divert 300 individuals per year, which would avoid costs of \$1,583,400 per year in jail housing costs, in addition to jail health care and court adjudication costs. This estimate is based upon the June 2018 average daily population of the Fulton County Jail system of approximately 2,400⁶ and the NaphCare, the jail medical/mental health provider, estimate that 15-16% are mentally ill and on the mental health caseload (384 inmates). The jail spends an average of \$91 per day to house an inmate.⁷ The length of stay in jail for those

⁶ Fulton County Government Justice Reinvestment Initiative. Retrieved from fultoncountyga.gov/jri/.

⁷ Fulton County Government Justice Reinvestment Initiative. Retrieved from performance.fultoncountyga.gov/stories/s/JRI-Performance-Dashboard-Introduction/7diq-dhzj/.

inmates with a mental illness is more than twice that (58 days) on average than those who do not have a mental illness (26 days).⁸

It is estimated that the Center will also serve 3,000 or more walk-ins (non-diversions) each year.

It is intended that expanding law enforcement diversion and providing additional on-demand behavioral health linkages will impact three of the Stepping Up Initiatives' four key measures:

- Reduce the number of individuals with mental illness booked into the Fulton County Jail,
- Increase the percentage of connection to care for individuals with mental illness upon release from jail, and
- Lower rates of recidivism for individuals with mental illness.

Utilizing opportunities to expand PAD and increase the housing and treatment resources available in the community would result in more effective use of tax dollars and more successful treatment of individuals whose mental illness brings them into contact with the justice system.

Risks, Obstacles, and Support Needed

DEVELOPING A PATH, NOT A PARKING LOT

A low-barrier walk-in center may attract individuals who are in crisis or are focused only on subsistence needs. The Center will need a strong peer support model that engages every individual who comes into the space. By adopting a peer-based harm reduction approach, the Center can serve as a source of positive connections and motivation without prescribing specific actions. Peer staffing and activities that engage a diverse group of people along the spectrum of recovery will encourage a culture of momentum and hope.

PATHWAYS TO SHELTER AND HOUSING

One of the key challenges facing Fulton County is the lack of affordable housing, as well as emergency, transitional, and permanent supportive housing. Ideally, every individual who wants housing should be able to be housed immediately, using a Housing First approach. Where current resources are limited, other housing resources should be identified and provided on a short-term basis. Collaboration of county, city, and private housing agencies are critical to

⁸ Fulton County Justice and Mental Health Task Force Final Report. Retrieved from fultonstepsup.org/documents/final-report.

ensuring immediate access to shelter for anyone who needs it. Immediate assessments for the coordinated entry system for housing is a key resource that will be offered at the Center.

MEDICAL NEEDS

Individuals may arrive at the Center with substantial medical needs or may present with these needs once at the Center. The Center will need to conduct medical screenings and develop protocols for overdoses, such as administering Narcan® (naloxone), or other medical emergencies. Fulton County DBHDD will provide two licensed behavioral health clinicians as well as four nurse technicians to provide on-site staff support 12 hours per day, seven days per week.

SAFETY AND SECURITY

Individuals under the influence of drugs or alcohol or in crisis may present a risk to themselves or others. At the same time, law enforcement presence may trigger additional negative reactions or present the risk of escalation of harm. The Center will need a security plan and staffing by security personnel trained in de-escalation, crisis intervention, Mental Health First Aid, and Trauma-Informed Responses training. Security personnel should not be armed with anything that could cause lethal force.

DATA SHARING

The success of the model will depend on co-location of services and collaboration between service providers where appropriate. The agencies involved should have clearly defined data sharing agreements and capability to share necessary data while maintaining compliance with HIPAA and other confidentiality requirements.

Accountability and Communication

Center staff will provide quarterly written reports to the Fulton County Strategy and Performance Management Office and the Fulton County Board of Commissioners. The reports will contain progress made toward the following annual goals:

- Goal 1: 300 diversion referrals will be made where there is an active case for probable cause to arrest
 - Goal 1A: 60% of diversion referrals will decrease their number of arrests post-diversion

- Goal 1B: 80% of diversion referrals will increase their length of time between arrests
- Goal 2: 3,000 individuals will access the Center (non-diversion) and connect to services and support, which will decrease their likelihood of going to jail

Data to measure these goals will be collected from PAD’s own internal tracking, law enforcement reports, and court filings.

BEHAVIORAL HEALTH CRISIS CENTER

The Community Center for Diversion and Recovery is just one of many best practices available to local and state governments to divert individuals with mental illness from entering the criminal justice system. However, the Center would not include critical care services as recommended by the Task Force. That service could be provided in a behavioral health crisis center (BHCC).

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) provides funding for several BHCCs around the state. There are currently five, plus an additional 18 crisis stabilization units (CSUs). The Governor’s fiscal year 2019 budget included \$3 million to fund one additional BHCC.

“CSUs are a residential alternative to inpatient hospitalization, offering community-based, medically-monitored psychiatric stabilization and detoxification services on a short-term basis. A ... BHCC provides 24/7 walk-in access to psychiatric crisis assessment, intervention, and counseling to support individuals experiencing a crisis, substantial and overwhelming stress, or a change in behavior that severely impairs functioning or causes increased personal distress. Interventions include temporary observation; mobilization of natural support systems; and successful linkage to appropriate levels of care, such as CSU, peer support, or outpatient services, deemed necessary to effectively manage the crisis.”⁹

The Center is not intended to substitute for the services provided at either a CSU or BHCC. Fulton County intends to request funding from Georgia DBHDD to open a BHCC for Fulton County residents in need of these services.

⁹ Adult Mental Health, Georgia DBHDD. Retrieved from dbhdd.georgia.gov/adult-mental-health.



Appendix A: Community Center for Diversion and Recovery Proposed Capital and Annual Operating Budgets



CAPITAL BUDGET	AMOUNT	NOTES
Five-person shower trailer (1)	\$50,000	
Commercial refrigerator (1)	\$3,000	
Commercial washers/dryers (5)	\$8,000	
Lockers and other furniture	\$65,000	
Computers and tablets (10)	\$10,000	
Sound machines	\$500	10 machines @ \$50 each (one-time purchase)
Electronic door locks	\$10,000	5 doors @ \$2,500 each (one-time purchase)
Camera system	\$5,000	One-time purchase
Renovations	\$126,331	Includes general contractor costs and permitting
Total Capital Budget	\$277,831	

ANNUAL OPERATING BUDGET*	AMOUNT	NOTES
Direct Service Expenses		
Direct Walk-in Support Expenses (e.g., MARTA cards, laundromat cards, on-site food, hygiene items, etc.)	\$100,000	See Appendix C for more information on direct walk-in expenses
Direct PAD Participant Expenses (purchased services to support intensive case management, e.g., emergency shelter, housing assistance, medication assistance, basic needs, legal fees, etc.)*		
300 diverted individuals \$1,000/person	\$300,000	
<i>Subtotal Direct Service Expenses</i>	<i>\$400,000</i>	
Center Personnel		
Center Operations Director (salary + benefits)	\$103,329	
Center Assistant Operations Director (salary + benefits)	\$88,329	





ANNUAL OPERATING BUDGET*	AMOUNT	NOTES
PAD Care Navigators		To be provided by PAD (new personnel)
2 FTEs @ \$50,491 (salary + benefits)	\$100,982	
6 PTEs @ \$35,491 (salary + benefits)	\$212,946	
Peer Support Lead (salary + benefits)	\$50,491	
Peer Support Specialists		
4 FTEs @ \$46,035 (salary + benefits)	\$184,140	
2 PTEs @ \$37,226 (salary + benefits)	\$74,452	
2 as needed (40 hours per month @ \$25/hour)	\$24,000	
Licensed Behavioral Health Clinicians		To be provided by Fulton County DBHDD
2 FTEs @ \$80,065 (salary + benefits)	\$160,130	
Public Health Nurse Technicians		To be provided by Fulton County DBHDD
4 FTEs @ \$72,773 (salary + benefits)	\$291,092	
Subtotal Center-based Personnel	\$1,300,868	
Center Administration		
Professional services (accounting, IT, licensing, etc.)	\$7,500	
Office supplies	\$4,200	
Peer Specialist training	\$7,640	
Administrative overhead (lead agency)	\$50,000	
Subtotal Center Administration	\$69,340	
Center Operations		
Lease and taxes	\$64,650	
HVAC maintenance contract	\$2,500	

ANNUAL OPERATING BUDGET*	AMOUNT	NOTES
Phone and internet	\$12,960	
Waste disposal	\$7,800	One dumpster emptied 6 days per week
Electric service	\$102,000	
Water and sewer	\$60,000	Includes people using showers, toilets, and laundry, as well as HVAC water needs
Landscaping and pest control	\$4,440	
Property insurance	\$3,000	
Gas service	\$30,000	
Security company	\$262,800	Two guards 24/7 @ \$15 per hour; \$17,520 for each additional dollar per hour for two guards
Subtotal Center Operations	\$550,150	
Total Annual Operating Budget	\$2,320,358	
<hr/>		
TOTAL CAPITAL AND ANNUAL OPERATING BUDGETS	\$2,598,189	
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Cost Sharing	Fulton County	City of Atlanta
Year 1	\$1,409,210 (54.2%)	\$1,188,979 (45.8%)
Years 2 & 3	\$1,409,210 (60.7%)	\$911,148 (39.3%)

* The annual operating budget does not include PAD's existing operating budget.



Appendix B: Community Center for Diversion and Recovery Proposed Staffing Plan



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
PAD Care Navigation Teams (2 individuals each; 24 hours per day, 7 days per week)							
12 total staff* (6 FTEs @ 40 hours per week; 6 PTEs @ 30 hours per week)							
7AM – 3PM	Team A	Team A	Team A	Team A	Team C	Team C	Team C
1PM – 11PM	Team D	Team B	Team B	Team B	Team B	Team D	Team D
10PM – 8AM	Team E	Team E	Team E	Team F	Team F	Team F	Team E
Peer Support Specialists (12 hours per day, 7 days per week)							
7 total staff (4 Peer Support Specialists, 1 Peer Lead Supervisor, 2 additional part-time as needed)							
Public Health Nurse Technicians (4 FTEs)							
8AM – 6PM	Peer Support Team A Nurse A	Peer Support Team A Nurse A	Peer Support Team A Nurse A	Peer Support Team C Nurse C	Peer Support Team C Nurse C	Peer Support Team C Nurse C	Peer Support Team A Nurse A
12PM – 10PM	Peer Support Team B Nurse B	Peer Support Team B Nurse B	Peer Support Team B Nurse B	Peer Support Team D Nurse D	Peer Support Team D Nurse D	Peer Support Team D Nurse D	Peer Support Team B Nurse B
10AM – 8PM	Peer Lead	Peer Lead	Peer Lead	Peer Lead	Peer Lead		
Center Director (1 FTE), Assistant Director (1 FTE), and Behavioral Health Clinicians (4 FTEs)							
7AM – 3PM	Center Director	Center Director Assistant Director	Center Director Assistant Director	Center Director Assistant Director	Assistant Director	Assistant Director	Center Director
9AM – 5PM	Clinician A	Clinician A	Clinician A	Clinician A	Clinician A		
12PM – 8PM	Clinician B	Clinician B	Clinician B	Clinician B	Clinician B		

* This staffing plan includes the two existing PAD Care Navigation Teams.



Appendix C: Pre-Arrest Diversion Sample Direct Participant Expenses



DIVERTED PARTICIPANT – LOW COST	DIVERTED PARTICIPANT – AVERAGE COST	DIVERTED PARTICIPANT – HIGH COST
<p>64-year-old Black woman, homeless, veteran. Serious and persistent mental illness and substance use.</p> <p>Diverted from a criminal trespass charge.</p>	<p>49-year-old Black man, homeless. No documented mental illness, substance use, or chronic illness. Had identification at time of diversion referral.</p> <p>Diverted from an urban camping charge.</p>	<p>44-year-old Black man, homeless. Documented unmet mental health needs and substance use.</p> <p>Diverted from a panhandling charge.</p>
Phase I: Stabilization		
<p>Declined emergency housing, prefers shelter underneath an overpass in APD Zone 6. Declined offers for connections to service; provided harm reduction supplies. Continue weekly relationship-building.</p> <p><i>Emergency Housing = \$0</i></p> <p><i>Barriers Reduction & Outreach = \$175.75</i></p> <ul style="list-style-type: none"> • Emergency food @ \$50 • Emergency clothing & hygiene @ \$100 • MARTA card @ \$25.75 for 1 week 	<p>Re-established Medicaid assistance, disability income, and SSI, completed vulnerability assessment.</p> <p><i>Emergency Housing = \$1,500</i></p> <ul style="list-style-type: none"> • Motel @ \$375/week for 4 weeks <p><i>Barriers Reduction & Outreach = \$413</i></p> <ul style="list-style-type: none"> • Emergency food @ \$50/week for 4 weeks • Emergency clothing & hygiene @ \$100 • MARTA card @ \$25.75/week for 4 weeks • Harm reduction @ \$2.50/week for 4 weeks 	<p>Obtained three forms of identification, completed tuberculosis screening, reconnected with family, and completed vulnerability assessment.</p> <p><i>Emergency Housing = \$1,500</i></p> <ul style="list-style-type: none"> • Motel @ \$375/week for 4 weeks <p><i>Barriers Reduction & Outreach = \$453</i></p> <ul style="list-style-type: none"> • Emergency food @ \$50/week for 4 weeks • Emergency clothing & hygiene @ \$100 • ID assistance @ \$50 • MARTA card @ \$25.75/week for 4 weeks
Phase II: Care Navigation		
<p>Provided outreach case management; still declining services beyond emergency food and hygiene. Continue ongoing trust-building efforts.</p> <p><i>Emergency Housing = \$0</i></p> <p><i>Barriers Reduction & Outreach = \$100</i></p> <ul style="list-style-type: none"> • Emergency food @ \$50 • Emergency hygiene @ \$50 	<p>Participated in legal clinic with Public Defender's office for outstanding case support, reconnected with family, and adherent with physical health medication.</p> <p><i>Emergency Housing = \$660</i></p> <ul style="list-style-type: none"> • Transitional house @ \$11/night for 60 nights <p><i>Barriers Reduction & Outreach = \$226</i></p> <ul style="list-style-type: none"> • MARTA card @ \$25.75/week for 8 weeks • Harm reduction @ \$2.50/week for 8 weeks 	<p>Connected with Grady mental health providers; obtained employment in restaurant industry.</p> <p><i>Emergency Housing = \$2,130</i></p> <ul style="list-style-type: none"> • Motel @ \$375/week for 2 weeks • Transitional housing @ \$11/night for 30 nights • Salvation Army @ \$150/week for 2 weeks <p><i>Barriers Reduction & Outreach = \$506</i></p> <ul style="list-style-type: none"> • MARTA card @ \$25.75/week for 8 weeks • Emergency food @ \$50/week for 4 weeks • Emergency clothing & hygiene @ \$100
Total = \$275.75	Total = \$2,799	Total = \$4,589





Fulton County Justice and Mental Health Task Force Project Charter



**FULTON COUNTY JUSTICE AND
MENTAL HEALTH TASK FORCE**
Business Cases

Fulton County Justice and Mental Health Task Force Project Charter

Section 1. Task Force Overview

1.1 INTRODUCTION

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 grant from the US Department of Justice, Bureau of Justice Assistance. This grant program emphasizes increasing collaboration between criminal justice and behavioral health partners. Using these grant funds, the Superior Court convened the Fulton County Justice and Mental Health Task Force (Task Force) to collaboratively develop a systems-level, data-driven action plan that would drive progress in achieving the four key measures of the national Stepping Up Initiative, embraced by the Fulton County Board of Commissioners. The four key measures are:

- Reduce the number of individuals with mental illness booked into jail,
- Shorten the average length of stay for individuals with mental illness in jail,
- Increase the percentage of connection to care for individuals with mental illness upon release from jail, and
- Lower rates of recidivism for individuals with mental illnesses..

The Task Force wishes to extend its existence and work beyond the grant period and has established this charter as a guiding document for its governance and operation.

1.2 TASK FORCE VISION, MISSION, VALUES, AND OUTCOMES

1.2.1 Vision Statement

There will be the least amount of people with mental illness in jails within Fulton County with the shortest stay and a healthy, sustained community outcome.

1.2.2 Mission Statement

Our mission is to safely reduce the number of people with mental illness and co-occurring disorders in jail.

1.2.3 Core Values

The Task Force adheres to the following core values. In doing its work, Task Force members will be:

- People-centered: We value being people-centered by learning from each other's perspectives, showing dignity and respect, and being empathetic, fair, and equitable to all persons.
- Innovative: We will be open to new processes, policies, and practices that will help us improve on the four key measures of the Stepping Up Initiative and overcome real and perceived barriers.
- Collaborative: The criminal justice and mental health systems are complex and those we serve benefit most when members of both cooperate.
- Solution-oriented: We are focused on outcomes and adhere to a strength-based perspective.
- Responsible and accountable: We recognize outcomes improve when we track and report performance and we take responsibility for improving results.
- Safe: We embrace positive health outcomes for all involved.
- Recovery minded: We are focused on recovery because quality care and treatment work, and recovery is possible.

1.2.4 Outcomes

In doing its work the Task Force will be a nationally recognized leader in the Stepping Up Initiative. To be a recognized leader, the Task Force aims to accomplish the following outcomes:

- An increased number of cooperative agreements between Fulton County and the City of Atlanta that relate to individuals with mental illness involved in the criminal justice system.
- An increased number of data sharing agreements between behavioral health and criminal justice entities within Fulton County.
- An increased number of law enforcement stakeholders who have Crisis Intervention Team (CIT) training, Trauma-Informed Criminal Justice System Responses training, and/or Mental Health First Aid for Public Safety.
- An increased number of connections to community treatment for individuals with mental illness being released from jail.

- 100% of persons booked into Fulton County Jail and the Atlanta City Detention Center (ACDC) receive a validated mental health screening.
- An increased number of individuals with mental illness involved in the criminal justice system who successfully complete a local jail diversion program.

1.3 TASK FORCE SCOPE

The scope of the Task Force includes supporting Fulton County and its partners in making improvements on achieving the four key measures of the Stepping Up Initiative. In order to accomplish these goals, the Task Force is focused on five priority recommendations adopted on December 12, 2018. The five priority recommendations are:

- Implement a validated jail mental health screen for 100% of bookings. Institute a standardized process in the Fulton County Jail for identifying, assessing, and treating offenders with mental illness 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 the Fulton County Jail, the offender’s behavioral health provider, and/or 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.
- Develop and implement a standardized training plan aimed at training 100% of law enforcement officers using CIT, 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 serious and persistent facing homelessness on release as being at “imminent risk” of homelessness so that care navigation can begin before release.

These recommendations are being moved forward through the development of budget requests that are supported and justified by business cases and other materials. The business cases provide a high-level blueprint for managers who will ultimately implement the recommendations to achieve the desired outcomes.

Four design teams were established to produce the business cases:

- Universal Jail Mental Health Screening and Reentry,
- Strategic Data Architecture,
- Diversion Continuum, and
- Law Enforcement Training Plan.

Upon completion of the business cases created by the design teams, these documents will be submitted for the consideration and approval by the Fulton County Board of Commissioners, or any other authorizing entities, prior to December 31, 2018.

1.4 COMMON DEFINITIONS

The US Department of Justice encouraged grant recipients to work beyond intercept-specific programs (e.g. pretrial diversion, mental health courts, correctional programs, re-entry programs, etc.) toward a coordinated response to maximize diversion for individuals with mental illness. This included “defining mental health needs in terms that align with state definitions that pertain to eligibility for publicly funded mental health services.”¹ Several Task Force participants gave input on how the Task Force should define terms, as well as whether or not their particular agency or organization had a definition in policy for any of these.

A Standardized Definitions Focus Group was created to define terms that align with state and Fulton County definitions that pertain to eligibility for publicly funded mental health services. Below are the definitions that the focus group agreed upon on September 19, 2017 and amended on June 27, 2018.

Mental Illness: “The Individual has a mental illness consisting of a disorder of thought or mood, which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.”

Mental Health: “A person’s condition with regard to their psychological and emotional wellbeing.”²

Behavioral Health: “Behavioral health includes methods and means of promoting well-being by preventing or intervening in mental health and/or substance use concerns.”

¹ Justice and Mental Health Collaboration Program FY 2016 Competitive Grant Announcement - OMB No. 1121-0329

² Merriam Webster’s Dictionary

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 which are of lifelong or extended duration and are individually planned and coordinated.”

Serious and Persistent Mental Illness: “Defined as having, 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 disorders 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:

1. 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.
2. 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).
3. 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 inability to complete tasks or structured activities commonly found in occupational, home or educational settings.
4. Coexisting substance use disorder of significant duration (e.g., greater than 6 months) or co-diagnosis of substance abuse
5. High risk for or a recent history of criminal activity due to mental illness (e.g., arrest and incarceration).
6. Marked difficulties in maintaining social functioning (e.g., regard for safety of self or others, use of leisure time, applying appropriate social skills, lawfulness and adherence to social norms); or persistent inability to establish or maintain a personal social support

system (e.g., establishing and maintaining social relationships, interpersonal interactions with primary partner, children or other family members, friends and neighbors).

7. Chronically homeless (e.g., one extended episode of homelessness for a year or four episodes of homelessness within three years).
8. Functional impairments such as hygiene, employment, and ability to maintain a safe, stable living environment.
9. Non-compliance 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.”

Recovery: “Recovery is an individual’s recognition and willingness to improve their mental health and wellness by taking responsibility and participating, as their needs require, in assessment, treatment, and aftercare with the goal of achieving positive individual, interpersonal, and social outcomes.”

Recidivism/Recidivist: “A recidivist is defined as an individual who is re-incarcerated or re-convicted in Fulton County within 24 months of arrest, release, or conviction. In this context, ‘release’ means from custodial care, including but not limited to, pre-trial release, post-sentence release, or final disposition.”

Length of Stay: “Length of stay is a term used to describe 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 2. Task Force Membership

2.1 TASK FORCE MEMBERS

Membership in the Task Force is open and inclusive of all Fulton County stakeholders involved in or affected by the achievement of the Task Force goals. Following is a list of organizations currently represented on the Task Force:

- Atlanta City Detention Center
- Atlanta/Fulton County Pre-Arrest Diversion Initiative
- Atlanta Police Department
- Behavioral Health Link
- Central Atlanta Progress
- City of Atlanta Pretrial Services
- City of Atlanta Public Defender's Office
- City of Atlanta Solicitor's Office
- Emory University, Psychiatry and Law Services
- Fulton County Accountability Courts
- Fulton County Board of Commissioners
- Fulton County Conflict Defender's Office
- Fulton County Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Fulton County District Attorney's Office
- Fulton County Jail
- Fulton County Manager's Office
- Fulton County Office of the Public Defender
- Fulton County Pretrial Services
- Fulton County Sheriff's Office
- Fulton County Solicitor General's Office
- Georgia Crisis and Access Line
- Georgia Department of Community Supervision
- Georgia DBHDD
- Georgia Mental Health Consumers Network
- Grady Health System/Grady Memorial Hospital
- Magistrate Court of Fulton County
- Mary Hall Freedom House
- Mental Health America of Georgia
- Mercy Care
- Municipal Court of Atlanta
- National Alliance on Mental Illness (NAMI) Georgia
- National Incarceration Association
- River Edge Behavioral Health
- St. Jude's Recovery Center
- State Court of Fulton County
- Superior Court of Fulton County
- View Point Health



2.2 GUIDING PRINCIPLES OF TASK FORCE MEMBERS

In order for the Task Force to fulfill its ongoing purpose and accomplish its mission, Task Force members are encouraged to do the following supportive behaviors:

- Support the overall mission of the Task Force
- Attend meetings and be reliable in their commitments
- Actively provide input to the work of the Task Force
- Communicate both horizontally and vertically
- Communicate along their respective chains of command to identify opportunities and challenges, and implement changes
- Use unified, clear, and concise language to communicate the Task Force's mission
- Share the Task Force's mission with their respective office staff, officers, etc.
- Share knowledge of programs with the Task Force at large
- Share resources, information, and ideas
- Use both personal and positional power and influence to implement change
- Be committed to creating a culture of "yes"
- Be solution-focused
- Coordinate across multiple disciplines
- Be clear about the specific problems, pain points, and gaps that must be addressed within this scope of work
- Stay focused on mental health and what the Task Force can control
- Continually look at policies and procedures related to individuals with mental illness across systems for alignment and misalignment
- Continually engage law enforcement to understand service gaps in community mental health treatment.
- Be person-centered
- Be willing to think "outside the box," be innovative, creative, and try new things

2.3 TASK FORCE MEMBER ROLES AND RESPONSIBILITIES

The expected roles and responsibilities of Task Force members are:

- Task Force members agree to actively participate and be represented on the Fulton County Justice and Mental Health Task Force and commit to an agreed upon percentage of agency staff to be trained in how to work with those with mental illness or co-occurring disorders (e.g., CIT, Mental Health First Aid for Public Safety, and Trauma-Informed Responses training).
- Task Force members will review their respective agency policies and protocols to ensure that they are responsive to the needs of those living with mental illness or co-occurring disorders who are involved in the criminal justice system. Where possible, Task Force members will work to remove barriers within their own agencies that can improve outcomes on the four key measures and adopt definitions and other common operating guidelines recommended by the Task Force.
- Task Force members will seek to enhance treatment accessibility and supportive services including, but not limited to, crisis stabilization, temporary shelter, supportive housing options, case management, and other supportive services in an effort to divert these individuals from jail to appropriate care in the community.
- Task Force members will work to support the recommendations of the Task Force, the guiding principles and operating guidelines of the Task Force, and the general improvement of an integrated criminal justice and behavioral health system.

Section 3. Task Force Governance

3.1 EXECUTIVE COMMITTEE

The Task Force will be governed by an Executive Committee, which will be comprised of the following:

- Chief Judge of the Superior Court of Fulton County (or designee),
- Representative from the City of Atlanta Mayor's Office,
- Fulton County Manager (or designee),
- Representative from the Adult Mental Health Division of the Georgia Department of Behavioural Health and Developmental Disabilities (DBHDD),
- Fulton County Commissioner (or designee),

- Fulton County Sherriff (or designee),
- Fulton County District Attorney (or designee), and
- Fulton County Public Defender (or designee).

In addition, there will be two Ad Hoc Committee members, who will be appointed at the discretion of the Executive Committee. One will be a representative from a social service organization and one will be the Chief Judge of the State or Magistrate Court.

Additional members may be added based upon criteria to be determined by the initial Executive Committee members. The Executive Committee will be led by a Chairperson, who will be a Fulton County Court Representative.

3.1.1 Executive Committee Powers and Duties

The Executive Committee will be the decision-making body for all actions of the Task Force.

- The Executive Committee will make all final funding request decisions (e.g., financial requests to the Fulton County Board of Commissioners and/or City of Atlanta and potential grant submissions) and any recommendations.
- The Chair of the Executive Committee will set dates, times, and places for all Task Force meetings and communicate such information to its members.
- All members of the Executive Committee must, at all times, have an expressed investment in the Task Force.
- The Executive Committee may establish various committees or working groups to accomplish its work.
- The Executive Committee will establish priorities and provide leadership and guidance to the Task Force and support staff.
- The Executive Committee will chart out and create a roadmap to ensure effectiveness and sustainability of the Task Force.
- The Executive Committee will ensure accountability of the Task Force stakeholders by reviewing data and regular reports on progress against the four key measures and related outcomes. The Executive Committee will work with the County Manager’s office to recommend and coordinate corrective actions to improve system performance when necessary.
- The Executive Committee will re-evaluate the charter every two years.



3.2 TASK FORCE PROJECT MANAGEMENT OFFICE

A Task Force Project Management Office (PMO) may be established to support the daily activities of the Task Force including regular Task Force meetings, committee meetings, and coordination with all partners and stakeholders. The PMO will coordinate grant requests and strategic oversight of investments in criminal justice and mental health activities in the county. The office will be responsible for tracking implementation of Task Force activities including the collection and reporting of performance reports to the Executive Committee and the Fulton County Board of Commissioners.

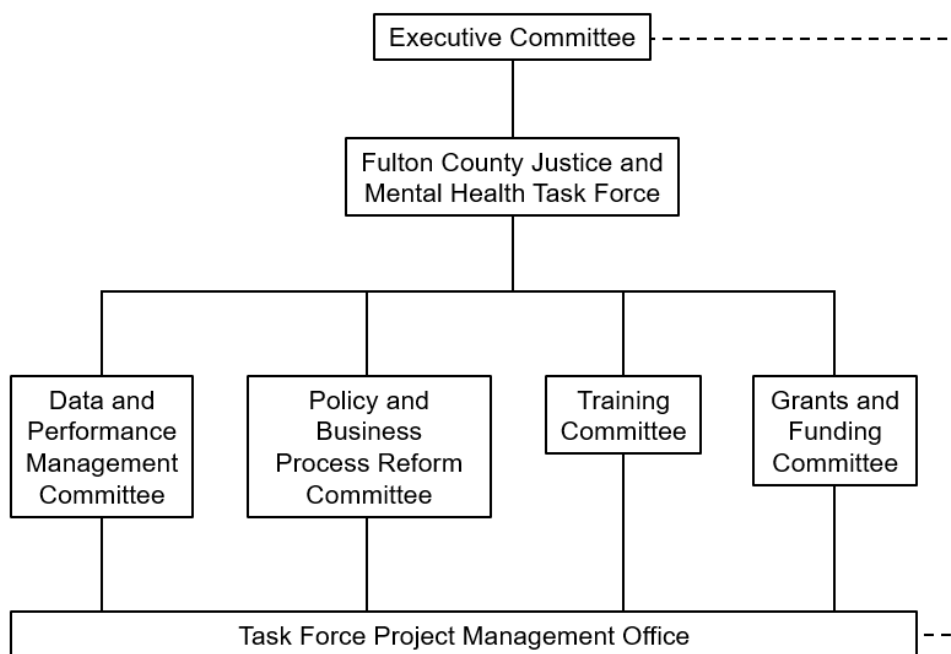
The following staffing is recommended to continue the work and efforts of the Task Force after December 2018:

- **Project Management and Facilitation:** One full-time equivalent (FTE) for project management and large group facilitation who has grant writing experience and can analyze data specific to this project. This person should hold an MA/MS or have a BA/BS with criminal justice, project management, and relationship building experience. This person will lead the Project Management Office and report to the Executive Committee.
- **Outreach Coordinator:** One FTE for outreach purposes who holds a BA/BS with experience in marketing, business, and public relations.
- **Training Coordinator:** One FTE to coordinate recommended law enforcement trainings who also has data evaluation abilities, who comes from the law enforcement community, and can provide POST-IT instruction.
- **Administrative Assistant:** One FTE to support and coordinate the work of the Project Management Office. The administrative assistant will be responsible for helping collect data and preparing regular Task Force reports, as well as maintenance of the fultonstepsup.org website.

3.3 TASK FORCE COMMITTEES

The following describes committees of the Task Force that may be formed. Each will be supported by a PMO staff member and a cross-section of Task Force members. Each committee should elect a chair, vice chair, and secretary to take notes at each committee meeting. Each may form subcommittees as necessary. The Executive Committee may establish additional committees as the need arises.

Figure 1. Fulton County Justice and Mental Health Task Force Structure



3.3.1 Data and Performance Management Committee

The Data and Performance Management Committee may be established to focus on data collection, reporting, and performance management. This committee will address needs for data-informed decision making, data sharing to enable improved communication and care, and any training needed on data systems, data collection, and reporting. Other duties may include:

- Ensuring quality data related to the Stepping Up Initiative is collected, monitored, and reported,
- Making recommendations on data governance,
- Defining the data to be collected and reported, and
- Developing performance measures.

Data collection, analysis, and reporting is critical. The committee will be responsible for monthly, quarterly, and annual reports on the four key measures of the Stepping Up Initiative and related indicators and any other performance measures defined by the Executive Committee. The committee will be responsible for preparing a report to the Fulton County Board of Commissioners every other month on Task Force activities and project outcomes that

is first approved for transmission by the Executive Committee. (See Appendix A: Model Report to Fulton County Board of Commissioners.)

3.3.2 Policy and Business Process Reform Committee

The Policy and Business Process Reform Committee may be established to review and recommend policy and business process changes that would address barriers to achieving the four key measures of the Stepping Up Initiative. As the Task Force works through its implementation strategy, this committee will be responsible for identifying relevant business and policy process changes and developing recommendations on behalf of the Task Force. These could include identifying barriers to effective and efficient diversion, adjudication, and re-entry policies, processes, and practices for those with a mental illness.

3.3.3 Training Committee

The Training Committee may be established to identify and coordinate the delivery of mental health training programs. The committee will be responsible for developing and communicating a mental health-related training program for law enforcement, partners, stakeholders, and community leaders. The plan should explain the value of mental health training for law enforcement and any incentives for training law enforcement in the City of Atlanta, Fulton County, and other municipalities in Fulton County. Other duties may include:

- Developing public education materials,
- Ensuring a roll-out strategy and appropriate coordination for the recommended trainings,
- Helping to reduce roadblocks and barriers to the training plan,
- Developing messaging that will assist and support employees in developing the skills, knowledge, and attitudes needed to be successful in the implementation of new procedures,
- Providing leadership around organizational cultural change, and
- Developing a long-term strategy for additional trainings and populations (i.e., substance abusers).

3.3.4 Grants and Funding Committee

To strategically align grant requests related to criminal justice and mental health in Fulton County, the Task Force may have a Grants and Funding Committee. All grants that county departments or other stakeholders apply for that collectively impact Fulton County's criminal justice and mental health systems need to be coordinated and aligned. Any future grants that

will be used to support projects related to the four key measures of the Stepping Up Initiative should be coordinated by the Task Force.

The entity responsible for managing Fulton County grants should be included in all decisions made related to grant requests. In addition, reaching out to the City of Atlanta and other municipalities will be an important function to coordinate grant applications to be competitive for funding opportunities.

Members of the Grants and Funding Committee should:

- Be knowledgeable about mental health, criminal justice, and law enforcement grants (local, state, federal, and those offered through foundations).
- Continually ask members of the Task Force about current awards and potential funding needs and inform them of grant opportunities.
- Take a proactive approach in seeking out grant opportunities that serve the individual needs of Task Force members and the common interests of an integrated criminal justice and behavioral health system. The committee should fairly balance funding opportunities among local agencies while ensuring the most effective and efficient use of funding.
- Facilitate collaboration among Task Force members in the development of grant applications that require cross-system coordination and provide grant planning and similar support during the application process to increase the likelihood for success.
- Establish procedures and mechanisms for securing support letters required for all agencies/entities that will be applying for funding that are utilizing their membership and/or involvement in the Task Force.
- Ensure that all organizations applying for grant funding and seeking support or reference letters from the Task Force are members of the Task Force and abide by the Project Charter.
- Facilitate discussions between members of the Task Force who potentially may be competing for the same grant and encourage collaboration between the members towards a decision on who should apply for the funding.
- Promote the purposes of the committee by developing a memorandum of understanding (MOU) for Task Force members to sign and observe. (A model MOU can be found in Appendix B.)

3.4 TASK FORCE RESOURCES

The Task Force PMO and the daily activities of the Task Force will require financial and human resources. Efforts should be made to secure funding from Fulton County and the City of Atlanta through direct appropriations or shared staff. Other potential sources of funding include, but are not limited to, Georgia DBHDD, the US Department of Justice, Bureau of Justice Assistance, the federal Substance Abuse and Mental Health Services Administration (SAMHSA), and private foundations.

Section 4. Task Force Workplan

4.1 MILESTONES

The following chart identifies significant milestones for the Task Force:

PROJECT MILESTONE	DESCRIPTION	EXPECTED DATE
Fulton County Budget "season"	Determine dates all business cases and implementation plans need to be submitted for consideration for funding.	August 1, 2018
Contract dates	Determine dates Fulton County vendor contracts are terminated (specifically jail medical/mental health provider and Fulton County DBHDD behavioral health provider).	August 1, 2018
Design Team Business Case for Training	Develop and implement a standardized training plan aimed at training 100% of law enforcement officers using CIT, Trauma-Informed Responses training, and other evidence-based crisis trainings.	December 2018
Design Team Business Case for the Fulton County Jail Complex	<ul style="list-style-type: none"> ■ Implement a validated jail mental health screen for 100% of bookings. Institute a standardized process in the Fulton County Jail for identifying, assessing, and treating offenders with mental illness based on clinically sound best practices and verifiable data. ■ Designate Fulton County Jail inmates with serious and persistent mental illness facing homelessness on release as being at "imminent risk" of homelessness so that care navigation can begin before release. ■ Coordinate reentry services to track and monitor the validated jail mental health screen and reentry assessment tools along with discharge planning. 	December 2018

PROJECT MILESTONE	DESCRIPTION	EXPECTED DATE
	<ul style="list-style-type: none"> Connect reentry services at the Fulton County Public Defender's Office with Fulton County Jail staff to increase the discharge planning capacity at the jail. 	
Design Team Business Case for Strategic Data Model	<ul style="list-style-type: none"> 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 the Fulton County Jail, the offender's behavioral health provider, and/or 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. Designate Fulton County Jail inmates with serious and persistent mental illness facing homelessness on release as being at "imminent risk" of homelessness so that care navigation can begin before release. Establish a standing mechanism for reporting jail and housing data that can be used by decision makers. Develop a working data team to continually and proactively gather and review data to measure and track the four key measures of the Stepping Up Initiative that were adopted by the Fulton County Commission. 	December 2018
Design Team Business Case for Diversion Continuum	<ul style="list-style-type: none"> Continue and expand funding for jail diversion services (Treatment Diversion Court model) for Magistrate and State Courts. 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 mental illness from jail. 	December 2018
Adoption of Common Definitions	Final adoption for the use of the common definitions by Fulton County Government via the Fulton County Board of Commissioners.	January 2019
Approval of Outreach Strategy	Seek final approval of the tagline and outreach palm cards created for distribution, the Letter of Intent, and the designed report to the Board of Commissioners.	January 2019
Approval of the Grants	Seek final approval of the MOU designed for use by	January 2019

PROJECT MILESTONE	DESCRIPTION	EXPECTED DATE
and Funding MOU	the Task Force stakeholders.	
Future Strategies and Initiatives of the Task Force	Determine milestones for 2019.	January 2019

4.2 OUTREACH STRATEGY

The outreach strategy focuses on reducing the number of people with mental illness booked into the jail by providing earlier intervention services to individuals in the effort to prevent criminal justice involvement.³ Three key constituencies are targeted as part of the Task Force’s outreach plan.

1. **Community Businesses and Foundations:** The Task Force seeks to partner with community businesses and foundations and has developed an Outreach Strategy Plan that includes written requests for financial and other types of support, thus developing a formal Letter of Intent (see Appendix C: Model Letter of Intent).

The following guidelines outline the specific procedures when drafting all Letters of Intent (LOI) on behalf on the Task Force:

- a. When considering sending the LOI, keep in mind each organization has different guidelines on submitting an LOI. Some require print letters be sent to a given address while others require submission through an online portal. Be sure to fully research submission requirements when deciding whether an LOI is the most effective form of communication.
- b. Foundations and businesses are constantly bombarded with requests for monetary support, donations, and partnerships. With limited resources, funders and potential partners look for projects that support their own mission and values. When writing an LOI, be sure to inform the potential donor how this project aligns with their mission and values.
- c. When tailoring the LOI to the receiving organization, be specific about what is being asked, whether it is a monetary donation, in-kind donation, volunteer hours donation, etc.
- d. LOIs should be sent from the person holding the highest position in the agency or from the Task Force Executive Committee, if the grant is being solicited for

³ <https://www.prainc.com/wp-content/uploads/2016/11/Intercept-0-Infographic-2.pdf>



use by the Task Force. The most effective way to raise money is through personal relationships and connections so before sending the LOI, be sure to reach out to your network to identify potential connections with donating organizations.

2. **Fulton County Board of Commissioners:** The Fulton County Board of Commissioners shares the vision of the Task Force, offering not only support, encouragement, and well-reasoned feedback, but opportunities for financial initiatives as well.

Open communication and dialogue between the Board and Task Force members is imperative to the progress of the Task Force initiatives. Therefore the Task Force plans to send a report to Board of Commissioners every other month to inform the Commissioners of Task Force activities and accomplishments (see Appendix A).

The following guidelines outline the specific procedures when updating the Board on behalf on the Task Force:

- a. This report is to be drafted by the Data and Performance Management function of the Task Force and subsequently approved by the Executive Committee.
 - b. This report is to be delivered by the Fulton County Chief Strategy Officer.
 - c. This report is to be provided every other month.
3. **Individuals with Mental Illness and Their Families:** In an effort to connect individuals in need with treatment before a behavioral health crisis occurs or at the earliest possible stage of system interaction, the Task Force has designed an Outreach Palm Card (see Appendix D: Outreach Palm Card) to initially be distributed at select locations in the following geographic areas (see Appendix E: Target Area Maps) and agencies:
 - a. North Fulton (Alpharetta, Roswell, and Sandy Springs)
 - b. South Fulton (College Park and East Point)
 - c. Fulton County Police Department
 - d. Atlanta Police Department (all zones)
 - e. MARTA Police
 - f. Atlanta Ambassador Force

4.3 TASK FORCE RISKS, ASSUMPTIONS, AND CONSTRAINTS

4.3.1 Risks

The following table lists strategic risks that relate to the work of the Task Force and the achievement of its objectives:

RISK	RESPONSE	ORGANIZATIONS
Lack of collaborative decision making related to the target populations of this Task Force	Ensure communication and facilitate collaboration among Task Force members.	<ul style="list-style-type: none"> City of Atlanta Fulton County All Task Force members
No clear behavioral health model for treatment diversion	Collaboratively develop and adopt a behavioral health model that embodies best practice.	<ul style="list-style-type: none"> Fulton County
Procurement	Have input on contract related to jail, mental health, and the Stepping Up population.	<ul style="list-style-type: none"> Fulton County
Access to community treatment and support resources	Develop an inventory of community resources and update regularly. Identify and address the barriers to securing housing. Collaborate with medical, educational, vocational, governmental agencies and the faith-based community.	<ul style="list-style-type: none"> City of Atlanta Fulton County All Task Force members
Lack of case manager positions within the Fulton County Jail	Establish a Screening and Reentry Unit at the Fulton County Jail (Rice Street). Ensure all released detainees return to verified previous behavioral health provider, utilize Georgia Crisis Action Line for behavioral health service provider identification. Identify the needs coming out of jail.	<ul style="list-style-type: none"> Fulton County
Lack of data analysis and evaluation of the target populations of this Task Force	Speak the “same language.” Develop a culture of data and information sharing. Establish MOUs for data sharing. Define outcomes and clear paths to achieving them. Review progress across Task Force members	<ul style="list-style-type: none"> City of Atlanta Fulton County All Task Force members



4.3.2 Assumptions

Following are assumptions — things that are accepted as true or as certain to happen — that members of the Task Force are considered to be operating under:

- Members of the Task Force are to take off their “individual hats” and work collectively.
- Fulton County leadership wants this work to be accomplished and is willing to invest in this work for it to be successful.
- Fulton County has empowered the Task Force to accomplish its stated goals.
- All conversations, information, and related topics and discussions from all of the meetings that are held as a result of the Task Force are being passed and managed around the organizations who are participating.
- Members of the Task Force are sharing what they know as it relates to the topics of this Task Force.
- All members and agencies of this Task Force are using the same definitions, but, in specific instances, this is not the case and there remains the need to ensure that all members and agencies “speak the same language” (i.e., using the common definitions).
- There remains a need for a longer term goal outside of the next three years that has been set forth for this Task Force.
- Cost savings as a result of the direct work of the Task Force will be reinvested. Fulton County will use savings to build housing units, and alternative treatment and recovery sites for this targeted population.
- The work, objectives, and goals of the Task Force are going to work.
- The consumers within the criminal justice system of Fulton County want the help of the Task Force.
- The Task Force is not going to be able to help everyone.
- What the Task Force perceives to be ideal may or may not be for the client, so consumer-informed decision making will transpire where it is appropriate.

4.3.3 Constraints

The following have been identified to be specific constraints that will limit and/or place conditions on this project and are considered to be conditional factors within which this project must operate.

CATEGORY	CONSTRAINT
Funding	When adequate funding is not readily available for a program to run effectively, this creates a constraint on this project that will limit it.
Client self-advocacy	Some clients will refuse treatment and some clients may not be aware that certain behavioral health services are available to them. Therefore, achieving the four key measures will be constrained.
Stakeholder representation	Stakeholders attending Task Force meetings should either have the positional power to make decisions, or ensure that all information shared at the meetings is properly shared with their superiors in order to properly inform those persons who do hold such decision-making capacity. Stakeholders should know the services provided through their agencies, in addition to freely sharing known information to enhance the discussions.
Procurement	When Fulton County commences talks with behavioral health vendors to secure their services on behalf of the criminal justice involved mentally ill, these talks would be enhanced by input from the Task Force.



Section 5. Acknowledgements and Support

As members of the Fulton County Justice and Mental Health Task Force Executive Committee, we acknowledge and support this charter and its purpose and will work to achieve the goals herein.

[INSERT NAME] Date
Executive Committee, Superior Court of Fulton County

[INSERT NAME] Date
Executive Committee, City of Atlanta Mayor's Office

[INSERT NAME] Date
Executive Committee, Fulton County Manager's Office

[INSERT NAME] Date
Executive Committee, Georgia Department of Behavioral Health and Developmental Disabilities

[INSERT NAME] Date
Executive Committee, Fulton County Board of Commissioners



[INSERT NAME] Date
Executive Committee, Fulton County Sheriff

[INSERT NAME] Date
Executive Committee, Fulton County District Attorney

[INSERT NAME] Date
Executive Committee, Fulton County Public Defender

[INSERT NAME] Date
Executive Committee, [Name of organization of ad hoc committee member]

[INSERT NAME] Date
Executive Committee, [Name of organization of ad hoc committee member]



Appendix A: Model Report to the Fulton County Board of Commissioners



Report to County Commissioners

Content Area: (Diversion, Data, Training, or Jail)

Objectives for Content Area:

Description of Relevant Activities:

Data Utilized to Support Activities:

Budgetary Issues:

Barriers/Challenges to Meeting Objectives:

Summary:

Appendix B: Grants and Funding Committee Model MOU



Fulton County Justice and Mental Health Task Force

A Collaboration of Justice, Behavioral Health, and the Community

MEMORANDUM OF UNDERSTANDING

BETWEEN

FULTON COUNTY JUSTICE AND MENTAL HEALTH TASK FORCE

and MEMBERS

The Stepping Up Initiative is a national effort to divert people with mental illness from jails and into treatment. The campaign brings together a powerful coalition of national organizations, including NAMI, Council of State Governments Justice Center, National Association of Counties, American Psychiatric Foundation and numerous law enforcement associations, mental health organizations, and substance abuse organizations.

This Memorandum of Understanding (MOU) is entered into by The Fulton County Justice and Mental Health Task Force (FCJMHTF) and its' members. The Fulton County Justice and Mental Health Task Force includes local and state partners from the judiciary, law enforcement, community corrections, consumers, advocates, mental health and substance abuse service providers, and other stakeholders.

I. Description of the Partner Agencies

The project activities align with the strategies of the Stepping Up Initiative, a national effort spearheaded by the American Psychiatric Foundation, National Association of Counties, and Council of State Governments Justice Center. The task force goals and all action plan development activities will focus on the four key measures promoted by the Stepping Up Initiative.



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Fulton County Justice and Mental Health Task Force

A Collaboration of Justice, Behavioral Health, and the Community

Stepping Up-Four Key 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

The task force is responsible to create a data-driven action plan and recommendations that improve the use of public safety and behavioral health resources, maximize impact and measurably improve outcomes for people with mental illness involved in the justice system. This MOU formalizes the commitment of task force members to collaborate regarding each member's interest in grants and funding on behalf of The Fulton County Justice and Mental Health Task Force and the mission of its' project charter. This MOU serves as a provision to keep the fidelity of the task force and the mission of the project charter. The Fulton County Justice and Mental Health Task Force includes local and state partners from the judiciary, law enforcement, community corrections, consumers, advocates, mental health and substance abuse service providers, and other stakeholders.

II. History of Previous Collaboration

The task force was divided into five work groups that met monthly to move the project forward. Work groups were based on community priorities established in the Sequential Intercept Mapping workshop that took place at the Georgia State College of Law on April 25-26, 2017. Work groups were responsible to assess the current system, build consensus around opportunities for reform, gather data and develop formal recommendations for the task force to review and prioritize. Work groups also determined if there were elements in place to implement evidence-based practices that addressed the needs of people with mental illness involved in the criminal justice system and developed strategies for building more support for these practices and programs. This MOU builds on the previous collaboration.



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Fulton County Justice and Mental Health Task Force

A Collaboration of Justice, Behavioral Health, and the Community

III. Target Population

The target population is individuals with serious mental health and co-occurring disorders who continue to cycle through the criminal justice system. These individuals tend to have a longer length of stay and upon release have higher rates of recidivism than individuals without these disorders. This often results in poor outcomes for these individuals and their families, missed opportunities for linkage to treatment, inefficient use of funding, and failure to improve public safety.

IV. Grants and Funding Applications on behalf of Fulton County Justice and Mental Health Task Force

- The Grants and Funding Committee will provide support to task force members seeking external funding for activities that serve individuals with mental health and co-occurring disorders involved in the criminal justice system.
- The Grants and Funding Committee will meet regularly to discuss priorities, assess recent opportunities that have come forward, and to discuss specific proposals that have been developed after having received initial approval.
- The appointed Coordinator of this committee should be consulted regarding procedural questions and grant/funding opportunities. The Executive Committee of the FCJMHTF has the final authority in all grant matters.
- The Grants and Funding Committee will determine whether endorsement is feasible and who else should be involved in the preparation of all grant proposals on behalf of the FCJMHTF.



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Fulton County Justice and Mental Health Task Force

A Collaboration of Justice, Behavioral Health, and the Community

- FCJMHTF members agree to collaborate with The Fulton County Justice and Mental Health Task Force for all state, federal, & local grants and/or foundations that support the systems-level recommendations which target increased opportunities for treatment, a reduction in the number of people booked into jail with mental illness, validated risk assessment tools, and fewer days in jail for those persons requiring treatment.
- FCJMHTF members agree to participate in the evaluation and data collection process by reporting relevant statistical data where appropriate and required by grant programs, the Stepping Up Initiative, FCJMHTF and the Executive Committee of the FCJMHTF.
- FCJMHTF members will collaborate regarding responsibility for general oversight and direction of projects, programs, initiatives, and funding applications developed on behalf of The Fulton County Justice and Mental Health Task Force. This includes collaboration, review, and approval of key personnel selections, consultants, assessments, plans, instruments, manuals, and documents developed or identified for use during the project, program, or initiative, with suggestions for modifications prior to grant application submission.
- Where appropriate, the recipient of any grant will act jointly with the Fulton County Justice and Mental Health Task Force to determine modifications to program plans, budgets, data collection and design.
- This MOU applies to all new grants sought after the initiation of this charter.



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Fulton County Justice and Mental Health Task Force

A Collaboration of Justice, Behavioral Health, and the Community

V. Termination

This MOU shall be effective beginning _____, and shall continue for a term of three (3) years, automatically renewing for successive three (3) year periods upon the execution date of this agreement unless either agency gives thirty (30) days written notice that it does not wish to renew participation in the MOU. All notices required or permitted under this MOU shall be in writing and shall conclusively be deemed to have been delivered upon (a) personal delivery, (b) successful facsimile transmission, or (c) electronic mail to the Fulton County Justice and Mental Health Task Force

VI. Signatures

Please sign this document indicating that you have reviewed and approve of this agreement. This agreement supersedes any previous agreement, written or oral.

By _____ Date _____
Fulton County Justice and Mental Health Task Force Representative

By _____ Date _____
Task Force Member Agency Representative

By _____ Date _____
Member Name (Agency Name)

*Disclaimer: All parties must sign and be in compliance with the project charter.



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Appendix C: Model Letter of Intent



Fulton County Justice and Mental Health Task Force

A Collaboration of Justice, Behavioral Health, and the Community

Marriott Hotel, Chick Fil A, Home Depot etc.

Re: Fulton County Justice & Mental Health Task Force
Request for Support

Dear Sir or Madam:

Like many communities across the country, people with behavioral health challenges, including mental illness and co-occurring substance use disorders, are over-represented in the Fulton County criminal justice system. This trend has increasingly produced poor outcomes and high recidivism rates for an already marginalized population. Our communities and our families deserve better.

In an effort to promote recovery and wellness opportunities that improve lives and reduce recidivism, Fulton County Superior Court convened the **Fulton County Justice and Mental Health Task Force** (Task Force) in February 2017. This collaborative group includes local and state partners from the judiciary, law enforcement, community corrections, consumers, advocates, behavioral health and substance abuse service providers, and other stakeholders. With supportive grant funds from the Department of Justice, Bureau of Justice Assistance, the Task Force has focused on four key measures to 1) reduce the number of people with mental illnesses booked into jail, 2) reduce the length of time spent in jail, 3) increase connection to treatment, and 4) reduce recidivism.

We are asking [ACME Foundation] for [900 apples and \$900] to support us in this initiative. We will use the [900 apples to supply snacks at community events each month, and the \$900 will be used to print brochures that provide resource information for justice-involved citizens]. We believe this request is in line with [ACME Foundation's] mission of [whatever the relevant mission is].

We welcome an opportunity to meet with you and will follow up by telephone to schedule a meeting. We know that supporting the communities and families in Fulton County is important to [ACME Foundation], and we hope you will join us in this opportunity to be of service.

On behalf of the individuals in Fulton County with behavioral health challenges who are working toward wellness, long-term recovery, and productive lives of purpose and meaning, we thank you for considering this important request. Please contact me if I can provide any additional information.

Most sincere regards,
XXXXXX



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Appendix D: Outreach Palm Card



Illness 2 Wellness

**Crisis Does Not Have to
Lead to Jail.**

**We Have Been There
Too.**

You Are Not Alone.

**Fulton County Has The
Resources To Support
You In Getting Well.**

Alternatives to BH & CJ:

Cares Warm

Peer Operated Non-Emergency Support

**Fulton County Dept. of Behavioral
Health and Developmental
Disabilities**

**Local Non-Emergency Behavioral Health
and Developmental Disabilities**

Georgia Crisis Action Line

**24/7 Hotline for Accessing Mental Health
and Substance Use Services in Georgia**

NAMI National Crisis Line

**Free Referral Service Help Center for
All Mental Health Issues**

Peer To Peer

**24/7 Peer Support for Mental Health and
Substance Use**

SAMSHA

**24/7 Free and Confidential information
for Individuals and Family Members
facing Substance Abuse and Mental
Health Issues**

**Suicide Prevention (National
Hotline)**

**Free and Confidential Services to Help
Prevent Suicide**

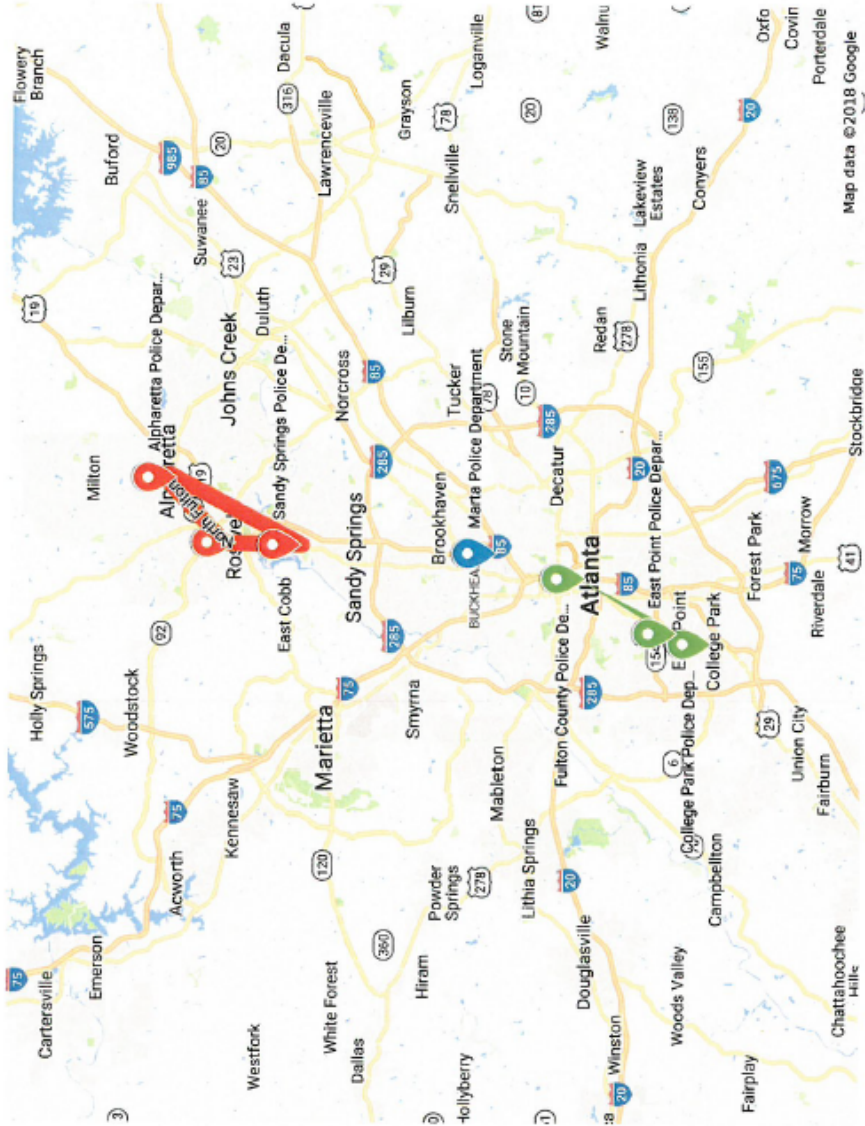
Veterans Crisis Line

**Confidential Toll free hotline for
Veterans and their family members -
chat or text**

Appendix E: Target Area Maps



Atlanta Mapping



- Atlanta
 - Alpharetta Police Department
 - Sandy Springs Police Department (SSPD)
 - Roswell Police Department-Jail
 - North Fulton
 - College Park Police Department
 - East Point Police Department
 - Fulton County Police Department
 - South Fulton
 - Marta Police: Department
- Areas include:
 Green: South Fulton
 Red: North Fulton
 Blue: Marta



Atlanta Police Service Zone

