
Sequential Intercept Model Mapping Workshop: Forsyth County

June 2020

Prepared by:

Debbie Atkins

Director, Office of Crisis Coordination

Georgia Department of Behavioral Health
and Developmental Disabilities



DBHDD

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

Holly Lynde, Fiscal Analyst

Sid Johnson, Public Service Assistant

Carl Vinson Institute of Government,
University of Georgia



**Carl Vinson
Institute of Government**
UNIVERSITY OF GEORGIA

Acknowledgements

This report was prepared by Debbie Atkins from the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and Holly Lynde and Sid Johnson from the Carl Vinson Institute of Government at the University of Georgia. The facilitators wish to thank Angelia Johnson, Rebecca Whitmire, and Sandra Stevenson from the Forsyth County Finance Department and Sergeant Terry Hawkins from the Forsyth County Sheriff's Office for organizing and hosting the event. We wish to thank Commissioner Cindy Mills for providing opening remarks.

Debbie, Holly, and Sid are just three of the 14 facilitators across Georgia's state government who were trained by Policy Research Associates, Inc. (PRA) in 2019 to deliver Sequential Intercept Model (SIM) mapping workshops in Georgia. The team is composed of facilitators from the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), the Institute of Government, the Council of Accountability Court Judges, the Council of Superior Court Judges, and the J.W. Fanning Institute for Leadership Development. With specific knowledge of the resources available across the state, the team of facilitators delivers workshops customized to Georgia's 159 counties.

Disclaimer

The following report and map represent the voices and perspectives of the participants and facilitators attending the March 3 and 4, 2020 workshop. Additional information from Forsyth County stakeholders who did not participate in the workshop is important to provide a fuller understanding of the county's behavioral health and criminal justice systems.

Introduction

The purpose of this report is to provide a summary of the Sequential Intercept Model (SIM) Mapping workshop held in Forsyth County, Georgia on March 3 and 4, 2020. The workshop was sponsored by the Forsyth County Finance Department, who provided staff to coordinate the effort. The local planning team was comprised of Angelia Johnson, Rebecca Whitmire, and Sandra Stevenson from the Forsyth County Finance Department and Sergeant Terry Hawkins from the Forsyth County Sheriff's Office. This report includes:

- A brief review of the origins and background for the workshop
- A summary of information gathered at the workshop
- A sequential intercept map developed by the group during the workshop
- An action plan developed by the group

- Observations, comments, and recommendations to help Forsyth County achieve its goals

Recommendations contained in this report are based on information received prior to or during the SIM workshop. Additional information is provided that may be relevant to future action planning.

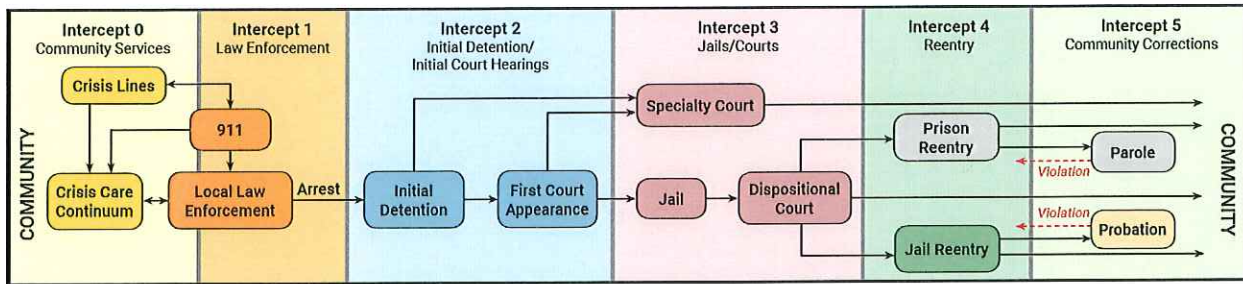
Background

A SIM workshop is designed to illustrate how people with behavioral health needs come in contact with and flow through the criminal justice system. The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system. A SIM workshop has three primary objectives:

1. Develop a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identify gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Develop priorities for actions designed to improve system and service level responses for individuals in the target population.

¹ Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.



Goals

The centerpiece of the workshop in Forsyth County was the development of a SIM map. The map was developed by workshop participants in a facilitated process. Participants identified existing resources in each intercept, described how resources interact with individuals with mental illness and with each other, and discussed problems and gaps. As this catalog of information was developed, participants became aware of the unique resources and challenges in Forsyth County. It is the basis for the priority action plans provided at the end of this report. Having representation from all entities that work in each intercept is an important goal of the workshop to ensure a well-rounded and complete discussion, as well as support for the priority action plans.

Note: comments reflect the audience in attendance during the SIM.

Sequential Intercept Mapping Workshop Agenda

Forsyth County • March 3–4, 2020

Day 1 – Tuesday, March 3

8:00 AM Registration and Networking

8:30 AM Openings

- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!

- Keys to Success

The Sequential Intercept Model

- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap-Up

- Review

4:30 PM Adjourn

There will be 10–15 minute breaks mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.



Georgia
Department of
Behavioral Health
& Developmental
Disabilities



Carl Vinson
Institute of Government
UNIVERSITY OF GEORGIA

Day 2 — Wednesday, March 4

- 8:30 AM **Greeting**
- Preview of the Day
- Review**
- Day 1 Accomplishments
 - Local Priorities
 - Keys to Success in Forsyth County
- Action Planning**
- Finalizing the Action Plan**
- Next Steps**
- Summary and Closing**
- 12:30 PM **Adjourn**

There will be a 15 minute break mid-morning.



Georgia
Department of
Behavioral Health
& Developmental
Disabilities

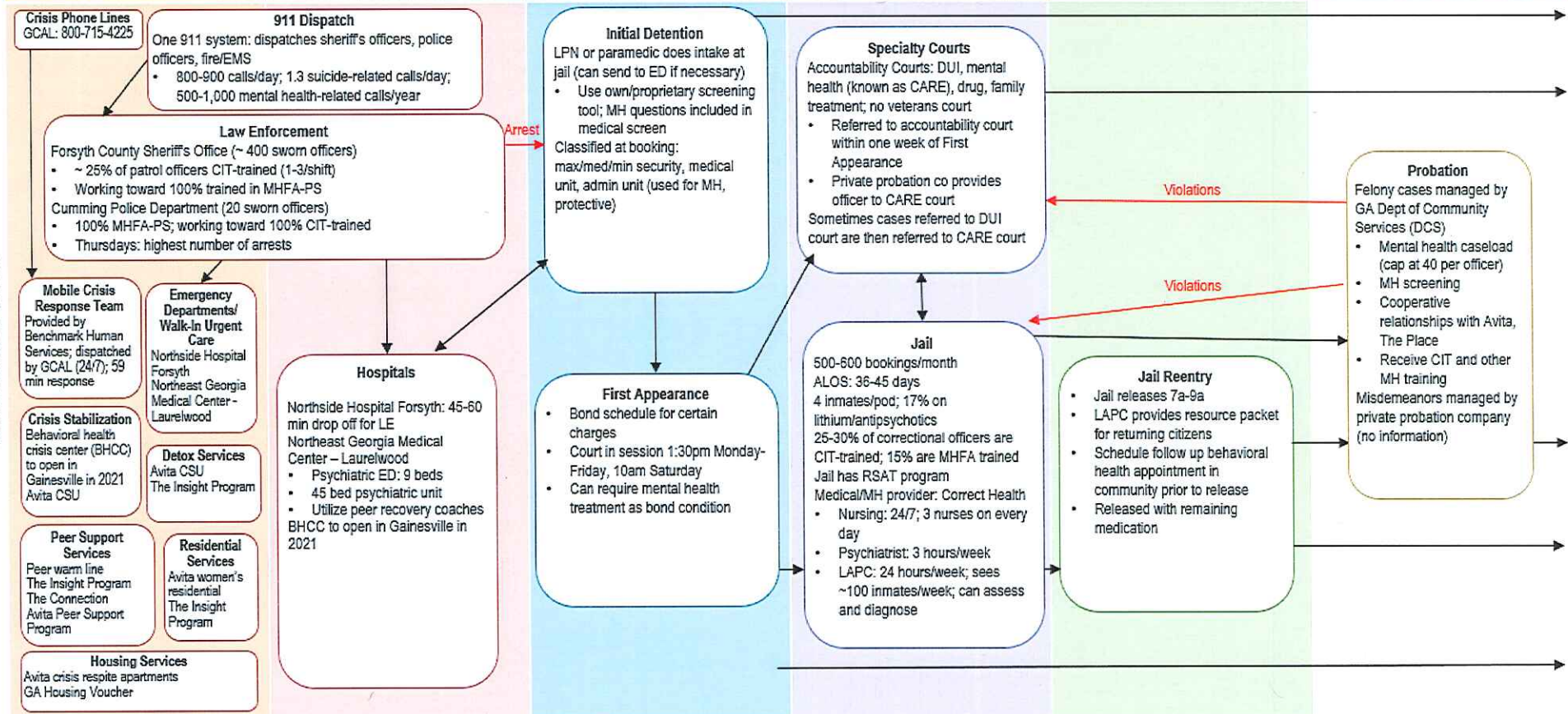


Carl Vinson
Institute of Government
UNIVERSITY OF GEORGIA

Intercept 0 Hospital, Crisis, Respite, Peer, & Community Services	Intercept 1 Law Enforcement & Emergency Services	Intercept 2 Initial Detention & Initial Court Hearings	Intercept 3 Jails & Courts	Intercept 4 Reentry	Intercept 5 Community Corrections & Community Supports
---	--	--	--------------------------------------	-------------------------------	--

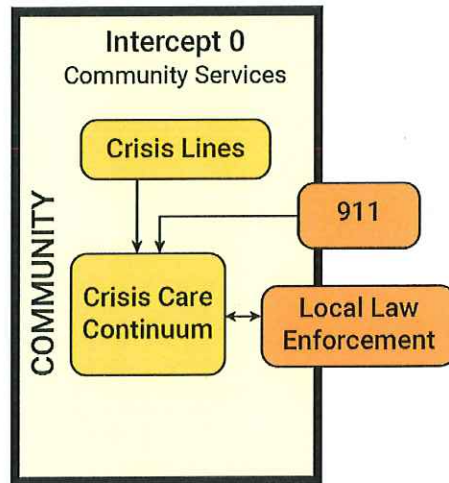
COMMUNITY

COMMUNITY



Behavioral Health Georgia Highlands and Avita (CSB) accept indigent care for behavioral health; Avita has open access during business hours	Recovery Supports The Place; United Way	Housing/Shelter The Place; United Way
---	---	---

Intercept 0: Community Services



Resources

- Georgia Crisis and Access Line (GCAL) can dispatch mobile crisis teams 24/7
 - Services provided by Benchmark Human Services
 - 59 minute response time
 - 200 to 350 calls per month Region 1 (Forsyth is in Region 1)
- Behavioral health crisis center (BHCC) scheduled to open in Gainesville in early 2021; will have 20 minute drop off for law enforcement
- Avita clinic has open access; designated crisis receiving
- Peer wellness and respite center (peer warm line)
- Assertive Community Treatment (ACT) teams
- Georgia Highlands Medical Services
- Laurelwood Hospital (part of North Georgia Medical Center, which has 10-15 minute drop off for law enforcement)
- Peers available at Laurelwood, Avita (Avita Peer Support Program)
- NAMI training
- Northside Hospital Forsyth has psychiatric services on site

Gaps

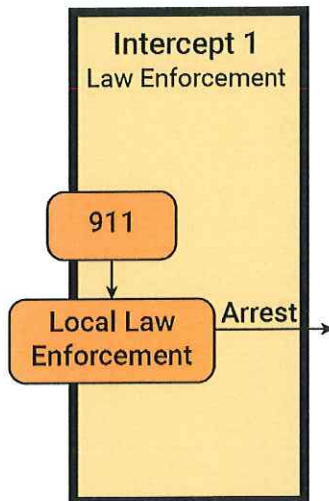
- No MOU between 911, Cumming Police Department, Forsyth Sheriff's Office, and GCAL to provide dual response
- County planning to send all 911 operators/dispatchers through crisis intervention team (CIT) training for 911 operators (Georgia currently developing)

- Lack of diversity training
- Lack of knowledge of GCAL
- Lack of education/community awareness of resources available
- No (limited) public transportation
- Quick release of patients taken to hospital for evaluation/treatment
- No veteran's programming
- State law says those committed must be a danger to themselves or others; but sometimes individual may not meet that threshold but still need help and can't get it

Opportunities

- Better coordination between law enforcement and GCAL
- Development of coordinated crisis plans for individuals who are friendly faces in the community

Intercept 1: Law Enforcement/Emergency Services



Resources

- One 911 system (run by county)
 - Dispatches sheriff's office, police department, and fire/EMS
 - Dispatches closest unit but Sheriff's Office (SO) road supervising officer can change officer dispatched to scene: can dispatch CIT-trained officer(s)
- County planning to send all 911 operators/dispatchers through CIT training for 911 operators (Georgia currently developing)
- 25% of SO patrol officers are CIT-trained (1-3 work each shift)
- Working toward 100% trained in Mental Health First Aid for Public Safety (MHFA-PS)
- All Cumming Police Officers are MHFA-PS trained; working toward 100% CIT-trained
- Forsyth SO currently developing co-responder unit; Cumming PD will be able to use
- Cumming PD can issue citation in lieu of arrest for some city ordinances
- Both PD and SO can choose to take an individual to CSU/Laurelwood or another facility instead of arrest
- Use of outpatient commitment to have individuals mandated into outpatient treatment at Avita
- Probate Judge can issue an Order to Apprehend (OTA) when two individuals testify to the psychiatric/behavioral issues they see in a person who is unwilling to seek help. Once the OTA is signed, law enforcement must apprehend the individual and take them to Avita or another facility for an evaluation.

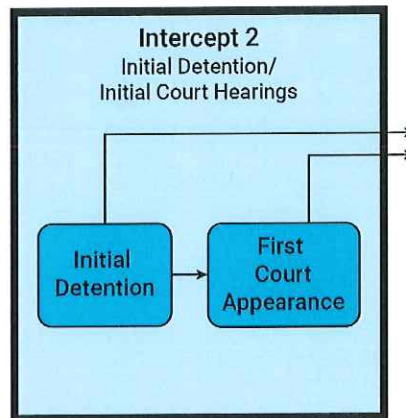
Gaps

- 911 does not have the ability to:
 - Specifically dispatch CIT-trained officer(s)
 - Divert non-criminal behavioral health calls to GCAL
- Firefighters/paramedics have not received Mental Health First Aid training
- 1013 law does not allow law enforcement officers to stop imminent suicide
- Lack of knowledge of options available to first responders: voluntary treatment, 1013, order to apprehend (OTA), outpatient commitment

Opportunities

- Diversion options at the BHCC once opened
- Diversion to mobile crisis for primary behavioral health concerns
- Use of CIT-trained officers and mental health co-responders to educate individuals and families on resources available to prevent law enforcement involvement

Intercept 2: Jail-Based Diversion



Resources

- Jail behavioral health providers
 - Licensed Associate Professional Counselor (LAPC) available in the jail 24 hours per week
 - Psychiatrist on call 24/7
- Inmates can be sent to hospital emergency room if more treatment is needed
- "Duty attorney" available at First Appearance
- Can recommend mental health evaluation/treatment as bond criteria
- Has Indigent Defense Office (one of six counties that opt out of state public defender's council); county uses local private attorneys
- Can order mental health evaluation at First Appearance
- Jail uses SAD PERSONS² suicide screening

Gaps

- Bond schedule for certain charges so person can bond out before a mental health evaluation
- No referral to resources if a person bonds out before First Appearance
- No known way to notify an ACT Team if an individual is booked into the jail
- Jail LAPC only works 24 hours per week, typically Tuesday, Wednesday, and Thursday

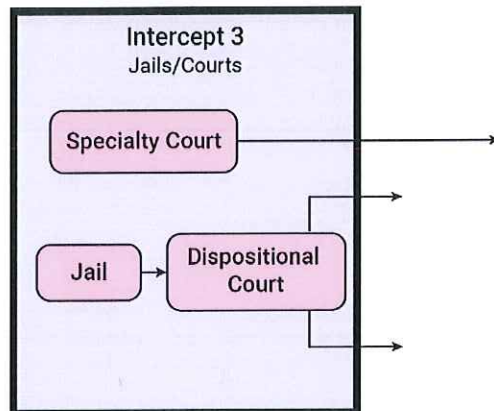
² SAD PERSONS or SAD PERSONAS stands for 10 suicide risk factors: Sex, Age, Depression, Previous attempt or psychiatric care, Ethanol abuse/Excessive alcohol or drug use, Rational thinking loss, Social supports lacking/Separated, divorced, or widowed, Organized plan, No spouse/social supports, Availability of lethal means, Sickness.

- Jail psychiatrist paid for three hours per week, typically works eight
- Jail medical/behavioral health provider does not know if a person bonds out; correctional officers do not know if a person screens positive on the medical/mental health assessment
- No specialized pre-trial caseload
- No screening for mental illness by pre-trial services
- Individual can remain in jail until Monday First Appearance hearing if arrested prior to cut-off for Saturday First Appearance hearing (approx. 54 hours)

Opportunities

- Provide funding for additional hours of the existing behavioral health professionals or additional professionals to meet behavioral health needs of inmates
- Create better coordination between jail personnel and mental health professionals
- Cross training of jail personnel with mental health first aid for those who are not CIT trained
- Implement a mental health assessment tool in the jail in addition to the suicide screening tool currently being used

Intercept 3: Jail-Based Diversion



Resources

- County has accountability courts (drug, mental health [known as CARE Court], DUI, and family treatment)
- Eligibility for DUI court based upon number of DUI arrests: depending on issue, case can be referred from DUI or drug courts to CARE court
- All drug cases are flagged at the jail; DA reviews each case for possible referral to drug court
- Others who can refer to drug or CARE court: probation, pretrial services, defense attorneys, state and superior court
- Referred to accountability court within one week of First Appearance
- Jail releases between 7am and 9am
- Narcotics Anonymous and Alcoholics Anonymous have meetings in jail
- Anger management and GED classes are taught by volunteers
- Medical/behavioral health provider: Correct Health
 - Nursing available 24/7; at least two available at all times; three available during the days
 - LAPC paid for 24 hours per week; typically at the jail Tuesday through Thursday; sees approximately 100 people/week; priority is maintenance; inmate seen within 24 hours on weekdays if referred for assessment; can assess and diagnose; SOAR³ certified
 - Psychiatrist paid for three hours of work per week
- Jail recently received a grant for residential substance abuse treatment (RSAT)

³ SOAR stands for SSI/SSDI (Social Security income/Social Security disability income) Outreach, Access, and Recovery.

- Inmates can self-refer for mental health issue, correctional officer can refer: inmate is put on list for LAPC to see; seen within 24 hours during the week

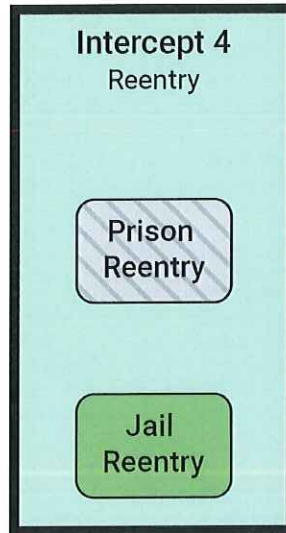
Gaps

- If individual needs competency evaluation: initial evaluation in jail; if deemed incompetent to stand trial, put on wait list for first available forensic bed within the state
 - Can take 3 months or more to get evaluation and individual remains incarcerated during that time
- Limited on-site hours of jail behavioral health professionals
- No medication-assisted treatment (MAT) available
- No trauma-informed training for jail staff
- No veterans court
- No incompetent to stand trial (IST) restoration
- Jail staff does not know if inmate is on mental health caseload
- Jail psychiatrist paid for three hours of work per week (really works about 8 hours per week)
- LAPC paid for 24 hours per week; typically at the jail Tuesday through Thursday
- Medical and behavioral health services are provided by the same company (Correct Health) but they are not integrated
- Correct Health maintains its own medication formulary: there are certain medications they will not provide
- Medication is reported via inmates, family, or records can be requested from Avita or another jail (need information release)
- Hold orders for stabilization: inmates may be transferred to Avita's crisis stabilization unit (CSU) for stabilization and then returned to the jail to complete their sentence. The CSU is a locked facility and can accept the individual with a hold for pickup once stabilized so they are transferred back into county custody (vs discharged home). CSU is not taking them citing violence issues. Need better coordination between the jail and Avita.

Opportunities

- Provide funding for additional hours of the existing behavioral health professionals or additional professionals to meet behavioral health needs of inmates
- Additional mental health training for jail personnel, such as Mental Health First Aid, trauma-informed training, CIT, etc.
- Better coordination between jail staff and medical/behavioral health staff
- Implement a mental health assessment tool in the jail in addition to the suicide screening tool currently being used

Intercept 4: Reentry



Resources

- Jail LAPC provides a resource packet for returning citizens
- The Place had transitional effort in the jail 2-3 years ago; not current but it was successful
- Jail LAPC is SOAR certified
- DBHDD housing coordinators can help provide housing referrals
- Common Courtesy is an uber-like transportation service in the county
- Inmates are released with the remainder of the medication they have not taken

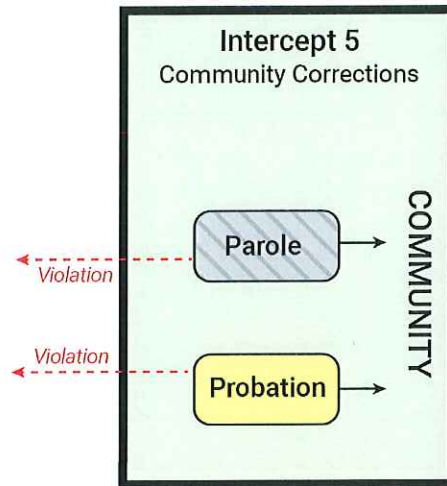
Gaps

- No data on the number of people with mental illness released each year
- Limited outreach to resources
- Avita is not involved in the jail – no community transition planning
- Medical provider does not know release data
- No mechanism to apply for benefits before reentry
- Lack of affordable housing
- No (very limited) public transportation in the county
- Department of Community Supervision has no contact with those they will be supervising prior to release

Opportunities

- Coordination with Avita for discharge planning at time of arrest since release dates are often unknown. Develop more of a coordinated discharge process that is done by more than the behavioral health provider.
- Forensic peers to engage inmates with behavioral health issues to make them aware of resources upon discharge

Intercept 5: Community Supervision



Resources

- Department of Community Supervision (DCS) has specialized caseload (40 per officer) for those with a mental illness
- DCS conducts mental health screening
- Mental health conditions can be added to probation conditions
- DCS has cooperative relationships with Avita, The Place
- DCS has CIT-trained officers, receive other training specific to mental illness
- Provide officer for CARE Court
- Misdemeanor probation officer part of CARE Court staffing

Gaps

- Probation officers do not receive jail mental health records
- Misdemeanor probation is through private company, who does not provide access to records

Opportunities

- Developing a list of records that are sent to community supervision (felony and misdemeanor) within a certain number of days of release
- Educate and partner with private probation companies

Parking Lot

Several issues were identified by participants during the workshop were set aside for further discussion and investigation.

- GCAL data
- Services for veterans through the Veteran's Administration
- Order to apprehend (OTA) process for Avita
- Research when Medicaid is lost after incarceration: how many days? Who's rule: U.S. Center for Medicare/Medicaid Services (CMS)? Georgia Department of Community Health?
- Housing
- Transportation
- Look outside the box for solutions
- SOAR and insurance issues

Priorities

Following the completion of the mapping exercise, the workshop participants began to define specific priorities that could be mobilized to address the gaps and opportunities identified in the group discussion about the cross-systems map. Following are the priorities identified by the workshop participants:

1. Establish a data sharing agreement among jail, Avita, hospitals, etc. Provide a way for the jail data system to talk with the medical provider data system.
2. Enhance discharge/community transition planning process.
3. Evaluate behavioral health services at the jail.
4. Increase education/community awareness of mental health services.
5. Implement MOUs between 911, Cumming Police Department, Forsyth County Sheriff's Office, and GCAL for dual response/crisis plans.

Recommendations

A broad representation of key stakeholders came together for the Forsyth County SIM workshop. They brought together extensive expertise and commitment to improving community safety and resources for justice-involved individuals who have behavioral health issues. This dynamic team used strategic thinking to identify community resources, gaps, opportunities, and priorities. In addition, they developed work plans to address their priorities. The interdisciplinary team conducted a significant amount of work in a single day and that work should be applauded.

Following are recommendations provided by the facilitators:

Public Defender

In many counties, the public defender's office is the chief advocate for individuals with mental illness as the judge makes decisions about the case. Workshop participants mentioned that Forsyth County has opted out of the state public defender system, but there was not much discussion about the process or services of public defenders. We thought it would be helpful to share the following information for consideration.

The public defender's ability to establish linkages with community resources can have a significant impact on the length of time an individual with mental illness stays in jail. Coming before the judge with a plan that includes family engagement, housing, medication, scheduled outpatient treatment, employment supports, or other services often provides justification for earlier release under bond, shorter sentences or probation with conditions, or quicker referral to alternative sentencing options.

This is an important role that can make a huge difference for a population of individuals who cannot always advocate for themselves, who typically stay in jail longer than the general population, and who may need assistance to coordinate resources while living in the community, and maybe even more while in jail.

Since Forsyth County is one of only a few Georgia counties that does not have a public defender's office, the knowledge, skills, and relationships needed to quickly and effectively pull together community resources may not be acquired by lawyers who do not represent these individual on a consistent basis. Therefore, the county may want to consider ways to ensure and promote advocacy services on behalf of this population.

Data

For a variety of reasons, little data was available at the March SIM workshop. We recommend ensuring that Forsyth County review the Community Collaboration Questionnaire and Jail Collection Form to ensure that all the data is available and can be provided to stakeholders. Data is an integral part of understanding and defining resources, gaps, and opportunities. Capturing baseline data is just as important as collecting data in an ongoing manner to evaluate the effectiveness of changes made to the behavioral health and criminal justice systems.

Review Priorities

The final recommendation is to review the priorities and action steps. Adding more details to those action steps will increase the likelihood of implementation. As a reminder, Institute of Government staff are available to facilitate discussions on this work.

Implementation

Implementation of priority areas can be a difficult task that requires careful planning, consistent monitoring, and effective management. The following list may be helpful as teams begin to implement actions to achieve priority areas. Not every item will be applicable to all projects, but it may help round out the action plans developed in the workshop.

- Research** – Conduct research to identify best practices, innovations, and benchmark programs related to the priority area.
- Stakeholder Analysis** – Identify key stakeholders and assess their interests and impact on the priority area. Are they supporters or resisters?
- Client Needs Assessment** – Assess the needs of clients/customers involved in the priority area. What services do they need?
- Operational Needs Assessment** – Assess issues and problems with current processes and efforts. What improvements can you make to be more efficient or effective?
- Data Needs Assessment** – Assess the information needs of staff, partners, etc. and determine current availability of data. What data is needed to make decisions?
- Scope/Targets** – If you can't serve everybody, segment your clients, prioritize, and define targeted group(s). Identify criteria for selection.
- Solution Development** – Design a solution (alternative solutions) for the priority area and identify key design considerations.
- Policy Implications** – Identify necessary changes in law, policy, procedures, practices that are needed to support the proposed solution(s).
- Implementation Plan** – Identify key milestones in the implementation of your solution if it is approved or funded. Include change management activities to ensure awareness, training, etc. How will employees know something has changed or if you want them to do something different?
- Partnerships** – Build partnerships for advocacy, resources, operational coordination, and other needs. Who do you need to help make your project work successfully?
- Business Case** – Sometimes new resources are required for project implementation. Develop a business case that presents justification, design, implementation, and funding needs for decision makers. Include summaries, presentations, and other communication materials to ensure understanding is quick and easy.

Priority Area 1: Data sharing agreement among jail, Avita, hospitals, etc. Jail data system talks with medical provider data system.

Objective	Action Steps	Who	When
Facilitate collaboration among providers.	Identify data elements needed for decision making and outcomes – and data sources. Establish data sharing agreements.	Terry Hawkins and JMHCP Task Force <ul style="list-style-type: none"> • Brandon Kenney • Forsyth County Legal Department 	End of May 2020
Improve care coordination for individuals.	Build the data system.	<ul style="list-style-type: none"> • CJCC • Sheriff's Office data department • Dr. Steve Kissinger, jail medical provider • Tom Mott, Avita 	End of 2020

Priority Area 2: Enhance discharge/community transition planning process.

Objective	Action Steps	Who	When
Create MOU between safety net providers and Forsyth County Jail.	Define scope of MOU. Identify safety net providers and how they will inreach to jail. Research other MOUs between jails and safety net providers.	Christy Vickers, lead <ul style="list-style-type: none"> • Commissioner Mills • Terry Hawkins • Dr. Kissinger • Todd Shifflet • Linda Fitzwater • Judge Boles • Carol Simpson • Tom Mott, Avita • CJCC 	By September 2020
Create flexible release of information (ROI) and warm hand-off process.	Research ROIs and warm hand-off processes from other counties.		

Priority Area 2: Enhance discharge/community transition planning process.			
Objective	Action Steps	Who	When
	Get buy-in from parties who would use ROI.	<ul style="list-style-type: none"> Identified safety net providers 	
Develop group to decide what data is needed to identify the jail population.	<p>Identify the population(s) who need community transition (discharge) planning.</p> <p>Use data to identify population.</p> <p>Define data collection needs and how to use data.</p>		
Identify how certified peers specialists (CPS) can impact discharge planning.	Develop roles and responsibilities of the CPS, including transportation to first appointment.		
Identify coordinated community response to discharge planning.	<p>Create/enhance discharge packet.</p> <p>Investigate GRIP program in Gwinnett.</p> <p>Investigate NICK meetings at DeKalb County Jail.</p> <p>Mechanism for working with CIT/co-responder officer(s) for individuals who have been identified as needing services</p>		

Priority Area 2: Enhance discharge/community transition planning process.			
Objective	Action Steps	Who	When
	but did not receive services before release.		

Priority Area 3: Evaluate behavioral health services at the jail.			
Objective	Action Steps	Who	When
Enhance community transition/discharge planning.	Use data to examine and identify the need for additional services.	Deeann Cash, Jail Administrator <ul style="list-style-type: none"> • Christy Vickers • Jail medical/behavioral health staff • Commissioner Mills • Tom Mott, Avita • Terry Hawkins • Matt Meyer 	July 1, 2020
Enhance provision of mental health services.	Review the current Correct Health contract. Evaluate current provision of services. Research behavioral health services in peer counties. Reevaluate how using current hours and services provided by Correct Health. Evaluate how hold orders can be evaluated and accepted in a timely manner.		

Priority Area 3: Evaluate behavioral health services at the jail.			
Objective	Action Steps	Who	When
	<p>Evaluate how to use services that will be provided through JMHCP grant, including the certified peer specialist.</p> <p>Make recommendations for additional services and/or changes in services.</p>		

Priority Area 4: Increase education/community awareness of mental health services.			
Objective	Action Steps	Who	When
Develop and implement an “Ending Stigma” Campaign – to prevent crisis, encourage treatment and long-term recovery, encourage seeking of help.	<p>Refine the message</p> <p>Cultural competency – identify faith leaders to educate and incorporate</p> <p>Develop resource manual</p>	<p>Ruth Goode, United Way</p> <ul style="list-style-type: none"> • Bill Whitney • Linda Fitzwater, NAMI • Virgilio Perez Pascoe • Bari Blake, GCAL • Rhonda Harris 	By September 1, 2020
Make people aware of services and resources.	Identify cultural barriers, including languages		
Connect people to services more effectively. (GCAL, ...)	Identify resources that currently exist – such as Respect Institute, DBHDD Prevention Initiative Faith Community Outreach Team (Justin Powlison, DBHDD Suicide		

Priority Area 4: Increase education/community awareness of mental health services.

Objective	Action Steps	Who	When
	<p>Prevention Coordinator) – to incorporate</p> <p>Identify existing state campaigns to leverage</p> <p>Offer Mental Health First Aid to the community</p> <p>Utilize NAMI training programs</p> <p>Utilize library network</p> <p>Identify other good sources for people to get information, training, and assistance</p> <p>Update and maintain resource list on United Way website</p> <p>Publicize Justice and Mental Health Task Force efforts and progress</p>		

Priority Area 5: Implement MOUs between 911, Cumming Police Department, Forsyth County Sheriff's Office, and GCAL for dual response/crisis plans.

Objective	Action Step	Who	When
Send the right people to the right call.	<p>Have meetings between law enforcement and GCAL/Benchmark to identify current processes of all systems.</p> <p>Research other dual response models</p> <p>Establish protocols</p> <p>Create screening mechanism for 911 operators for appropriate dispatch</p>	<p>Terry Hawkins</p> <ul style="list-style-type: none"> • 911 admin staff • Fire department • Cumming PD • Benchmark • GCAL • BHL • Forsyth County legal department 	By May 30, 2020

Resources

The following list of resources provide information and research on best practices, organizations from which to gather information, and others. It includes both national resources and those specific to Georgia.

GEORGIA RESOURCES

- [Georgia Mental Health Consumer Network](#)
 - [Certified Peer Specialists](#)
 - [Forensic Peer Mentors](#)
- [Carl Vinson Institute of Government, University of Georgia](#)
- [Georgia Department of Behavioral Health and Developmental Disabilities](#)
- [Council of Accountability Court Judges](#)
- [Atlanta-Fulton County Pre-arrest Diversion Initiative](#)
- [Fulton County Justice and Mental Health Task Force](#)
- Georgia CIT Training: <https://www.gpstc.org/about-gpstc/training-divisions/georgia-police-academy/gpa-sections/crisis-intervention-team-cit-training/>

COMPETENCY EVALUATION AND RESTORATION

- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process](#). *Behavioral Science and the Law*, 27, 767-786.

CRISIS CARE, CRISIS RESPONSE, AND LAW ENFORCEMENT

- The [Case Assessment Management Program](#) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.
- Crisis Intervention Team (CIT) Training: [CIT International](#)
- International Association of Chiefs of Police
 - [Building Safer Communities: Improving Police Responses to Persons with Mental Illness](#)
 - [Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium](#)
 - [One Mind Campaign](#)

- National Association of Counties: [*Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems*](#)
- Optum: [*In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs*](#)
- SAMHSA: [*Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*](#)
- Saskatchewan, Canada: [*The Hub Model for Community Safety*](#)
- Suicide Prevention Resource Center: [*The Role of Law Enforcement Officers in Preventing Suicide*](#)
- U.S. Department of Justice, Bureau of Justice Assistance: [*Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions*](#)

DATA ANALYSIS AND MATCHING

- The Council of State Governments Justice Center: [*Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism*](#)
- Data-Driven Justice Initiative: [*Data-Driven Justice Playbook: How to Develop a System of Diversion*](#)
- National Association of State Mental Health Program Directors: [*Innovative Uses of Technology to Address the Needs of Justice-Involved Persons with Behavioral Health Issues*](#)
- New Orleans Health Department: [*New Orleans Mental Health Dashboard*](#)
- Pennsylvania Commission on Crime and Delinquency: [*Criminal Justice Advisory Board Data Dashboards*](#)
- Urban Institute: [*Justice Reinvestment at the Local Level Planning and Implementation Guide*](#)
- Vera Institute of Justice: [*Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness*](#)

EVIDENCE-BASED PRACTICES

- [*National Institute of Justice*](#)
- SAMHSA's [*Evidence-Based Practices Resource Center*](#)

HOUSING

- 100,000 Homes: [*Housing First Self-Assessment*](#)
- Alliance for Health Reform: [*The Connection Between Health and Housing: The Evidence and Policy Landscape*](#)
- Corporation for Supportive Housing
 - [*NYC Frequent User Service Enhancement \(FUSE\) Initiative – Evaluation Findings*](#)

- [*Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health*](#)
- Economic Roundtable: [*Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients*](#)
- Urban Institute: [*Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project*](#)

INFORMATION SHARING

- American Probation and Parole Association: [*Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing*](#)

JAIL INMATE INFORMATION

- NAMI California: [*Arrested Guides and Inmate Medication Forms*](#)

MEDICATION-ASSISTED TREATMENT (MAT)

- American Society of Addiction Medicine
 - [*Advancing Access to Addiction Medications*](#)
 - [*The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*](#)
- SAMHSA
 - [*Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction \(Treatment Improvement Protocol 40\)*](#)
 - [*Clinical Use of Extended Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide*](#)
 - [*Federal Guidelines for Opioid Treatment Programs*](#)
 - [*Medication for the Treatment of Alcohol Use Disorder: A Brief Guide*](#)

MENTAL HEALTH FIRST AID

- Illinois General Assembly, Public Act 098-0195: [*Illinois Mental Health First Aid Training Act*](#)
- [*Mental Health First Aid*](#)
- Pennsylvania Mental Health and Justice Center of Excellence: [*City of Philadelphia Mental Health First Aid Initiative*](#)

PEERS

- Mental Health Association of Nebraska
 - [*Keya House*](#)

- [REAL Referral Program](#)
- NAMI California: [Inmate Medication Information Forms](#)
- SAMHSA's GAINS Center: [Involving Peers in Criminal Justice and Problem-Solving Collaboratives](#)

PRETRIAL DIVERSION

- The Council of State Governments' Justice Center: [Improving Responses to People with Mental Illness at the Pretrial State: Essential Elements](#)
- Laura and John Arnold Foundation: [The Hidden Costs of Pretrial Diversion](#)
- National Resource Center on Justice Involved Women: [Building Gender Informed Practices at the Pretrial Stage](#)

PROCEDURAL JUSTICE

- American Bar Association: [Criminal Justice Standards on Mental Health](#)
- Center for Alternative Sentencing and Employment Services: [Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors](#)
- [Hawaii Opportunity Probation with Enforcement \(HOPE\)](#)

REENTRY

- Community Oriented Correctional Health Services: [Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies](#)
- The Council of State Governments: [National Reentry Resource Center](#)
- SAMHSA's GAINS Center: [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison](#)
- U.S. Department of Justice, Bureau of Justice Assistance: [Center for Research Partnerships and Program Evaluation](#)
- Washington State Institute of Public Policy
 - [What Works and What Does Not? Benefit-Cost Findings from WSIPP](#)
 - [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State](#)

SCREENING AND ASSESSMENT

- Center for Court Innovation: [Digest of Evidence-Based Assessment Tools](#)
- SAMHSA: [Screening and Assessment of Co-occurring Disorders in the Justice System](#)

- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). [Validation of the Brief Jail Mental Health Screen](#). *Psychiatric Services*, 56, 816-822.
- The Stepping Up Initiative: [County Elected Officials' Guide to the Six Questions County Leaders Need to Ask](#)

SEQUENTIAL INTERCEPT MODEL

- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). [The Sequential Intercept Model and Criminal Justice](#). New York: Oxford University Press.
- Munetz, M.R., and Griffin, P.A. (2006). [Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness](#). *Psychiatric Services*, 57, 544-549.

SSI/SSDI OUTREACH, ACCESS, AND RECOVERY (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- FAQs regarding [SOAR for justice-involved persons](#)
- The online [SOAR training portal](#)

TRANSITION-AGED YOUTH

- Harvard Kennedy School Malcolm Weiner Center for Social Policy: [Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21](#)
- National Institute of Justice: [Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults](#)
- Roca, Inc.: [Intervention Program for Young Adults](#)
- University of Massachusetts Medical School: [Transitions to Adulthood Center for Research](#)

TRAUMA-INFORMED CARE

- National Resource Center on Justice-Involved Women: [Jail Tip Sheets on Justice-Involved Women](#)
- SAMHSA: [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- SAMHSA's GAINS Center: [Trauma-Specific Interventions for Justice-Involved Individuals](#)

- SAMHSA's National Center on Trauma-Informed Care and SAMHSA's GAINS Center: [Essential Components of Trauma-Informed Judicial Practice](#)

VETERANS

- Justice for Vets: [Ten Key Components of Veterans Treatment Courts](#)
- National Resource Center on Justice Involved Women: [Responding to the Needs of Women Veterans Involved in the Criminal Justice System](#)
- SAMHSA's GAINS Center: [Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions](#)