I. Organizations Overview

II. Overview of Diversion

III. Diversion in Fulton County, GA

IV. Panel Discussion: Building a Diversion Strategy

V. Questions and Answers
Speakers

- **Kristin Stoycheff Schillig**, Court Support Manager II, Office of the Court Administrator, Atlanta Judicial Circuit, Superior Court of Fulton County
- **Moki Macias**, Executive Director, Atlanta/Fulton County Pre-Arrest Diversion Initiative
- **Reinette Arnold**, Community Collaborator, Behavioral Health Link
- **Sheila Tillman**, Senior Policy Analyst, CSG Justice Center
We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.
How We Work

• We bring people together

• We drive the criminal justice field forward with original research

• We build momentum for policy change

• We provide expert assistance
Our Goals

**Break the cycle of incarceration**
*We assist those working inside and outside of government to reduce both crime and incarceration among youth and adults in contact with the justice system.*

**Improve health, opportunity, and equity**
*We work across systems to develop collaborative approaches to improve behavioral health, expand economic mobility, and advance equity for people and communities affected by the justice system.*

**Expand what works to improve safety**
*We help leaders understand what works to improve public safety and assist them to develop strategies, adopt new approaches and align resources accordingly.*
Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program (JMHCP) supports cross-system collaboration to improve public safety responses and outcomes for individuals with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who come into contact with the justice system.
The U.S. Department of Justice Bureau of Justice Assistance

**Mission:** BJA provides leadership and assistance to local criminal justice programs that improve and reinforce the nation’s criminal justice system. BJA’s goals are to reduce and prevent crime, violence, and drug abuse and to improve the way in which the criminal justice system functions. In order to achieve such goals, BJA programs illustrate the coordination and cooperation of local, state, and federal governments. BJA works closely with programs that bolster law enforcement operations, expand drug courts, and provide benefits to safety officers.

Visit the [BJA website](http://www.bja.gov) to learn more.
Presentation Outline

I. Organization Overview
II. Overview of Diversion
III. Diversion in Fulton County, GA
IV. Panel Discussion: Building a Diversion Strategy
V. Questions and Answers
Poll Question #1

• What agency do you represent?
  ▪ Law enforcement
  ▪ Court
  ▪ Pretrial
  ▪ Jail
  ▪ Behavioral Health Agency
  ▪ Other
Poll Question #2

- Where are you focusing your diversion efforts?
  - Pre-arrest
  - Pre-booking
  - Pre-trial
  - Other
National Estimates of This Crisis

Of the 11 million people admitted to jail annually...

...about 2 million have serious mental illnesses

Source: Steadman, HJ, Osher, FC, Robbins, PC, Case, B., and Samuels, S. Prevalence of Serious Mental Illness Among Jail Inmates, Psychiatric Services, 6 (60), 761-765, 2009.
Increase in SMI Numbers Despite Some Overall Jail Population Decreases

NYC Average Daily Jail Population, 2005–2012

<table>
<thead>
<tr>
<th>Year</th>
<th>M Group</th>
<th>Non-M Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>3,319</td>
<td>7,557</td>
</tr>
<tr>
<td>2012</td>
<td>4,391</td>
<td></td>
</tr>
</tbody>
</table>

Source: The City of New York Department of Correction, 2008 Department of Correction Admission Cohort with Length of Stay > 3 Days (First 2008 Admission)
People who have Mental Illnesses are Overrepresented in Jails

General Population

- 4% Serious Mental Illness

Jail Population

- 17% Serious Mental Illness
- 72% Co-Occurring Substance Addiction

### Factors Driving the Crisis

<table>
<thead>
<tr>
<th>Disproportionately higher rates of arrest</th>
<th>Longer stays in jail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited access to healthcare</td>
<td>Higher recidivism rates</td>
</tr>
<tr>
<td>Low utilization of evidence-based practices</td>
<td>More criminogenic risk factors</td>
</tr>
</tbody>
</table>
Other Challenges Facing Counties

**Law enforcement**
lacking alternatives to arrest and options for crisis responses

**Courts**
lack diversion options and information to inform pretrial release

**Behavioral health**
service capacity is scarce, and may not necessarily align with what works to help reduce recidivism

**Probation**
approaches are not always effective for people who have mental illnesses (e.g., high rates of technical violations)
Behavioral Health Diversion Interventions

• Common terminology for “diversion”
• Examples of diversion programs that can be started by stakeholders in:
  ▪ Law enforcement
  ▪ Jail
  ▪ Pretrial
  ▪ Courts
• Strategies for building a “system of diversion” (a.k.a., “systems not siloes”)
• Available online: https://csgjusticecenter.org/publications/behavioral-health-diversion-interventions-moving-from-individual-programs-to-a-systems-wide-strategy/
Diversion is an off-ramp from criminal justice to the community
Does Diversion Work? How do we make it work best?

It Can!

- **Reduce** jail days on current case
- **Reduce** court costs
- **Increase** treatment engagement
- **Reduce:**
  - Missed court dates
  - Recidivism (arrest, booking, conviction)
  - *Homelessness (post-program?)*
- **Save** overall system money

It Cannot **Eliminate:**

- New crime
- New violent crime
- Mental illness
- Homelessness

But it may reduce them
Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy

Developing Collaborative Partnerships

Understanding Community Behavioral Health Needs

Behavioral Health Diversion Strategy

Identifying existing services & supports and gaps

Defining Key Measures & Collecting Data

Measuring and Sustaining Progress

Leveraging Funding to Prioritize Interventions
Behavioral Health Diversion Factsheets
Presentation Outline

I. Organization Overview
II. Overview of Diversion
III. Diversion in Fulton County, GA
IV. Panel Discussion: Building a Diversion Strategy
V. Questions and Answers
Stepping Up/Cross-systems Strategy

Kristin Stoycheff Schillig, Court Support Manager II, Office of the Court Administrator, Atlanta Judicial Circuit, Superior Court of Fulton County
Fulton County Stepping Up Efforts

Brief History

• Fulton County Commissioner Joan Garner championed the Stepping Up Initiative Resolution that was signed on May 4, 2016

• $250,000 JMHCP Planning Grant (Category I) awarded to Superior Court in October 2016
  ▪ Purpose: Conduct comprehensive analysis of Fulton County’s criminal justice and behavioral health systems with consideration to people with SPMI booked into Fulton County Jail
  ▪ Method: PRA SIM Workshop*Task Force Convening*Workgroups
    o Workgroups: Pre-Arrest, Housing, Court Collaboration, Re-Entry, and Data-Sharing
Next Steps

• Needed to build capacity to move the work to the next phase...

• Volume of persons that interact with these systems too great to assume into already existing roles.

• NEED MORE DATA!

Fulton County Jail
25,978 bookings

Grady
141,693 ER visits

Partners for Home
3,217 unsheltered homeless
JMHCP Category 3 2018 Award

- Stepping Up Engagement Team
  - Project Manager
  - Policy & Data Analyst
  - Community Health Worker/ICM (Grady)
  - Data Analysis & Evaluation (Contract-Applied Research Services)

Systems-Wide Approach

Shared Goals

Data-Driven
Key Activities

- Promote vision and culture of data-sharing
- Develop a working data team to measure and track goals of Stepping Up
- Report on progress of task force recommendations
- Conduct cross-system data analysis
- Implement process to screen people entering the hospital, jails, and homeless services
- Collaborate with providers to improve services and prioritize care and treatment
- Create process to leverage funding streams
- Evaluation
“Familiar Faces” Projects Underway

**Fulton Superior Court**
(State & local criminal justice data, hospital utilization, HMIS)

**Partners for Home (Atlanta CoC)**
(HMIS, Grady ER admissions, local jail data)

**Grady Health System**
(Emergency & inpatient utilization)
How We Identify Familiar Faces

Local Jail Data Method

• 3 year data extracts from Fulton County Jail & Atlanta City Detention Center
• Bookings & releases
• All jail episodes at both jails
• Reorganized from charge-based to episode-based
• Coded based on charge types and level of seriousness

Systems for Cross-Reference

• GA Computerized Criminal History
• GA Dept. of Corrections (prison admissions)
• GA Dept. of Community Supervision (probation and parole)
• Grady Health Systems
• DBHDD
• HMIS
911 Call Research Project

• Police spend significant resources responding to 911 calls for services
• Need understanding of calls that could be routed to 311 or community-based services
• Need to reliably distinguish calls that require immediate police response from those that don’t to improve outcomes for involved persons and communities
• Research team currently analyzing over three million calls for service over a three year period in Atlanta, examining the call types, response types, and outcomes (and the relationships between them) to identify and geolocate the types of calls that would be most suitable for diversion and community-based agency, rather than law enforcement response
• The results of this study will inform data-driven efforts to expand diversion throughout the Atlanta and Fulton County
• Important link between the top jail charge for Familiar Faces (illegal trespassing) and the top “probable cause” indicated in the PAD data by the referring officer, which is also illegal trespassing
More information

A public website was created as a repository for all project documents and meeting information:

www.fultonstepsup.org
Atlanta/Fulton PAD Initiative

Moki Macias, Executive Director, Atlanta/Fulton County Pre-Arrest Diversion Initiative
Since 2017, the Atlanta Fulton PAD Initiative has provided an immediate alternative to arrest for individuals detained by the Atlanta Police Department.

We have diverted over 200 people since launching in APD Zones 5 & 6.

In 2019, PAD diverted 101 people. Of these individuals, 92% did not have stable housing at the time of diversion, and 68% did not have state identification. 81% of diverted individuals identified substance use or mental health issues as barriers to their stability.
What happens when individuals are diverted from arrest?

**INITIAL INTAKE & OPEN CASE REVIEW**
Diverted individuals are reviewed by criminal legal partners to identify and begin resolving legal barriers.

**IMMEDIATE SHELTER & BASIC NEEDS**
All participants are offered emergency shelter, transportation and food assistance for up to 3 months.

**OUTREACH & CASE MANAGEMENT**
Care Navigators and outreach workers engage participants during weekly in-office and street-based visits.

**LINKAGE TO CARE**
Participants receive linkage to service providers for identification, mental health/substance use, employment, and other services.
PAD Approach

- No exclusions based on criminal conviction history or re-arrests
- Consent-based
- Goal is harm reduction for the individual & community
- Success is systems change, from punishment to care
LEAD Diversion Criteria

Good fit for a LEAD referral.

☒ Zones 5 or 6 (Citywide coming soon)
☒ There is probable cause for arrest
☒ The activity is likely driven by substance use, mental health concern, and/or survival & extreme poverty
☒ The individual is able to provide informed consent for a LEAD referral

Not a good candidate.

☒ Officers was not planning on making an arrest
☒ The individual is in need of immediate medical care or experiencing a mental health crisis
☒ The individual has expressed an active plan for suicide or are acting violent toward others
☒ The individual is not lucid or sober enough to provide informed consent
Legal navigation to reduce barriers

- Operational Working Group
- Prosecutors, public defenders and police department
- Review referrals & address individual cases
- Support PAD staff with navigating local criminal legal systems
- Courtroom support
- Case Resolution
PAD Planned Strategies

PAD’s mission is to reduce arrest and incarceration of people experiencing extreme poverty, problematic substance use, or mental health concerns, and increase the accessibility of supportive services to promote a new approach to community safety and wellness.

### Law Enforcement Assisted Diversion
- Expansion to all APD Zones
- Available to officers who have probable cause
- Coordination with prosecutors/defense to reduce legal barriers
- Case management

### Community Referrals
- Community referrals through ATL311 beginning October 2020
- For non-crisis issues of community concern (behavioral health, poverty)

### Harm Reduction
- Street outreach and relationship-building
- Law enforcement training and engagement
- Creative problem-solving with businesses & service providers
Community Referrals

- As of October 2020, PAD will begin accepting community referrals through 311ATL
- Community members will be able to call 311 to report issues of community concern related to substance use, mental health, and poverty
- 311 will dispatch to PAD Harm Reduction teams, who will provide on-call response and triage
- Goal to provide alternative to police response and connection/reconnection to existing service providers
- For qualified individuals, may also propose enrollment in LEAD
Behavioral Health Link

Reinette Arnold
Community Relations and Education Coordinator - Region 3
A Crisis Has No Schedule...

- Behavioral Health Link
  - Contact Center - GCAL
  - Mobile Crisis Response Program – An integrated model

GOAL: To provide crisis intervention services 24-7/365 to individuals in need. Our focus is providing access to the appropriate level of care in a timely manner.
Cross System Collaborations

• Building Cross System Collaborations–
  1. What are the needs of your community?
  2. Who are the stakeholders?
  3. Importance of outreach and engagement
  4. Establishing a platform to collaborate
  5. Tracking outcomes and data sharing
  6. Continued engagement with stakeholders

"Alone we can do so little; together we can do so much." – Helen Keller
Current Partnerships

- **Grady EMS Collaboration:**
  - Formal Collaboration
  - Co-responder model for City of Atlanta
  - Dispatched from 911 system

- **Other Collaborations:**
  - Fulton Justice Mental Health Taskforce
  - Suicide Prevention Coalition
  - Homeless Taskforce
  - Formal and informal collaborations with local law enforcement agencies, FBI and GBI.
Presentation Outline

I. Organization Overview
II. Overview of Diversion
III. Diversion in Fulton County, GA
IV. Panel Discussion: Building a Diversion Strategy
V. Questions and Answers
Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy

October 2019

Developing Collaborative Partnerships

- Understanding Community Behavioral Health Needs
- Defining Key Measures & Collecting Data
- Measuring and Sustaining Progress
- Leveraging Funding to Prioritize Interventions
- Identifying existing services & supports and gaps
- Behavioral Health Diversion Strategy
Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy

Developing Collaborative Partnerships

Understanding Community Behavioral Health Needs

Behavioral Health Diversion Strategy

Measuring and Sustaining Progress

Leveraging Funding to Prioritize Interventions

Defining Key Measures & Collecting Data

Identifying existing services & supports and gaps
Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy

- Developing Collaborative Partnerships
- Understanding Community Behavioral Health Needs
- Behavioral Health Diversion Strategy
- Measuring and Sustaining Progress
- Defining Key Measures & Collecting Data
- Identifying existing services & supports and gaps

Leveraging Funding to Prioritize Interventions
Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy

- Developing Collaborative Partnerships
- Understanding Community Behavioral Health Needs
- Defining Key Measures & Collecting Data
- Measuring and Sustaining Progress
- Leveraging Funding to Prioritize Interventions
- Identifying existing services & supports and gaps
- Behavioral Health Diversion Strategy
Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy

October 2019

- Developing Collaborative Partnerships
- Understanding Community Behavioral Health Needs
- Behavioral Health Diversion Strategy
- Identifying existing services & supports and gaps
- Defining Key Measures & Collecting Data
- Leveraging Funding to Prioritize Interventions
- Measuring and Sustaining Progress
Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy

October 2019

- Developing Collaborative Partnerships
- Understanding Community Behavioral Health Needs
- Behavioral Health Diversion Strategy
- Identifying existing services & supports and gaps
- Defining Key Measures & Collecting Data
- Leveraging Funding to Prioritize Interventions
- Measuring and Sustaining Progress

Leveraging funding to prioritize interventions, identifying existing services and supports and gaps, defining key measures and collecting data, understanding community behavioral health needs, developing collaborative partnerships, and measuring and sustaining progress are integral steps in the behavioral health diversion strategy.
Presentation Outline

I. Organization Overview
II. Overview of Diversion
III. Diversion in Fulton County, GA
IV. Panel Discussion: Building a Diversion Strategy
V. Questions and Answers
Thank You!

Join our distribution list to receive updates and announcements:

www.csgjusticecenter.org/subscribe

For more information please contact Sheila Tillman at stillman@csg.org

The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.

© 2020 The Council of State Governments Justice Center