
Sequential Intercept Model Mapping Workshop: Peach and Crawford County

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Sid and David represent a team of facilitators across Georgia's state government 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 October 17, November 7, and December 5, 2024, workshops. Continuing to obtain information from Peach and Crawford County stakeholders who did not participate in the workshop is important to provide a fuller and up-to-date 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 workshops held on October 17, November 7, and December 5, 2024, for Peach and Crawford Counties. Designed as a flexible framework, this report should be regularly updated to reflect changes in personnel, emerging funding opportunities, and evolving community needs. 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,
- A list of prioritized gaps/issues identified by the group, and

- Observations, comments,¹ and recommendations to help Peach and Crawford Counties achieve their goals.

Recommendations contained in this report are based on information received prior to, during, or after the SIM workshop. Additional insights may be incorporated as new data and perspectives emerge. Lastly, this report serves as a template for stakeholders to continuously refine and enhance strategies to ensure ongoing effectiveness and relevance.

Background

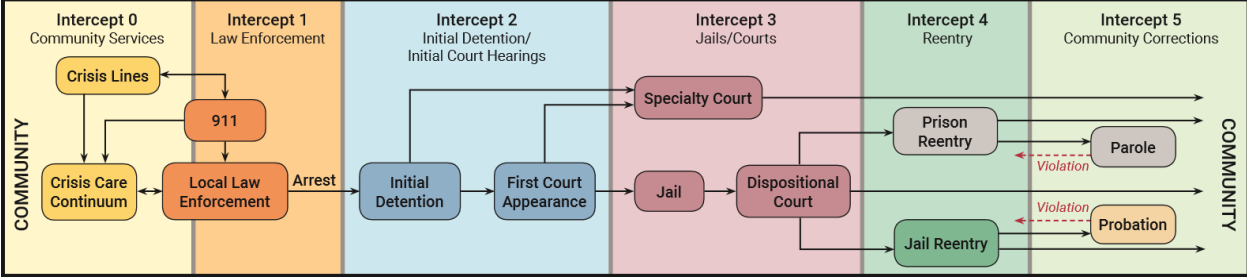
The purpose of a SIM workshop is to illustrate how people with behavioral health needs encounter and flow through the criminal justice system. The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,² is used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. Optimally, 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 actively participate in these activities.

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 Comments shown are those gathered from SIM workshop participants.

² 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 workshops in both Peach and Crawford Counties was the development of a SIM map. Workshop participants contributed to the development of a map through 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. Participants became aware of the unique resources and challenges in both Peach and Crawford Counties through the process of developing a catalog of information. This catalog is the basis for the prioritized gaps/issues provided at the end of this report. A significant benefit of having representation from all entities that work in each intercept fosters buy-in during priority action planning.

Peach County Day 1—October 17, 2024

MORNING

Opening and Introductions	9:00 AM
Intercept 0	
<i>Break</i>	
Intercept 1	
Intercept 2	
Wrap-Up	11:55 AM

LUNCH

Opening and Review of Morning Work	1:00 PM
Intercept 3	
Intercept 4	
<i>Break</i>	
Intercept 5	
Prioritization	3:45–4:15 PM
Wrap-Up	4:15-4:30 PM



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Crawford County Day 1—November 7, 2024

MORNING

Opening and Introductions	9:00 AM
Intercept 0	
<i>Break</i>	
Intercept 1	
Intercept 2	
Wrap-Up	11:55 AM

LUNCH

Opening and Review of Morning Work	1:00 PM
Intercept 3	
Intercept 4	
<i>Break</i>	
Intercept 5	
Prioritization	3:45–4:15 PM
Wrap-Up	4:15–4:30 PM



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Peach and Crawford County Day 2—December 5, 2024

MORNING

Opening and Preview of Day 9:00 AM

Review

- Review of Day 1 Work
- Early Wins
- Lessons Learned
- Local Priorities

Action Planning

Finalizing the Action Plan

Next Steps

Summary and Closing 12:30 PM

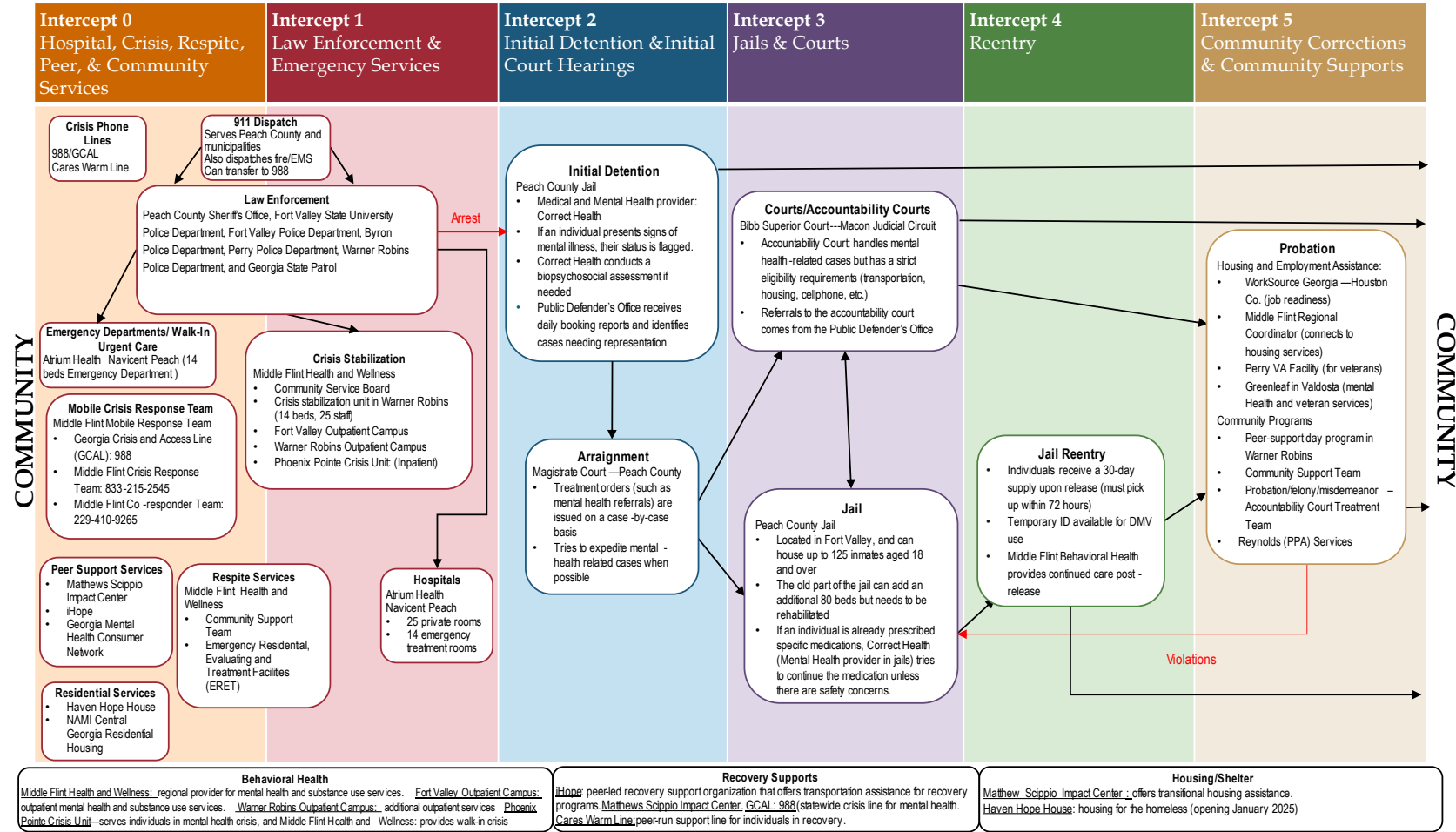
LUNCH

There will be a 15 minute break mid-morning.

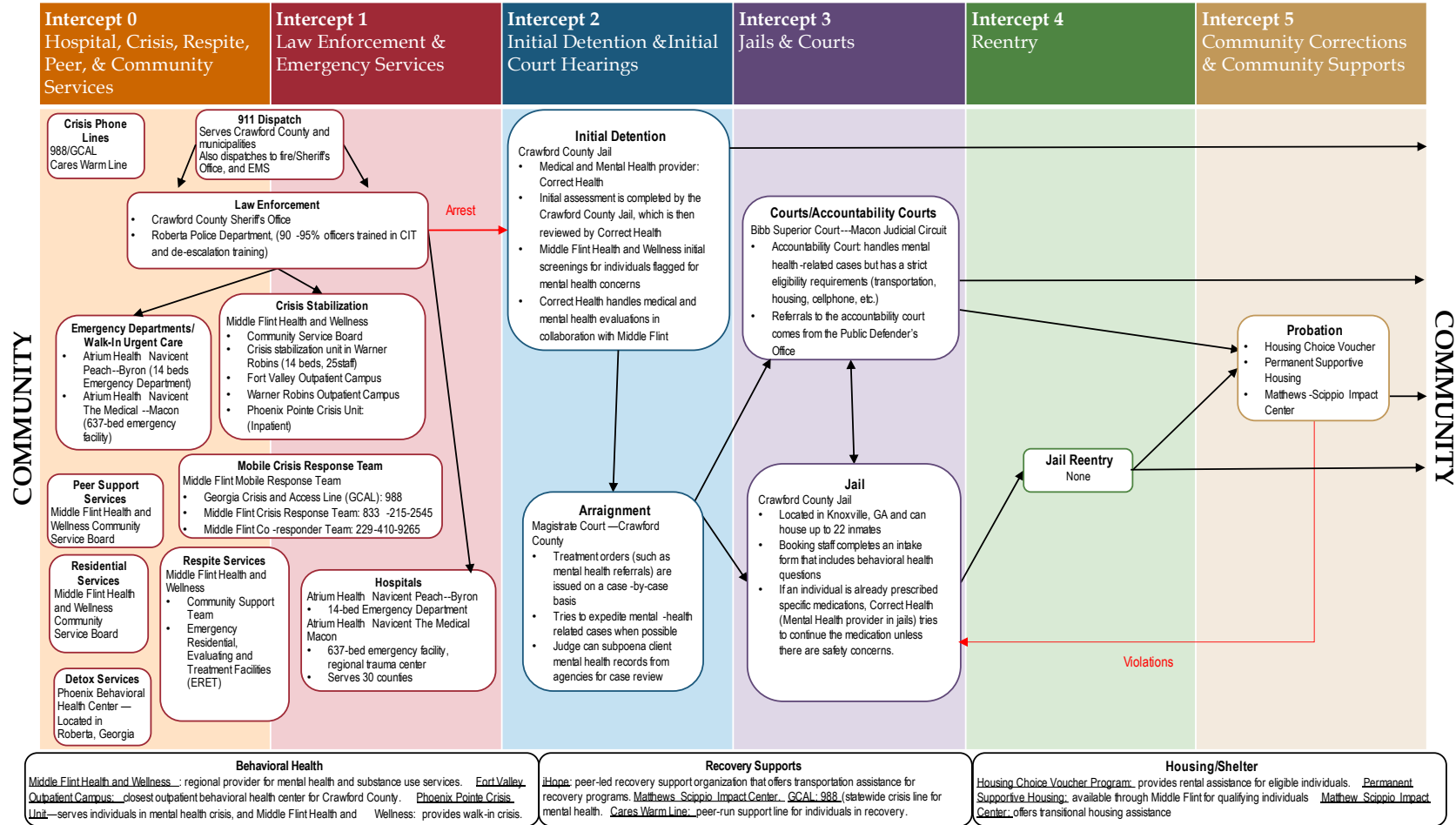


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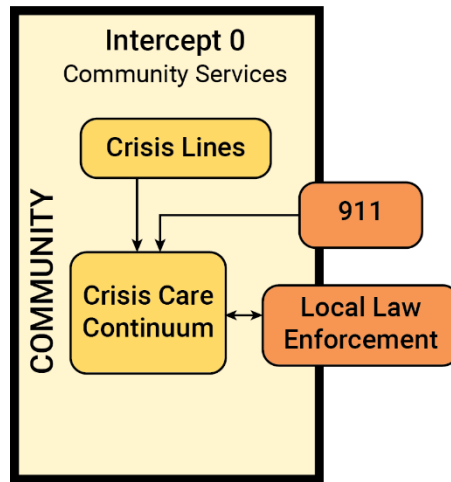
Peach County Sequential Intercept Model Map:



Crawford County Sequential Intercept Model Map:



Intercept 0: Community Services



Resources for Peach and Crawford Counties

- Community Service Board – Middle Flint Health & Wellness Has a crisis stabilization unit in Warner Robins
- Includes 14 beds and 25 staff
 - Serves 11 counties (Sumpter, Crisp, Dooly, Macon, Marion, Schley, Taylor, Webster, Houston, Crawford, and Peach Counties)
 - Each clinic has Open Access for initial assessments. The first assessment can be done during regular hours (triage and referrals).
- Middle Flint Health & Wellness:
 - Provides cost-effective, quality treatment, consultation, education, and support services to individuals with addictive, emotional, behavioral and/or developmental issues across 11 counties
 - Fort Valley Outpatient Campus: it offers a variety of outpatient services, including mental health counseling, therapy, and substance abuse treatment
 - Warner Robins Outpatient Campus: provides outpatient care, specializing in behavioral health services like counseling, therapy, and substance abuse treatment
 - Phoenix Pointe Crisis Unit: An inpatient facility designed to provide immediate care and stabilization for individuals in mental health or behavioral crises, with a focus on short-term crisis intervention and recovery
 - Each of the clinics is open access (no appointment need)
 - 8:00 AM – 5:00 PM. Walk-in appointments are available

- There are referrals to an array of resources within one of those outpatient clinics
- Middle Flint Crisis Response Team: 833-215-2545
 - Available Monday through Friday, from 5 PM to 8 AM, as well as weekends and holidays
- Middle Flint Co-responder Team: 229-410-9265
 - Available Monday through Friday, from 8 AM to 5 PM
- Mobile Response Team
 - Should be requested when an individual is experiencing a behavioral health crisis, or is in a situation likely to turn into a behavioral health crisis if intervention does not occur
 - Can be requested through the Georgia Crisis and Access Line (GCAL): 988
 - Service is available 24/7, 365 days of the year
- Community Support Team (CST):
 - Provides intensive behavioral health, community-based service for individuals with a severe and persistent mental illness living in rural areas who are discharged from a state or private psychiatric hospital or Psychiatric Residential Treatment Facility (PRFT) after multiple or extended stays or from multiple discharges from crisis stabilization unit(s), or discharged from correctional facilities or other institutional settings, or those leaving institutions who are reluctant to engage in treatment
 - This service is provided in rural areas, where there is less demand for service, and/or in areas with professional workforce shortages
 - CST utilizes a mental health team led by a licensed clinician to support individuals in decreasing hospitalizations, incarcerations, emergency room visits, and crisis episodes and increasing community tenure/independent functioning; increasing time working or with social contacts; and increasing personal satisfaction and autonomy
 - Works with people who have serious and persisting mental illness (like ACT team)
- Court-mandated treatment (provided by Middle Flint Behavioral Health)
 - Court-ordered program designed for individuals with severe mental illness who may not be willing or able to seek treatment voluntarily. The goal of AOT is to ensure that individuals receive the necessary care and services to prevent relapses, hospitalization, or involvement in the criminal justice system.
 - Court-mandated treatment individuals receive outpatient services, which may include medication management, therapy, and regular monitoring to help them live more stable and productive lives
 - Mental health program designed to provide short-term residential care for individuals experiencing a mental health crisis

- ERET is typically involuntary treatment used for individuals who are experiencing a mental health crisis and are unable or unwilling to seek help voluntarily
- Matthews Scippio Impact Center
 - Offers free youth mental health training to everyone in the community, provides saferooms designed for emergency stays up to 72 hours and support for individuals in crisis, and gives five free 30-minute therapy sessions per month
- NAMI Central Georgia—209 Elberta Road, Warner Robins, GA 31093
 - 478-328-0508
 - Provides support, education, and resources for those living with mental illnesses such as depression, bipolar disorder, schizophrenia, and anxiety disorders
 - Offers Family-to Family education programs understand and support their loved ones with mental illnesses
 - Educating the public about mental health, advocates for better policies, and reduces stigma
 - Their services are free and open to anyone affected by mental illnesses, including residents of Peach County, Crawford County, and surrounding areas
- iHope
 - Is a recovery community organization that offers peer recovery support that assists with addiction and co-occurring issues
 - Has a van to transport people to support and recovery services and/or appointments
 - If an individual can anticipate transportation needs, iHope offers a peer support subscription service
- Georgia Crisis & Access Line (GCAL): 988 crisis line
- CARES Warm Line: (844) 326-5400
 - Peer support program funded by Georgia Council for Recovery
 - Provides support for people in recovery from substance use disorders
 - Accessible via call or text from 8:30 AM – 11 PM daily
- Haven Hope House—homeless shelter located in the city of Warner Robins
 - Set to open January 2025
 - Will accommodate more than 70 individuals
 - Designed to be a 90-day facility, offering shelter to individuals while they connect to other housing and social services
- Law enforcement is able to place an individual in crisis under protective custody in certain situations

Gaps for Peach County

- Limited crisis stabilization beds, leading to prolonged emergency room stays
- Inconsistent protocols for behavioral health crisis response among law enforcement and hospitals
 - Individuals are being brought to hospitals that are not emergency receiving, evaluation, and treatment (ERET) facilities
- Hospitals frequently have to allocate staff time to find crisis beds for uninsured individuals
 - Uninsured individuals may remain in the hospitals for days
- Services for individuals with substance use disorders in hospitals are inadequate
- List of Middle Flint services and contacts is not widely shared throughout the community/local agencies.
- General lack of understanding about how to handle mental health crises
 - Unnecessary emergency room visits
- Coordination between hospital emergency rooms and behavioral health systems need improvement, particularly during medical clearances and patient handoffs
- Law enforcement is uncertain about how to handle homeless individuals in crisis
 - Individuals are often taken to Warner Robins Crisis Stabilization Unity (CSU) for triage or mobile (via 988 are contacted, though individuals may refuse service)
- Limited ERET providers in the region
- Can take months to get approval for benefits such as Supplemental Security Income (SSI)
- Educating the community on the use of the 988-crisis hotline
- Lacks homeless services
- Middle Flint has shown interest in implementing assisted outpatient treatment programs

Gaps for Crawford County

- Case management services for individuals after a crisis are insufficient
- Hospital emergency room interactions with the behavioral health system need improvement
 - Especially in handoffs back to Middle Flint after medical clearance
- Need clarity – when does an individual need medical clearance?
- Lack of clarity on EMS transport procedures for individuals with mental health conditions
 - Including who is responsible for transportation during 1013 commitments.
- Need clarity – what does a 1013 do?
- Families of individuals in crisis need more awareness of available support systems
- Clinics are often understaffed
 - Which limits the availability of services

- Middle Flint is understaffed
 - Sometimes services are provided virtually because they don't have the staff to do in-person.
- Public awareness of crisis lines is low
- Stigma surrounding mental health prevents individuals from seeking necessary services
- Services for "post-crisis" cases
 - Especially after interactions with law enforcement, are lacking
- Individuals often fail to take prescribed medication
 - leading to problematic behaviors.
- Judge relayed some individuals know how to present as "fine" to avoid being 1013'd
- Sometimes an individual's needs are not related to crisis stabilization, and yet it is still a need that cannot be addressed by the family. What services are there to fill this gap?
- People feel as though the ER is the only place to go during crisis.
 - Creates a bottleneck effect and the ER can't address actual medical emergencies.
- Middle Flint services are underutilized in Crawford.
 - There are years when Middle Flint only has one client from Crawford
- Need to understand crisis better – crisis builds over time and can "blow up" at any time. This makes it difficult to anticipate a crisis
- Middle Flint does not have a place for individuals to go, in Crawford. There was a talk about the potential for shared space within the Crawford County Health Department.

Shared Gaps for Peach and Crawford County

- Limited crisis beds and services across both counties
- Limited understanding of handling mental health crises (**e.g., 1013 involuntary commitments**), **which sometimes leads people to the emergency room unnecessarily**)
- Lack of follow-up case management and public awareness for crisis lines
- Unclear procedures for law enforcement when handling individuals in crisis
- No Co-Responder Unit in either county to assist Law-Enforcement or EMS during a mental health crisis response

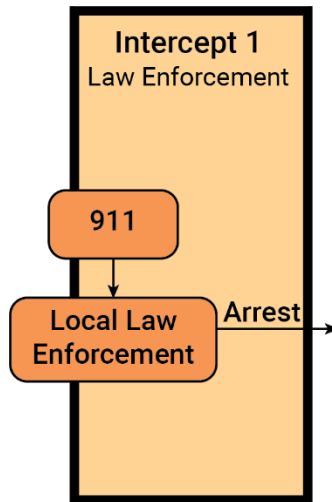
Opportunities for Peach County

- Increase public awareness on the 988 Crisis Line to ensure more residents use it for immediate mental health support
- Atrium, Middle Flint, and EMS can develop a stronger relationship
 - A need for clear policy and a process for triaging individuals in crisis (so each organization can implement)

Opportunities for Crawford County

- Atrium, Middle Flint, and EMS can develop a stronger relationship
 - A need for clear policy and a process for triaging individuals in crisis (so each organization can implement)
- Policies regarding medical transportation need to be clarified and effectively implemented
- Expanding support services for Middle Flint to help fill existing service gaps

Intercept 1: Law Enforcement/Emergency Services



Resources for Peach and Crawford Counties

- Emergency 911 Center (E-911): 213 Persons Street, Fort Valley, GA 31030
 - Handles emergency and non-emergency calls for Byron and Fort Valley, with specialized mental health training (CIT). Transfers calls to 988 and coordinates with EMS
 - Non-emergency Number: 478-827-9111
 - Protocol 25 and can sometimes obtain background information from an individual's family
- Peach County EMS: 213 Persons Street, Fort Valley, GA 31030
 - Responsible for transport to the emergency room
 - Responds to over 3,000 calls for assistance each year
- 20% of law enforcement at the Peach County Sheriff's Office are CIT trained
- Law enforcement has hospital and jail as options for individuals with mental health
- Peach County Sheriff's Office
- Fort Valley State University Police Department
- Fort Valley Police Department
- Byron Police Department
- Perry Police Department

- Warner Robins Police Department
- Georgia State Patrol
- Roberta Police Department
 - 90-95% of officers are CIT trained, and de-escalation trained
- Crawford Sheriff's Office
- Emergency 911 Center (E-911): Crawford County Sheriff's Office
 - Handles emergency and non-emergency calls for Roberta, with specialized mental health training (CIT). Transfers calls to 988 and coordinates with EMS
- Middle Flint Mobile Crisis
 - Provides immediate, on-site crisis intervention services for individuals experiencing mental health or behavioral crises, offering support in homes, schools, and other community settings across the region

Gaps for Peach County

- EMS transport for mental health cases must comply with rules requiring delivery to the emergency room rather than to Middle Flint CSU
- Insufficient Crisis Intervention Teams (CIT) training for law enforcement officers
- Officers need better engagement strategies to remain patient and responsive on crisis scenes
- Coordination and education on drop-off crisis options with law enforcement are inadequate
- Law enforcement policies for handling mental health crises need to be more consistent
- Policies around crisis transportation need clarification, particularly regarding when EMS, law enforcement, or Middle Flint should transport individuals
- Law enforcement and first responders find it difficult to determine mental health needs from 911 data
- Mental health calls take a lot of time/are time intensive

Gaps for Crawford County

- Rural distances create challenges, with the closest emergency rooms located in Peach County and Macon, both far away
- Family support is limited, and there is a need for more family involvement in providing resources and support for individuals in crisis
- The sheriff's office is frequently overwhelmed
 - Lacking room for individuals in crisis
- Response times for Adult Protective Services are significantly delayed

- Some individuals are stable enough to return home, but they still require ongoing care at crisis centers to address the underlying issue, not just the immediate symptoms
- There is a need to improve coordination between the jail, public health services, and family members to ensure individuals in crisis are properly supported and treated (e.g., helping individuals take their medication and providing family support.)

Shared Gaps for Peach and Crawford County

- EMS Transportation Rules (requiring the EMS to transport individuals in mental health crisis to emergency rooms and not CSUs).
- Co-responder resource shortage (need for law enforcement to respond with mental health professionals)
- Coordination for crisis drop-offs (between law enforcement and drop-off/crisis centers)
- Delayed support agency responses

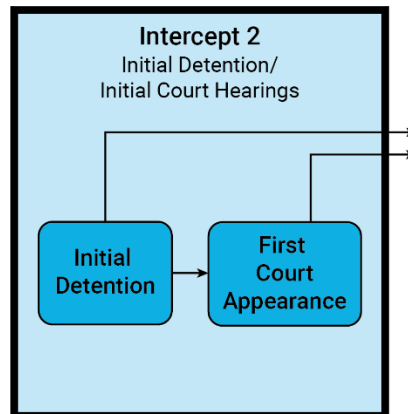
Opportunities for Peach County

- Develop clearer protocols for law enforcement handling of mental health crisis to prevent unnecessary emergency room visits
- Stronger Collaboration between agencies: Atrium Health Middle Flint, and EMS should strengthen their collaboration to improve response times and outcomes (e.g. creating clearer policies and processes to be implemented within hospitals).
- Increase CIT training for law enforcement to improve de-escalation tactics

Opportunities for Crawford County

- Stronger Collaboration between agencies: Atrium Health Middle Flint, and EMS should strengthen their collaboration to improve response times and outcomes (e.g. creating clearer policies and processes to be implemented within hospitals).
- A co-responder model could be implemented to provide after-hours crisis intervention and reduce reliance on law enforcement

Intercept 2: Initial Detention and Initial Court Hearings



Resources for Peach and Crawford Counties

- Mental Health Assessment at Detention: Upon initial booking, law enforcement accesses individuals' behavior to identify potential mental health issues, with follow-up from medical staff within 48 hours to determine necessary care or medication, including collaboration with mental health providers.
- At the initial booking, there is a form that asks questions, including their behavior
 - Those questions are taken to jail medical staff, and they assess and try to identify mental health
 - If mental health is established, law enforcement will follow up with the jail nurse, who will follow up with a service provider (can be a doctor, other provider, to determine any medication an individual is on)
 - They try to do this within 48 hours
- Correct Health: provides healthcare, including mental health assessments, to individuals in jail, ensuring continuity of medication when possible, and addressing any mental health needs through biopsychosocial evaluations
 - Certain medications are not allowed in jail, for example, formulary medicines
- Judge will typically know "familiar faces" and will try to connect to resources
- Public Defender's Office receives daily reports on new bookings and sends representatives to assess those who may need legal representation, with a focus on individuals flagged for mental health concerns.
 - The Public Defender's Office has 4 public defenders

- Middle Flint Health & Wellness:
 - Provides cost-effective, quality treatment, consultation, education, and support services to individuals with addictive, emotional, behavioral and/or developmental issues across 11 counties
 - Correct Health: provides healthcare, including mental health assessments, to individuals in jail, ensuring continuity of medication when possible, and addressing any mental health needs through biopsychosocial evaluations
 - Certain medications are not allowed in jail, for example, formulary medicines
 - Initial assessment by jail, then Correct Health
- There is potential for collaboration between Middle Flint Health & Wellness and Correct Health, with discussions ongoing between Middle Flint and jail leadership to improve service delivery
- Peach County Magistrate Court: 700 Spruce Street, Wing A, Fort Valley, GA 31030
 - 478-825-2060
 - Chief Magistrate: Judge Laurens C. Lee
- Crawford County Magistrate Court: 100 GA-42, Knoxville, GA 31050
 - 478-836-3575
 - Chief Magistrate: Judge Richard T. Brown
- Judges have the authority to subpoena agencies for client information, which helps individuals receive the necessary mental health support and services.

Gaps for Peach County

- Often individuals will not disclose if they have a mental health condition, so jail staff must go off looks/what is visible
- Often meds in jail may not be the exact same medication or formula
 - Some medication cannot be inside of the jail, such as formulary medicines
 - Changes in medication should be left up to the psychiatrist
- Release of info of jail and accountability court or first appearance court of people with serious and persisting mental illness
- Sometimes a Judge is unaware of a person's mental health diagnosis, or what medications they are on. This information needs to get to the Judge quicker
- A release of information, and coordination of ROIs between agencies, is needed (ex: Judge, jail, Middle Flint, Accountability Courts, Correct Health)
- Not enough lawyers or mental health professionals to support all the cases
- Some individuals will refuse a public defender; they expect family to help
- "Are they in the system" – this should be identified in the first appearance
 - This could inform a referral to the Accountability Court (diversion option)

Gaps for Crawford County

- Can't force medical treatment or help or medication
- Bed space for mental health
- Outpatient treatment in and out of jail
- No crisis beds in jail
- Some individuals refuse to answer questions
- GCAL bed prioritization – connect Correct Health to state hospital beds
- Communication break
 - Middle Flint doesn't always know when client is in jail
 - Need consent from client for collaboration (release of information)
- Judge sometimes isn't briefed on a person's situation
- Waivers/release of information are specific
 - Ex: gives Correct Health access, but only Correct Health, not other LEOs or Judge
- Collaboration opportunity for Middle Flint and Correct Health
 - Discussion needed with leaders

Shared Gaps for Peach and Crawford County

- Communication break -- a release of information is needed but not always signed. ROIs are specific to who, what, why, and for how long information will be shared
- Judges are sometimes missing information on an individual's situation. How quickly can we get information to a judge (Peach). Judge isn't always briefed on a person's situation (Crawford), and it would be good to have more communication between the jail and judge before the judge orders medication.
- Lack of cooperation from individuals – some people refuse a public defender (Peach). Some people refuse to answer questions (Crawford)

Opportunities for Peach County

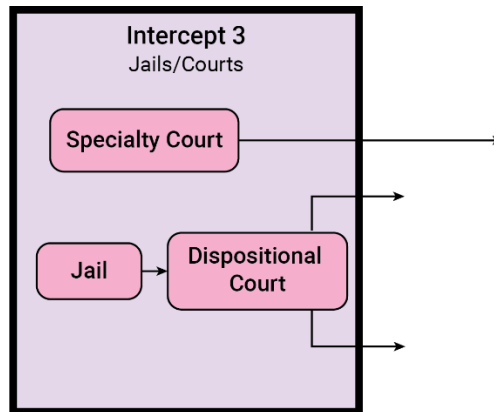
- Expand eligibility criteria for Accountability Courts to increase diversion opportunities
- Ensure that individuals entering jail with mental health concerns receive immediate assessments and referrals to community-based services
- Collaboration opportunity for Middle Flint and Correct health – a discussion with jail leadership is needed

Opportunities for Crawford County

- Establishing bed prioritization with GCAL (Georgia Crisis and Access Line) could streamline access to services

- Strengthening communication protocols between jails, courts, and mental health providers to help improve follow-up care
- Collaboration opportunity for Middle Flint and Correct health – a discussion with jail leadership is needed

Intercept 3: Jails and Courts



Resources of Peach and Crawford Counties

- Bibb County Superior Court: 601 Mulberry Street, Macon, Georgia 31201
 - 478-621-6200
 - Part of the Macon Judicial Circuit, which includes Bibb, Peach, and Crawford Counties.
- Macon Judicial Circuit offers a variety of accountability courts for Peach, Crawford, and Bibb counties: Drug Court, Mental Health Court, Problem Solving Court, and Veterans Treatment Court
- Usually receives a referral from the public defender
 - There is a process for the referral, and anyone can send that referral
- There are eligibility requirements to participate in Accountability Court (must have transportation, housing, a cellphone, and certain major crimes are excluded)
- Bond conditions sometimes will include referrals to community resources
- Crawford County Jail: 21 Hortman Mill Road, Knoxville, GA 31050
 - 478-836-3116
 - Operated by the Crawford County Sheriff's Office
 - Detains individuals awaiting trial or serving short sentences
 - The facility has a capacity to house around 115 inmates
- Peach County Jail: 1007 Spruce Street Extension, Fort Valley, GA 31030
 - 478-825-8269
 - Operated by the Crawford County Sheriff's Office and the facility has a capacity to house around 22 inmates.

- As of January 2025, there are 102 inmates in jail (at 82% capacity) and 85.3% of inmates are awaiting trial in jail
- The facility processes approximately 2,000 inmates annually

Gaps of Peach County

- Middle Flint lacks awareness of who is entering and exiting the jail
 - Community services often do not know the release dates of individuals, and the sheriff's office has no system to track or share this information
- While Accountability Courts are a resource, their eligibility criteria make it difficult for individuals to participate
 - For example, stable housing, which is a common requirement, is virtually impossible for incarcerated individuals
- There is a lack of awareness and a need for clarification regarding the specific eligibility criteria for the Accountability Court
 - Accountability Court staff often conduct their own informal "weeding out" process
- There is a lack of coordination between jails and community services, which hinders smooth transitions for individuals' post-incarceration
- Public Defender's Office experiencing challenges: bond hearings are only held twice a month
 - They are experiencing less coordination with the current District Attorney
- There are no formal diversion options in court other than accountability court
- Individuals having MH assessments (court ordered) can sit in jail for a long time
Middle Flint doesn't have enough staff/resources to sit in jail waiting for individuals to be released and with Correct Health having the Mental Health component in their contract for both Peach and Crawford County jails, Middle Flint cannot get reimbursed for services. Their co-responder is paid mainly to do work in Perry
- No supervised bond when individuals are released, so there is no way to make sure an individual is following bond conditions, which might include taking medication or working with community mental health resources

Gaps of Crawford County

- Diversion and treatment options for individuals with mental health needs are limited
- Forensic evaluations face long delays, affecting timely resolutions
- Jail staff are overburdened due to limited space and high caseloads
- Coordination between jail and external providers is inconsistent
- Limited physical space within jails
 - At times the public defender will meet with their client in the cafeteria because there is nowhere else to meet

- There are no forensic peers, in-reach programs, or peer counseling (e.g. iHope) in jail

Shared Gaps of Peach and Crawford County

- Limited diversion programs other than Accountability Court
- Forensic evaluations for trials take a long time. Individuals can sit in jail for a long period of time awaiting court ordered MH assessments
- There is no jail in-reach program (Crawford). There is no linkage between jail and community services (Peach).

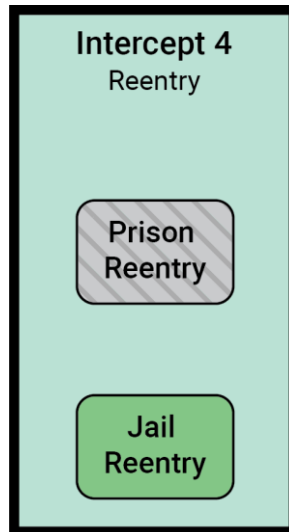
Opportunities for Peach County

- Improve mental health services within the jail system, including increased access to assessments, medication management, and care coordination
- Establish a process for timely communication between the jail, Middle Flint, and the courts to ensure judges are aware of mental health needs before hearings

Opportunities for Crawford County

- Employing forensic peers, collaborating with external providers, and expanding in-reach programs to connect inmates with community-based resources before their release

Intercept 4: Reentry



Resources for Peach and Crawford Counties

- When an individual is released, law enforcement provides them with a 30-day supply of their medication, which they can pick up within 72 hours
- Individuals are provided with their booking ID (from the arrest and booking report), which they can use as a temporary ID. They can take this booking ID to the DMV and get an actual ID

Gaps for Peach County

- Reentry planning or support does not exist when an individual is getting ready for release
 - It is not discussed at the intake stage
- Need for a jail case manager to plan for reentry
- Need for housing resources in Peach County
 - An individual can go to Middle Flint for an assessment
 - If an individual meets eligibility criteria, there must still be bedspace within Middle Flint.
- No specific criminal justice mental health resources in community

Gaps for Crawford County

- Re-entry does not begin early, leaving individuals unprepared upon release
- There are no reentry programs within jails, and the release of information is not adequately communicated
- Budget constraints place the financial burden of re-entry on the sheriff's office.
- Collaboration between public defenders and district attorneys is insufficient, causing delays in case processing
- There is a lack of diversion programs or clear eligibility criteria for reentry services
- Housing resources for reentry individuals are severely limited, with only 28 beds available for 11 counties
- Long waiting times and expensive services strain local budgets and delay reentry processes

Shared Gaps for Peach and Crawford County

- Lack of structured reentry planning for individuals with behavioral health needs.
- There is no supervised bond (mentioned also in Intercept 3)

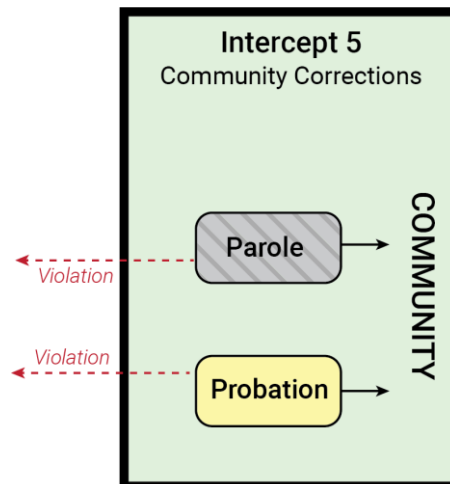
Opportunities for Peach County

- Implement a jail case manager to assist with reentry planning and connect individuals to available resources like Middle Flint and local housing programs

Opportunities for Crawford County

- Incentivizing mental health assessments as part of housing eligibility to encourage participate in treatment

Intercept 5: Community Supervision



Resources for Peach and Crawford Counties

- iHope
 - Follows a peer-support model where they assist individuals with obtaining necessary documentation, offer transportation assistance, and provide peer support
 - Services are mainly for substance use disorders or co-occurring diagnoses.
- Peer-support day program—Located in Warner Robins
 - Provides individuals with mental health challenges a safe, supportive environment where they can receive guidance, share experiences, and build coping skills through peer mentorship and group activities
- WorkSource—Located in Houston County
 - Offers workforce development services, including job placement, career counseling, and training programs.
 - Also helps people access workforce development resources and provide guidance on career development
- Greenleaf Behavioral Health Services—2606 N. Patterson St., Valdosta GA 31602
 - Provides mental health services and support to individuals with mental health conditions or behavioral health needs, but also have a strong focus on assisting veterans
 - Services include counseling, crisis intervention, and support recovery
- Middle Flint Regional Director

- Provides information and resources for individuals, especially veterans, who may need specialized support.
- Can connect individuals to appropriate services and sure veterans' needs are addresses
- to come and provide information in case Middle Flint has any client who is a veteran
- MFHW's Community Support Team (CST): provides community-based support for individuals with mental health challenges, offering case management, therapeutic support, and assistance with accessing other resources
- Accountability Court Treatment Team (Probation/felony/misdemeanor): the team provides treatment and rehabilitation services for individuals involved in the criminal justice system, including those on probation or with felony/misdemeanor charges.
- Perry VA facility – 1002 Main St., Perry, GA 31069
 - Provides healthcare and support services for veterans, including medical care, mental health services, and rehabilitation
- Reynolds (PPA) Services provides various services (e.g. mental health counseling, resource linkage, and case management) to individuals facing mental health challenges, including those who are in need of housing, employment, or rehabilitation.
- Housing Choice Voucher: Provides rental assistance to low-income individuals and families, helping them secure affordable housing in the private market
- Permanent Supportive Housing: offers long-term housing solutions combined with supportive services to help individuals facing homelessness or other challenges with maintaining stable housing
- Matthews-Scippio Impact Center: a local resource offering support services, including housing assistance, to individuals in need, helping them transition into a stable living situation

Gaps for Peach County

- Need more peer support/involvement
- Need to “build the village” for individuals reentering. This can include housing resources, obtaining documents, clothes, transportation, support in the community, etc.
- Peach County resource providers are already stretched thin – some so much that they couldn't participate in the SIM
- Limited workforce development options for individuals reentering the community

Gaps for Crawford County

- Housing referral processes are lengthy, creating delays for individuals in need
- Mental health individuals often struggle to qualify for housing vouchers...an individual must have severe and persisting mental illness and be unhoused
- Federal funding restrictions require exhausting of funds before accessing new resources, limiting flexibility
- Individuals need but often lack documents such as ID, bank account, and social security cards when they are reentering the community
- A person on probation faces barriers. Probation tends to be short staffed, so a probation officer might not be able to be a supportive resource
- People doing day-reporting (DRC) struggle with finding stable employment, as their reporting times are often during business hours, which interferes with regular working hours (an individual finds it hard to meet both demands)
- A lack of affordable, transitional housing options for individuals
- Community resistance to housing mental health individuals exacerbates housing shortage
- Accountability courts face challenges with transportation and logistical barriers for participation

Shared Gaps for Peach and Crawford County

- There are limited workforce development options. People doing day reporting (DRC) can't work.
- Individuals need documents (ID, bank account, etc.) Housing is a challenge. Housing choice has a lengthy referral process (Crawford). There is a need to "build the village," including housing support (Peach).

Opportunities for Peach County

- Partner with workforce development programs such as WorkSource Georgia to create job training for individuals with mental health needs

Opportunities for Crawford County

- Establishing more partnerships with state agencies could address immediate needs such as food, clothing, and housing for parole and probation populations

Peach County Priorities

Following the completion of the mapping exercise, the workshop participants began to define specific priorities 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:

Priority	Number of Votes
Limited beds for people exiting crisis stabilization bed	10
Community does not understand how to handle 1013 cases—often bring person to hospital but Peach County is not an ERET	9
Need to coordinate/educate drop off/crisis options with law enforcement	9
Peach County Middle Flint—interested in an assisted outpatient treatment	9
Need to “build the village” –creating a network within the community regarding reentry planning and services	7
Individuals having mental health assessment (court-ordered) can sit in jail for a long time	7
Lack of CIT training in law enforcement	7

Crawford County Priorities

Following the completion of the mapping exercise, the workshop participants began to define specific priorities 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:

Priority	Number of Votes
Hospital ER interaction with BH system (address handoffs)	13
“Familiar faces” -- need more support from Middle Flint in jails and on scene	10
Can't force medical treatment/help	7
Public awareness of crisis lines	6
Collaboration opportunity for Middle Flint and Correct Health	5
Housing choice—referral process is lengthy and have been told to exhaust federal resources first	5
Support to family → awareness	5

Day 2—Peach and Crawford Counties Workshop

Within the Day 1 workshop, participants identified assets and resources in each intercept area. They also identified what issues or gaps existed in each intercept area. At the end of Day 1, a total of 91 gaps, issues, and problems were identified. For Day 2, our facilitators grouped the top priorities into 5 different teams: Group 1: Community protocol for individuals in crisis, Group 2: Reentry Planning including housing, Group 3: Correct Health and Middle Flint collaboration for Continuity of Care, and Group 4: Community Education and Family Support, and Other. Participants on Day 2 were focused on developing an action plan to address the prioritized gaps. This process involved finalizing the scope, establishing desired outcomes, brainstorming solutions, identifying team participants, process tasks, identifying next steps, and building business cases for priorities. Once the action plan framework was in place, participants began discussion implementation strategies, considering key factors such as authorization, funding, leadership for project implementation, and governance for implementation.

**Peach and Crawford Counties
December 5, 2024
Priorities Groups**

Group 1: Community protocol for individuals in crisis		
Priority identified	County	Votes
Hospital ER interaction with BH system (address handoffs)	Crawford	13
Limited beds for people exiting crisis stabilization bed	Peach	10
Community does not understand how to hand 1013 cases – often bring person to hospital but Peach County is not an ERET	Peach	9
Need to coordinate/educate drop off/crisis options with law enforcement	Peach	9

Group 2: Reentry planning including housing		
Priority identified	County	Votes
“Familiar faces” – need more support from Middle Flint in jails and on scene	Crawford	10
Peach County Middle Flint – interest in assisted outpatient treatment	Peach	9
Need to “build the village”	Peach	7
Housing choice (referral process is lengthy, have been told to exhaust federal resources)	Crawford	5

Group 3: Correct Health and Middle Flint collaboration for continuity of care		
Priority identified	County	Votes
Individuals having MH assessment (court ordered) can sit in jail for a long time	Peach	7
Collaboration opportunity for Middle Flint and Correct Health	Crawford	5

Group 4: Community education and family support		
Priority identified	County	Votes
Public awareness of crisis lines	Crawford	6
Support to family -> awareness	Crawford	5

Other		
Priority identified	County	Votes
Lack of CIT training in law enforcement	Peach	7
Can't force medical treatment or help or medication	Crawford	7

How Will We Know the System is Working Well?

- Reduced incarceration for people with mental illness
- Who is the responsible party for the person with mental illness at each intercept/who to hand off to the next intercept
- What the resources are at each intercept
- Compliance with conditions at each intercept/sentence requirements
- More peer supporters → people become peer supporters
- Visibility (data, unity of command/governance) across the map — people don't get lost
- Decreased population in jail with SPMI
- Decreased population in criminal justice system with SPMI
- Community understanding of issues
- Decreased recidivism
- Increased use of community resources to prevent arrest
- Decreased use of law enforcement resources
- Reduced stigma
- Increased second chance hiring

Early Wins for Peach County

- Need a List of CSB services that local officials can see
 - Middle Flint CSB
 - www.middleflintHW.org
- Middle Flint crisis response team connect with local law enforcement (1-833-215-2545)
- Jail health provider (Correct Health) referrals to Accountability Court (new connection)
List of people in jail
- Email: jataram@middleflintHW.org

Early Wins for Combined SIM for Peach and Crawford County:

1. Meeting between EMS, Middle Flint, Law-Enforcement, and E911
 - The meeting was over an identifiable gap: EMS had a requirement to call the police or sheriff in the event that an individual is experiencing a crisis
- Meeting resolution:
 - Training on who to call, where to send, when receiving a 911 phone call (when to appropriately divert individuals to a crisis center)
 - Middle Flint will deliver training to law enforcement officers on how to triage or divert individuals in crisis
 - Bleeding or other medical emergency → Emergency room
 - Mental health crisis or non-medical emergency → Law enforcement can transport to Middle Flint

- Angela provided an address, door, and procedure that the sheriff can use when responding to a person in crisis
- 2. Middle Flint and Correction Health Collaboration
 - Angela and Kathy have been able to work on a case since the last meeting
 - Previously when an individual with mental health issues entered jail, the jail staff (LEOs and Correct Health) did not have background information on the individual's mental health situation (diagnosis, medications, and treatment plans)
- 3. Increased awareness of mental health resources to jail staff
 - Correct Health has been able to share resources that were learned at these SIM events. It has been easier to get enclosed within the jail environment when you are working in that space. Jail medical staff are more aware of community resources.

Action Planning

Group 1: Community Protocols for Individuals in Crisis

- **Desired Outcomes:** Align policies across organizations; quarterly training; have individuals in crisis get to the right place because we have policy and practice in place
- **Frustrations:** Lack of coordination between community resources. So much the left hand does that the right doesn't know.
- **Possible Solutions:** Have a quarterly meeting to keep policies, resources, and procedures relevant; create a resource list

Group 2: Re-entry Services, including Housing and Transportation

- **Desired Outcomes:** Build an aftercare village, recovery system of care, person is connected, and they will get well
- **Frustrations:** Need to connect to services already in place
- **Possible Solutions:** support group via zoom, introductions to Matthew-Scippio Center, transportation planning/training

Group 3: Jail and Continuity of Care

- **Desired Outcomes:** mentally stable inmates for a safe facility (they need to be able to participate/exist in the facility)
- **Frustrations:** the group focused on identifying more gaps
- **Possible Solutions:** Create more Correct Health presence in the jails so they can discern between behavioral health and mental health

Group 4: Community Awareness and Family Support

- **Desired Outcomes:** A community that is aware of available mental health resources

- **Frustrations:** there are things THEY will have to do. It's frustrating because they know it's needed but time intensive.
- **Possible Solutions:** Create easier phone numbers to remember; work with Fort Valley State University to create a centralized place of information

Finalizing The Action Plan

1. Are County Commissioners ready to fund this?

- From an administrative perspective – tends to go to the money first. What are the numbers that are needed to get the funding.

2. Reviewed model for sustaining efforts:

- The governance team will be the one who continues to motivate the teams

3. Grants for funding this effort?

- SAMSA
- DBHDD
- GMA – Georgia Municipal Association; they support regional efforts and that is what this area does
 - Fulton County, Peach and Crawford County, Rockdale County

4. Creating the governance team:

David asked and identified individuals who can begin to lead teams and continue conversations:

- Group 1: Shavonda Hill
- Group 2: Tarusa Stewart
- Group 3: Angela Holt
- Group 4: Andrew Felton

Next Steps

Wade Yoder creates a governance team. Peach County will take the lead to convene Peach and Crawford.

- First task: figure out a budget and a plan for this coordinator position.

Recommendations

A broad representation of key stakeholders came together for the Peach and Crawford County SIM workshop. These stakeholders shared their extensive expertise and commitment to improving community safety and resources for justice-involved individuals who have behavioral health issues. This dynamic team worked collaboratively to identify community resources, gaps, opportunities, and priorities. This diverse team accomplished a significant amount of work in a single day.

The workshop facilitators offer the following recommendations for consideration:

Peach County Recommendations:

Standardized Crisis Response Protocols

Emergency rooms often serve as the initial point of contact for individuals experiencing a behavioral health crisis. Establishing a unified intervention protocol, including standardized handoff procedures between hospitals, law enforcement, and mental health providers will enhance continuity of care and reduce unnecessary hospital admissions.^{i,ii}

Expand Crisis Diversion and Support Services

Peach County's limited crisis diversion resources place undue strain on both law enforcement and emergency medical services. Expanding crisis diversion programs, such as increasing the availability of crisis stabilization beds and mobile crisis teams, reduces reliance on ERs and jails. These services provide individuals with immediate support and connections to long-term treatment, reducing the likelihood of repeated emergency interventions. Research indicates that these services lead to better outcomes for individuals while reducing strain on law enforcement and healthcare systems.^{iii, iv} Implementing 24/7 crisis response teams and co-responder models, where mental health professionals assist law enforcement in the field, serves as additional strategies.

Increase Law Enforcement Training (CIT)

Increasing Crisis Intervention Team (CIT) training for law enforcement provides officers with the skills necessary to recognize and de-escalate behavioral health crises, reducing reliance of incarceration. Currently, only a small percentage of law enforcement personnel in Peach County have received CIT training. Research demonstrates that CIT-trained officers are more likely to divert individuals to appropriate mental health services rather than initiate arrests and promote positive outcomes for individuals in crisis.^v

Housing Support and Reentry Services

Providing stable and structured reentry services is essential for reducing recidivism among individuals with behavioral health needs. However, many individuals returning from incarceration or crisis stabilization lacks immediate access to housing, which increases their risk of recidivism. Implementing a Housing First model, expanding case management services, and streamlining the housing referral process will improve long-term outcomes. ^{vi}

Crawford County Recommendations

Improve Jail Mental Health Screening

Many individuals entering the Crawford County jail have untreated mental health conditions, yet the current screening process lacks consistency and efficiency. Implementing evidenced-based screening tools such as the Brief Jail Mental Health Screen (BJMHS) ensure timely identification and referral to appropriate services. Early intervention within jail setting prevents crises, facilitates continuity of care, and improves outcomes upon release (Steadman et al., 1995). Training correctional staff on mental health screenings and increasing collaboration with behavioral health providers remain critical steps in this process.

Develop Reentry Planning and Coordination

Effective reentry efforts are based on the underlying principle that “reentry starts at booking” with the identification and stabilization of people incarcerated with a mental illness, which involves a validated mental health screen (see above). Several SIM participants noted the lack of in-reach from community partners, who are primary allies in discharge/reentry planning and coordination. Increasing this in-reach prior to reentry would increase community connections, continuity of care, and the likelihood that the returning citizen will stay out of jail in the future (reduce recidivism). Creating a more formalized reentry process for returning citizens, including the use of a reentry checklist, such as the [GAINS Reentry Checklist](#) or [Preparing People for Reentry: Checklist for Correctional Facilities](#), prepared by the Council of State Governments Justice Center and the National Sheriffs’ Association, would be a first step in achieving these goals.

Create a Family and Community Support System

Families and communities play a crucial role in supporting individuals with behavioral health needs, yet many lack awareness of available resources. Educating families and reducing stigma around mental illness encourage individuals in crisis to seek help earlier and engage with community support systems. Public awareness initiatives in Crawford County include mental health education programs, family support groups, and peer mentoring initiatives.

Strengthening community-based support networks has been shown to reduce hospitalization and improve long-term recovery outcomes.^{vii, viii}

Shared Recommendations for Peach and Crawford Counties:

Collaborative Jail and Court Diversion Programs

Both counties currently rely heavily on incarceration for individuals experiencing mental health crises, despite evidence showing that diversion programs reduce recidivism and improve public safety. Establishing formal jail and court diversion programs, such as mental health courts or pretrial diversion initiatives, provides individuals with access to treatment rather than punitive measures. Successful diversion models demonstrate significant cost savings while addressing the root causes of criminal behavior.^{ix, x} Strengthening collaboration between courts, law enforcement, and behavioral health providers remains a key component of this initiative.

Increase Peer Support and Case Management

Peer support specialists and case managers are invaluable resources for individuals navigating criminal justice and behavioral health systems. Explaining peer support programs and case management services improves continuity of care, reduces recidivism, and promotes successful reintegration into the community. Peer support proves to be effective in engaging individuals with lived experiences, while case management ensures access to housing, treatment, and employment resources.^{xi} Both counties explore funding opportunities to expand these services and integrate them into their reentry and diversion programs.

Improve Communication and Data Sharing Among Agencies

Limited data sharing between jails, hospitals, mental health providers, and law enforcement agencies create barriers to coordinated care. Establishing standardized communication protocols and implementing data-sharing agreements improves service coordination and ensures that individuals in crisis receive appropriate support at every intercept of the Sequential Intercept Model. By leveraging technology and shared data systems, Peach and Crawford Counties enhance collaboration and improve outcomes for justice-involved individuals with behavioral health needs.^{xii}

Strengthen Community-Based Mental Health Services

Access to community-based mental health services remain limited across both counties, leading to unnecessary hospitalizations and jail bookings. Expanding outpatient mental health care, mobile crisis units, and intensive case management services provide individuals with the support they need before reaching a crisis point. These services have been shown to be cost-effective and improve long-term recovery outcomes.^{xiii, xiv} Securing additional funding and resources to strengthen these programs remains a priority.

Create a Mental Health Coordinator Position

To enhance the mental health services within Peach and Crawford counties, it is recommended that the counties jointly fund and establish a Mental Health Coordinator position. With 70% of funding provided by Peach County and 30% by Crawford County, this role will be integral in ensuring the effective implementation of the regional mental health action plan created at the SIM workshops. The Mental Health Coordinator will be positioned at the Middle Flint Health and Wellness Center and will lead the governance team, facilitating collaboration among stakeholders, and ensuring the alignment of effort with the established goals and priorities of the group. By overseeing the progress of the action plan, the coordinator will help to maintain accountability, provide guidance to the team, and ensure that mental health initiatives are consistently executed.

Implementation

Implementing priorities can be a difficult task that requires careful planning, consistent monitoring, and effective management. The following list may be helpful as the community seeks to implement actions to achieve their priorities. Not every item will be applicable to all projects, but it may help any group formed to carry forward the priorities manage the process.

Peach and Crawford County Implementation Checklist:

- Research & Best Practices** – Identify evidence-based models and successful strategies for crisis intervention, diversion, and reentry planning.
- Stakeholder Collaboration**— Engage with law enforcement, and behavioral health providers, courts, hospitals, and community organizations to define roles and responsibilities in crisis response.
- Needs Assessment**—Identify gaps in services, workforce shortages, and community need to inform strategic planning.
- Solution Development**—Develop a structured reentry planning framework with in-reach services before release.
- Policy & Procedures Review**—Develop standardized protocols for crisis response, diversion programs, reentry planning, and interagency communication.
- Scope/Targets** – If you can't serve everybody, segment your clients, prioritize, and define targeted group(s). Identify criteria for selection.
- Solution Development** – Expand peer support and crisis response teams to prevent unnecessary incarceration.
- Data Collection & Sharing**—Establish mechanisms for tracking service utilization, outcomes, and cross-agency collaboration.

- ❑ **Training & Education**— Provide regular training for law enforcement, first-responders, and community partners on mental health crisis response and available resources.
- ❑ **Implementation Plan** — If approved or funded, identify key milestones in the implementation of your solution. Include changing management activities to ensure awareness, training, etc. How will employees know something has changed or if you want them to do something different?
- ❑ **Funding & Sustainability**— Explore grants and other funding sources to support crisis services, peer support programs, and reentry initiatives
- ❑ **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 project implementation requires new resources. 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.

Appendix A:

Other Information

There is military installation in this area. Veterans also are facing this mental health issue. The governance team will be responsible for making that call and including those who are important and crucial to this effort.

Chris Deal – director of operations for Gratitude America

- Veterans’ organization supporting veterans and families.
- In the last year they have developed a co-responder program
- Focus on “post-traumatic growth”
- Al Davis – donated 150 acres to Gratitude America, which will include a conference style center with tiny cabins for the individuals
- MSR
 - Military – the individual (active, veteran, and other)
 - Support – closest person/relationship
- This is a new community partner

Parking Lot for Day 1 of Peach County

- Referrals to accountability court
- Serve people better while in jail
- Increase reentry supports
- Increase in education/ awareness of resources
- Increase in understanding what is mental illness
 - S.P.M.I.—need to define this
- Language we use—People with mental illness
- Improve communication with the jail—more conversations how to better I.D. & serve those in jail
- Appropriate diagnosis early
- Regular cadence to work on shared needs
- Lack of insurance is a huge barrier
- Need for services for mental illness in jail
- Lack of client involvement in this process
- Need to equip all people to refer to right place
- Need to figure out who people can contact after hours

Parking Lot for Day 1 Crawford County

- Data on hospital/ER vs CSU
 - Need to reconcile
- Accountability Court and Correct Health connection
- Crisis Line—Middle Flint:
- 1-833-215-2545 Phoenix Pointe Crisis Stabilization Unit (CSU):
 - 833-215-2545
 - 478-988-7100

940-C, GA Hwy 96, Warner Robins, GA

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

- [Carl Vinson Institute of Government, University of Georgia](#)
 - [Georgia Criminal Justice Data Landscape Report](#)
 - [Rural Jails Research Hub](#)
- [Atlanta Policing Alternatives and Diversion Initiative](#)
 - [Report of Analysis of 911 Calls for Service to Inform Pre-Arrest Diversion and Other Expansion Efforts](#)
- [Council of Accountability Court Judges](#)
- [Fulton County Justice and Mental Health Task Force](#)
 - Tyler Technologies: [Fulton County's System-wide Jail Overhaul \(case study\)](#)
- [Georgia Department of Behavioral Health and Developmental Disabilities \(DBHDD\)](#)
- [Georgia Mental Health Consumer Network](#)
 - [Certified Peer Specialists](#)
 - [Forensic Peer Mentors](#)
- [Georgia Public Safety Training Center Crisis Intervention Team \(CIT\) Training](#)
- [NAMI Georgia](#)

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](#)
 - [Justice Counts: Actionable Data to Bolster Public Safety](#)
- 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](#)
- 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: [Arrest Guides and Inmate Medication Forms](#)

MEDICATION-ASSISTED TREATMENT (MAT)

- American Society of Addiction Medicine: [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

- [Mental Health First Aid](#)
- Illinois General Assembly, Public Act 098-0195: [Illinois Mental Health First Aid Training Act](#)

PEERS

- Mental Health Association of Nebraska
 - [Keya House](#)
 - [REAL Referral Program](#)
- 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 Detention](#)
- 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](#)
- [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](#)
- [National Reentry Resource Center](#)

- SAMHSA’s GAINS Center: [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison: Implementation Guide](#)
- 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)

Utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff will increase efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides enough monthly income 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 Chan 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](#)

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