Statement of the Problem

For years, the prevalence of mentally ill individuals frequenting our jail and hospital emergency rooms has been the subject of concern of a vocal minority of key stakeholders within our local government infrastructure. The need was first articulated during the development process of our first mental health treatment and accountability court in 2006. Since then, largely informal discussion have occurred sporadically until Interim Chief of Police Carter Greene formed a group earlier this year with the assistance of Superior Court Judge David Sweat with the mission of creatively developing specific protocols and procedures for the purpose of diverting individuals with mental illness from the local jail and hospital emergency rooms. The table below illustrates the leadership and key stakeholders who have committed their time and resources to the successful development and implementation of this plan:

Leader / Stakeholder	Representing Organization / Service Area
Chief Carter Greene (Interim)	Athens-Clarke County Police Department
Honorable David A. Sweat	Athens-Clarke County Superior Court
Chief Tommy York	Athens-Clarke County Jail
Oliver J. Booker, CEO	Advantage Behavioral Health Systems
John Reeck, Director of Emergency Services	St. Mary's Hospital
Gale Kinder, Director of Emergency Services	Athens Regional Medical Center
David Cogdell, Director	Benchmark Human Services
Don Cargile, Regional Coordinator	National Emergency Management Services
Janet Rechtman, Senior Public Service Associate	UGA Fanning Institute
Delene Porter, President/CEO	Athens Area Community Foundation

It is a well-known fact that the local justice system, mental health system, and local hospital emergency rooms often share the same population of individuals with mental illness and/or co-occurring substance abuse disorders. The costs associated with this population of "frequent flyers" has spurred local interest in developing measures to more effectively divert them to more cost appropriate and rehabilitative treatment options. Our current system is

fragmented. Interdepartmental communication breakdowns have contributed to those in need not effectively directed toward recovery. The intention of conducting this thorough planning and policy implementation process will result in developing the institutional infrastructure to allow for the development of programs that effectively respond to the needs of the mentally ill by providing immediate access to state of the art treatment and support services within the community.

Athens-Clarke County Police Department provides ongoing Crisis Intervention Training and annual In Service Training as a requirement to all patrol officers to better prepare them in making assessments and determinations to the mental health needs of individuals involved in a call for service. It can be safely assumed that every key organization involved in this system of care is properly trained to deal with an individual in crisis. However, there are certainly organizational silos that deter a smooth and efficient process. When a person in mental health crisis (PMHC) is involved with our system, the parties involved include hospital ER staff, local EMT, mental health provider, and crisis stabilization when available. There currently exist informal and largely unwritten rules for communication and coordination protocols among these different entities that can sometimes result in inefficient systems of coordinated care. To paraphrase the Chief Jail Commander, Tommy York: "We need to develop solutions that are driven by the needs of the specific mental health consumer that comes into contact with our criminal justice system, rather than by the limited mission and financial constraints of the participating partners in order to divert these individuals from confinement."

As part of the early planning for this grant proposal, preliminary internal analyses conducted by local justice system and area hospitals revealed substantial costs associated with repeatedly dealing with these individuals. In 2014, Police responded to over 6,000 calls for

service involving individuals with mental health concerns. Area hospital emergency rooms reported over 2,500 emergency room visit related to mental illness with an estimated reported cost of slightly over $2 million. The Athens-Clarke County Jail currently operates with an average population of 460 inmates, 25% of which are, on average, on medication for mental health related symptoms.

Athens-Clarke County is committed to the pursuit of alternatives to incarceration and has served as a leader in the state by establishing five accountability courts, a pre-trial release program, intensive supervision through electronic monitoring, and a state-of-the-art work release center. In 2001, a Justice System Needs Assessment was ordered by the ACCUG to directly address the need to reduce demand for jail beds. The primary objective of this study was to examine the efficiency of the system resulting in incarceration and jail population along with alternative sanctions or programs to reduce the current and forecasted demand. In 2003, the results of the two year study were published. The estimated jail bed demand given current conditions was estimated at 850 beds by 2016 and at least 950 beds by 2021. The current capacity of the Athens-Clarke Clarke County Jail in 2015 is 494. A new jail is currently under construction that will have a capacity of 750 inmates. Many recommendations from the study, all of which have proven to be positive alternatives to incarceration, have been developed, fully funded and implemented, including the following:

Solicitor General's Pretrial Release Program: Solicitor General's Pre-trial Release Program was initiated with the help of several law enforcement offices within the ACCUG in March 2011. Goals of the pretrial release program include a reduction in jail overcrowding. The program allows defendants to maintain family obligations, school, and jobs; and enhances public

safety by providing a significant amount of supervision, which allows for a high level of accountability, even though the offender is not incarcerated.

Accountability Courts: Athens-Clarke County has established five accountability courts that currently serve approximately 170 non-violent offenders. The goal of accountability courts is to serve as an alternative to incarceration by providing a rigid and successful treatment program that maintains high levels of participant accountability. Participants in these programs, upon successful completion and graduation, typically receive reductions in their sentences, lower fines, and other incentives.

Project Design and Implementation

ACC Police Department will contract with the UGA J. W. Fanning Institute for Leadership Development to facilitate the planning process and with the Carl Vinson Institute of Government for data collection and to evaluate performance and outcomes of this effort. The process will involve an extensive network of community stakeholders beyond the aforementioned initiative leaders to include frontline workers in the local jail, police force, hospitals, and local homeless service provider organizations. Established networks such as the Athens Homeless & Poverty Coalition and the Athens Health Network have expressed verbal interest in this effort and provide immediate access to these stakeholders. With the involvement of these partners, we project that at the end of the two year planning period, this initiative will create a clearly defined plan for increasing crisis response capacity to divert individuals with mental health and co-occurring substance abuse issues from jail. In addition, we expect that there will be additional outcomes of network development, indicated by consistent participation by key players, maximum connectivity, and optimal information sharing within the network.

We propose a step-by-step framework to facilitate the planning process. This framework differs from the customary planning approach in that it creates feedback and decision-making loops for key stakeholders and management; in effect it builds a platform for evaluation as part of the planning process. This approach provides partners with baseline and summary data regarding the current state, potential future impact and high priority measures of success. Each partner can use this information to inform strategic decisions about their own activities as well as to define mutually beneficial opportunities to create collective impact.

DETAILED PLAN OF WORK

Phase 1: Environmental Scan – 2 months

The following steps will aid in formalizing the team of county leaders and decision-makers as well as clarify and document how individuals with mental disorders move through the local justice system to inform phase 2.

1. Review of Historic Documents	❖ Foundational documents for each partner ❖ Federal and state expectations ❖ Comparable benchmarks ❖ Review of related literature and research
2. Community Context	❖ Interviews with leadership and key external stakeholders ❖ Focus group(s) of consumers ❖ Collaborative capacity and performance assessment
3. Collaborative Partner Interviews	❖ Review of program inputs ❖ Identify sources and uses of funds ❖ Analysis of system structure, and board activities.
4. Demographic Profiles	❖ GIS Mapping and Analysis ❖ Socio-economic data gathering of related issues in region ❖ Analysis of system costs related to population

5. Baselines for policies and procedures currently in use	❖ Comparative analysis of policies and procedures at local (including corporate), state, and federal levels ❖ Documentation of baseline costs, revenues, and activities at all stages of the encounter between Persons in Mental Health Crisis (PMHC) in ACC.

Phase 2: Vision and Goal Setting – 20 months

The following activities will facilitate the ACC collaborative development along with their vision and goals:

- **Analysis of Client Flow through the Crisis Response System**: This analysis will begin with constructing a flow diagram that identifies the existing entities, individuals and organizations in the community who help manage the response, care and flow of the person-in-mental-health-crisis (PMHC). Our initial overview and intimate knowledge of the process suggest that the system of PMHC care in Athens-Clarke County currently includes:
    - Person in Mental Health Crisis (PMHC) – these individuals self-identify, and/or are in the presence of family members, co-workers, community workers and other local care givers, police and firemen, EMC staff, and medical staff and/or the general public.
    - Emergency Information and Referral Contacts – this includes 911 operators, crisis or suicide hotlines, primary care phsysicians, and other sources of information and referral for individuals in mental health crisis that are a danger to themselves, family, friends, co-workers and/or the general public.

- First Responders – this includes police officers, fire department personnel, private and public EMS providers, mental health crisis responders, and others that can assess the level of emergency and the mental state of the perspective client.
- Admission and Intake Specialists – this includes correctional officials managing the space in local jails, hospital intake and medical staff, DFCS (depending on social circumstances of the PMHC), and Crisis Stabilization Units (CSU) staff members.
- Alternative Diversion Treatment Facilities - this includes facilities that have missions specifically focused on caring for the mentally ill and are therefore uniquely different from hospitals, emergency care units that primarily focus on medical issues other than mental health and jails that are primarily focused on housing those with criminal behavior; these alternative diversion options may expand the local capacity to care for PMHC; this option maybe underutilized currently.
- Family Members, Care Givers and Others outside of the medical and correctional system that have the capacity and willingness to care for the individual in crisis.

This analysis will yield a system level view of the dynamic interactions that occur when an individual who requires emergency assistance for mental health services enters the system and a clear picture of the contributions and costs for each actor in the system, called a value chain. To amplify, the term "***PMHC Value Chain"*** helps maintain our overall focus on how much "value" each entity noted brings to how the client is received, treated and eventually released as appropriate. This business-like approach is consistent with the emerging focus on evidence-based practices that assess the effectiveness of non-profits and social services that do good work but

benefit from a business perspective of their individual and collaborative services. As we progress through our analysis, we expect to better quantify how each key player in the chain adds value to how the PMHC is managed. We will then be in a better position to determine how a revised flow may bring more efficiency to the system and result in overall cost savings without negatively impacting the quality of care provided to the PMHC.

- **Assessment of Policies and Procedures Associated with the Emergency Mental Health Care System**: Once the key players are identified, we will take a detailed look and analysis of the policies and procedures of each player in the PMHC Value Chain. This examination is an intensive component of the planning phase and will include:
    - Review of all relevant documents available from key players identified above to better understand both the in-practice and in-theory policies and procedures that apply to the process of managing the care of PMHC
    - Interviews of policy makers and decision makers to clarify how their policies and procedures add to the effective and efficient handling of the PMHC, noting opportunities for revisions and changes that portend improved efficiencies without negative impact on the perspective client
    - Focus groups with stakeholders who are the friends, family and associates of the PMHC and can provide independent insight into the efficiencies and effectiveness of the system which has provided services (or not provided services) to PMHC, noting:
        - response time
        - adequacy of trained personnel
        - personal cost and system cost (perceived and real)
        - gaps in services

  - outcomes from the perspective of the PMHC and others connected to the client

- **Definition of collaborative Action Plan and Cost Analysis of System to Identify Opportunities for System Improvement:** Once the analytical step is complete, we will continue to work with each of the key players to develop an action plan that embraces a revised approach to how the county provides needed services to PMHC**.**

In this step we will also develop metrics to identify costs associated with each phase of the systems of managing the assessment, care, and intake of PMHC. Specific attention will be given to service gaps, overlaps and duplications, labor intensive procedures and policies that are barriers to cost savings and lead to automation and elimination. Importantly, the metrics developed here will also be part of the Evaluation Plan. Additionally, this stage will include a review and analysis of statewide standards and policies and best practices from comparable counties. We will integrate the outcomes of those reviews into the final stage below.

Phase 3: Refining the Plan – 2 Months

- **Recommendations and Conclusions**: We will use the information from the above steps to develop a set of recommendations that minimize resources without negative impact on the client. We will focus especially on cost saving and efficiencies that will make this county a model of performance in how it provides timely and effective service to PMHC.
- **Scenario Planning to Set Priorities for the Revised System of Care for PMHC:** With the cooperation and collaboration of the key players identified above, we will test the effectiveness and efficiencies of any revisions suggested from our analysis and review. The scenarios will include pro-forma budgets for startup and operation over a 3-5 year span.

Phase 4: Summation and Next Steps

- **Project Impact:** Summary of project accomplishments based on process outlined above and specific goals that emerge from this work and articulation of evaluation framework and baseline for implementation.
- **Final Plan:** Preparation of three versions of the final report: Executive Summary, Full Report and a PowerPoint presentation suitable for general audiences.

Capabilities and Competencies

The J.W. Fanning Institute for Leadership Development – a unit of Public Service and Outreach at the University of Georgia – is dedicated to strengthening communities, organizations, and individuals through leadership development, training, and education. Founded in 1982, the Institute is named for UGA's first Vice President for Services, Dr. J.W. Fanning. His legacy of leadership development is embodied in the Institute's dedication to developing leaders of all ages, in every community, from all walks of life. A variety of clients call on the Institute's multi-disciplinary faculty for their expertise in community, non-profit, organizational, and youth leadership development.

Lead Staff:

(b)(6) **Ph.D.** is co-lead of Fanning's nonprofit leadership and capacity building services. She joined Fanning in 2008 as a Senior Fellow after a successful career as an entrepreneur in the fields of marketing, employee communications and nonprofit consulting. (b)(6) (b)(6) has facilitated strategic planning and implementation for more than one hundred nonprofit, government and faith based organizations. (b)(6) received her BA from Emory University, a Masters from York University/University of Toronto and a Ph.D. from Antioch University where her doctoral research was about the leadership experience of nonprofit executive directors.

(b)(6) **Ph.D.** works in the area of community leadership with a focus on promoting entrepreneurial and servant leadership. With more than three decades of academic and business experience, he is an expert in developing leadership and entrepreneurship curriculum and facilitating leadership development workshops and courses.

(b)(6) **Ph.D.** has more than 10 years of professional experience and a background in leadership development with an extensive knowledge of Georgia and its needs; in particular, how the changes in demographics impact the design, outreach and delivery of programs and initiatives across multiple communities in Georgia. In addition, she designs, promotes, and conducts training for nonprofits and works in the areas of program assessment and evaluation, strategic planning, and capacity building.

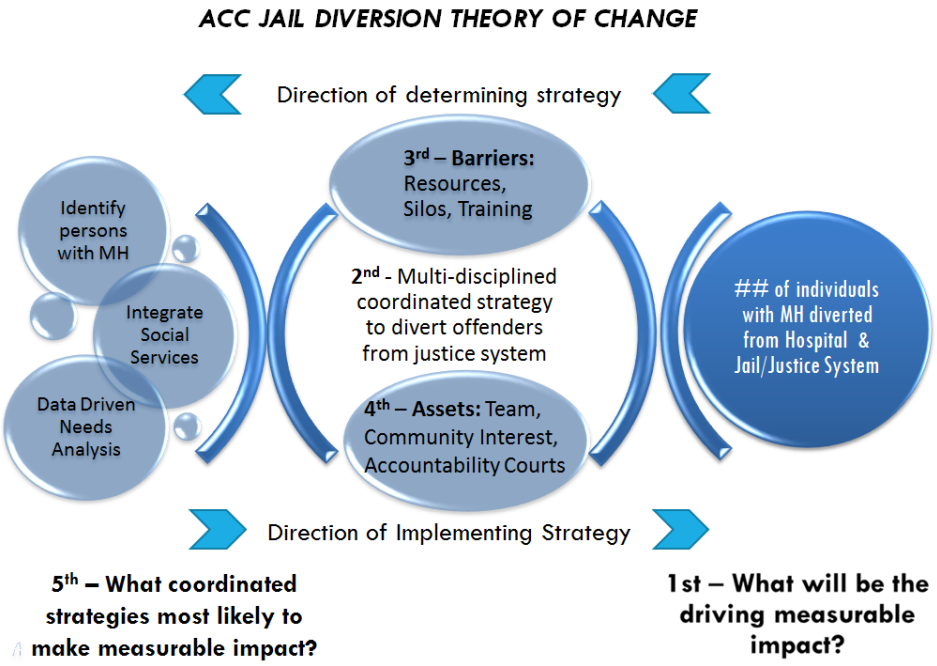
(b)(6) **M.S.W.** is a Public Service and Outreach Graduate Fellow at Fanning, working with the nonprofit leadership and capacity building services. She has twenty years of nonprofit leadership experience in program development, evaluation, and board governance. (b)(6) received her B.A. from Clark University, a Masters in Social Work from the University of Georgia, and is currently a doctoral student in Public Administration and Policy at the University of Georgia.

Our goal is to adopt system wide protocols that will maximize resources and more efficiently move these individuals through our system of care. The team has developed a theory of change that addressed five unique concepts:

1. The driving measurable impact of this effort will be to ultimately reduce and divert the number of individuals with mental health concerns from our local jail and hospital emergency rooms.

2. We have developed a multidisciplinary team including the Clarke County Police Department, Sherriff's Office, our two area hospitals, the local behavioral health provider, the local court system, and ambulance service.
3. This team has identified specific barriers to be addressed which include: lack of local and state funding support for staff and receiving center operational funding, breakdowns in interdepartmental communication within the context of crisis response, and limited training opportunities for direct responders to individuals in crisis.
4. The assets we do have ultimately come from the interests and willingness of leadership from the team partners to come together and pursue the development of a successful diversion program
5. The team identified several key strategies integral in accomplishing the main objective of diversion and ultimately local cost savings.

The graphic below outlines the planning process that will be implemented to direct local policy decisions:



While the goal of developing a seamless integrated system among all key partners responding to an individual in crisis seems ideal, there are several institutional and cultural barriers that need to be overcome in order to establish partner, and ultimately, community buy-in. The chart below outlines the anticipated barriers and how we hope to overcome them:

Anticipated Barrier	Proposed Solution
1. Lack of local persuasive data indicating the extent and prevalence of need within this community	The team will partner with a third party consulting firm, the UGA Fanning Institute, which has demonstrated experience in data collection and analysis as well as a pre-existing knowledge of the local community.
2. Policies governing privacy and the sharing of consumer information vary between the organizational partners	Thorough analysis of each organizations existing policies and procedures within the context of privacy will encourage an open discussion of how to address these issues and develop formal processes for releases of consumer information.
3. While network partners likely can develop a common mission, they will have different oversight and regulatory bodies, precluding consistently shared objectives at the program or service level	Develop a long-range planning approach; define phases of development and identify goals and objectives of each phase. Support network members in staying focused on long-range goals while recognizing and acknowledging incremental successes.
4. Innate cultural differences and organizational values can also inhibit the development of policies and protocols shared consistently by each partner agency.	Anticipate major impasses; create a work group strategy to address and eventually resolve impasses. Keep communication lines open at all levels of the planning process.

Data Collection Plan

The J.W. Fanning Institute will be responsible for facilitating and directing the planning process for this initiative and will be complemented by the Carl Vinson Institute for Government to design the formative evaluation. This brings a comprehensive approach to facilitation and the ability to link up with state policy makers so that efforts for implementation will be aligned with

the statewide resource mix, with statewide policy and with the various governance structures in the criminal justice and mental health/substance abuse treatment systems. Collaborative planning helps members of the network create a theory of change that informs decisions regarding resource allocation, staffing, collaboration and strategic planning. Collaborative evaluation shows members of the network understand how their theory of change relates to actual experience. Although these processes are independently conducted, they are developed simultaneously to ensure cohesion. The following figure depicts this relationship:

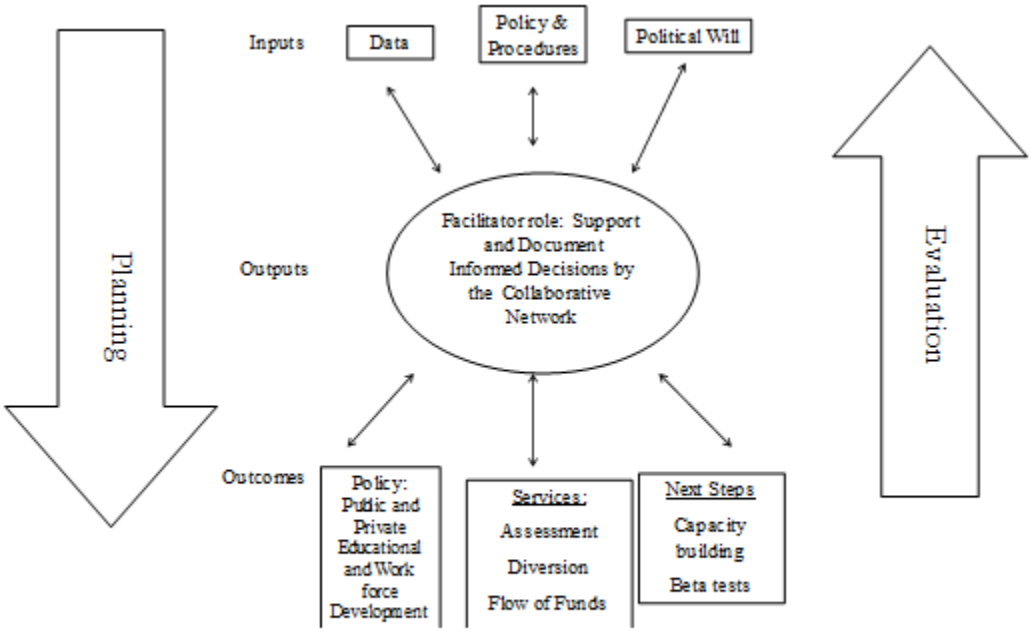


Figure 1: Collaborative Planning and Evaluation

Measuring Program Success & Sustainability

Underlying this entire planning process is the goal of establishing substantial and committed financial buy-in from local, state and federal entities for the development of a tangible solution that will directly achieve the operational outcomes created through this planning process. Through the completion of a comprehensive and detailed data driven analysis of the extent and prevalence of individuals with mental illness accessing services in cost burdened systems, we

intend to demonstrate the **real cost savings** that will result in the diversion of these individuals into a mental health receiving center dedicated to this specific population.

The chart below outlines the data collection and evaluation process that will continuously inform planning process moving forward and ultimately determine the overall sustainability of this effort:

Evaluation Question	Analytical Evaluation Activities	Data Collection and Reporting
1. To what extent did planning activities match original plan? (Includes adherence to timeline, budget, and responsible parties)	Quarterly discussions with Network members. Surveys and focus group sessions to coincide with ongoing strategic planning activities.	Data collection is ongoing with quarterly reports to network partners and meetings with other stakeholders as needed. Interviews/focus groups mid-year and end of year. Included in semi-annual and end of the year reports
2. What were the changes and reason for any changes made to the original plan?		
3. How effective were changes made in original plans?		
4. To what extent did contextual variables change from those considered in the original proposal?		
5. How can planning activities be improved?	Ongoing SWOT Analysis	Mid-year and end of the year. Included in semi-annual and end of the year reports.
6. How many successful, formal partnerships with team members were created?	Review of continuous development of Partner MOUs.	
7. What planning/contextual factors were associated with the program outcomes?	Analysis of the extent to which planning activities coincided with the accomplishment of program outcomes.	
8. How can the planning activities be expanded to other areas?	Analysis of planning activities in common with other network developments	Analysis conducted on a quarterly basis.
9. How sustainable are the network planning activities?	Analysis of team members' organizational capacity and willingness to share resources.	End of year review and included in year-end reports