

**THE CRIMINAL JUSTICE COORDINATING COUNCIL
REGIONAL CRIMINAL JUSTICE FORUM – FIRST JUDICIAL DISTRICT (BRUNSWICK)
SUMMARY REPORT**

The Criminal Justice Coordinating Council (CJCC) is statutorily charged with the responsibility of convening stakeholders statewide to assist in the development, prioritization and publication of state and local policy agenda for the criminal justice system. To this end, on May 16, 2012, the Criminal Justice Coordinating Council hosted its second Regional Criminal Justice Forum for part of the First Judicial District in Brunswick, Georgia. Local participants at the forum represented the following agencies:

- Brantley County Clerk's Office
- Brantley County Superior Court
- Brunswick Superior Court
- Burke County State Court
- Burke County Juvenile Court
- Camden County Court Appointed Special Advocates (CASA)
- CASA Glynn, Inc
- Gateway Behavioral Health Services
- Glynn County Police Department
- Hoboken Police Department
- United States Probation/ United States District Court
- Victims' Services Organizations:
 - Glynn Community Crisis Center/Amity House
 - Rape Crisis and Sexual Assault Services
 - Safe Harbor Children's Center
 - Satilla Advocacy Services
- Waycross District Attorney's Office
- Ware Board of Education
- Ware County Clerk's Office
- Waycross Police Department
- Wayne County Protective Agency

In addition, the following state agencies were represented:

- Administrative Office of the Courts of Georgia (AOC)
- Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Georgia Bureau of Investigation (GBI)
- Georgia Public Defender Standards Council (GPDSC)
- State Board of Pardons and Paroles (SBPP)
- Department of Juvenile Justice (DJJ)

CJCC staff, along with the guidance and assistance of Kay Chopard Cohen, Deputy Director of the National Criminal Justice Association (NCJA), facilitated the forum and recorded this event. Attendees provided expertise and practitioner perspective to the forum to establish a dialogue of ideas and identification of issues affecting the region.

Identifying Regional Priorities

Forum participants identified the region's top priorities¹ and in group discussions further detailed the challenges and barriers that inhibit resolutions. After exchanging issue perspectives, participants were encouraged to offer possible solutions for each priority identified. The following table provides a summary of the issues and potential solutions².

Regional Priorities Identified by Brunswick Forum Participants

<i>Regional Priorities:</i>	<i>Issues:</i>	<i>Suggested Solutions and Potential Funding Priorities:</i>
Domestic Violence	<ul style="list-style-type: none"> • Lack of transportation for victims to/from treatment • Lack of funding for legal representation to obtain temporary protection orders (TPOs) • Law enforcement lacks sufficient domestic violence training • Victim cannot be mandated to participate in counseling 	<ul style="list-style-type: none"> • Increase transportation options and accessibility • Provide legal representation for victims • Encourage law enforcement to participate in domestic violence training above and beyond the mandated coursework • Find ways to ensure counseling is seen as a viable and vital option
Drugs	<ul style="list-style-type: none"> • Brunswick's proximity to Interstate 95 makes it a "hub" for drug trafficking • Counties primarily responsible for the cleanup of methamphetamine labs • Spice use is higher than ever • Juveniles abuse and sell drugs in school • School-aged children use phones to text each other warnings of law enforcement's presence in school+ 	<ul style="list-style-type: none"> • Promote awareness, prevention and education • Methamphetamine labs should be the responsibility of the state • Utilize field-testers to conduct on-site drug tests • Explore options to more effectively raid school grounds given reasonable suspicion • Obtain technology necessary to jam the phone system when law enforcement arrives on campus to conduct searches • Increase availability of and access to youth programs (e.g., Boys and Girls Clubs, youth centers, etc.)

¹ Each participant used the three stickers provided by CJCC staff to identify their top three priorities. Items with the most stickers were then selected for detailed discussion. For a complete list of all identified regional needs, refer to Attachment A.

² For program descriptions, refer to Attachment B.

Regional Priorities Identified by Brunswick Forum Participants (Cont.)

<p align="center">Mental Illness</p>	<ul style="list-style-type: none"> • Lack of local resources for mental health treatment • Local communities are expected to address mental health needs, but provided no funding • Nonviolent offenders with untreated or undertreated mental health issues are crowding jails • Lack of transportation to/from mental health treatment in rural areas • Housing for mentally ill is limited • Due to cuts in personnel, the Department of Family and Children Services (DFCS) is less capable of responding to mental illness and homelessness issues • Law enforcement spends a significant amount of time responding to calls in which mental illness is the primary concern • With few options, mentally ill persons commit crimes in order to receive shelter/treatment • Law enforcement responds to on average 400 calls a year for suicide attempts, but have limited authority and available resources 	<ul style="list-style-type: none"> • Increase availability of and access to local mental health services • Require all law enforcement agents to participate in advanced trainings on how to properly identify and address situations involving persons with mental illness (National Association of Mental Illness) • Reestablish long-term mental health facilities • Provide transportation for treatment, especially in rural areas • Support effective programs and initiatives that work (e.g., Gateway Behavioral Health Services, St. Simon's by the Sea) • Establish halfway houses for nonviolent mentally ill offenders • Revise legislation to provide law enforcement with more latitude in assisting persons who need assistance prior to the physical act of a suicide attempt
<p align="center">Prescription Drugs</p>	<ul style="list-style-type: none"> • Prescription drug abuse is rampant, affecting every demographic in the region • No existing prescription drug monitoring program • Clinics are not regulated • Physicians prescribe medications to addicted patients • It is difficult to prosecute prescription drug cases 	<ul style="list-style-type: none"> • Revise legislation for more stringent prescription drug monitoring • Increase regulation on physicians and pharmacies • Establish statewide clearinghouse for narcotics • Establish centralized site for distribution and monitoring

Regional Priorities Identified by Brunswick Forum Participants (Cont.)

<p align="center">Reentry</p>	<ul style="list-style-type: none"> • Resources available to the ex-offender population are limited • Although some policies are well-intended, they exclude a subset (e.g., homeless, ex-offenders, substance abusers) of the population in need of services (e.g., no drug convictions, felonies, etc.) 	<ul style="list-style-type: none"> • Provide support for reentry programs and reentry coalition initiatives • Ensure that each subset of the offender population has the resources available to properly address their circumstances
<p align="center">Sexual Assault, Rape, Child Abuse</p>	<ul style="list-style-type: none"> • Difficult to attain and retain local services in rural areas • Victims are unable to access services due to lack of transportation • Strict regulations limit coordination efforts among agencies to work toward common goals • New, more stringent rules/regulations for DFCS restrict their capabilities to assist and coordinate with other agencies • Law enforcement lacks the amount of training necessary to respond to sexual assault, rape and child abuse crimes • Only law enforcement can take a child for neglect or abuse, not DFCS • Caseworkers are overloaded • Long wait times for case updates and resolutions • Some centers do not have executive directors to seek funding and recruit SANE nurses • Restrictions on funding streams and grant programs inhibit innovative and effective practice (e.g., federal funds cannot be used for preventive programs) 	<ul style="list-style-type: none"> • Encourage and support local agency collaborations • Establish central location for organizations to share resources (e.g., training rooms, receptionist, equipment, etc.) • Provide transportation for families in rural areas to access services • Reconstitute and fund rape crisis center • Increase the number of SANE nurses • Require additional training of law enforcement to improve responses to sexual assault, rape and child abuse crimes • Support prevention programs for education and awareness to stop the cycle • Provide additional services to address domestic violence, sexual assault and child abuse (e.g., Camden House) • Increase DFCS personnel

Recurring Themes

After review of forum dialogues, CJCC discovered recurring themes among the issues within the region. Themes included:

1. Participants discussed untreated mental illness and the homeless population at length. At issue was the lack of local resources for homeless persons, for whom mental illness is a primary concern. The district has a sizeable homeless population which occupies the courthouse property and other public areas. Regionally, the options for treatment and shelter are few. As such, there have been many instances where deliberate acts of criminal activity have been committed in attempts to secure temporary shelter and food. The continual use of jails as a shelter has overburdened the local jails and resulted in an inefficient use of law enforcement resources.

Participants also noted that conditions, such as depression and anxiety, are mental health issues that may go untreated or under-treated and are often associated with substance abuse. These conditions tend to be minimized, but have a significant effect on the homeless and incarcerated populations. Available and accessible resources to properly identify and treat mental illness, and work towards the successful reentry of mentally ill persons are key.

2. Participants at the Brunswick forum expressed significant concerns about the handling of sexual assault, child abuse and rape crimes. Participants stated that these highly sensitive crimes are underreported. When reported, victims are not provided access to the resources necessary to immediately and appropriately respond to their needs. The capacity to appropriately respond to these cases has been drastically affected by state and local agency cuts in funding, personnel and other resources. Participants suggested advanced training for law enforcement, an expansion DFCS resources and an increase in SANE nurses would better serve victim needs.
3. As in all the forums held to date, collaborative efforts were discussed at length and were the basis of almost every issue. Through successful collaborations, participants believe that many, if not all, of the issues mentioned can be resolved. Currently, knowledge of available programs is gained from "word of mouth." Several forum participants were completely unaware of programs that existed in the region until they were mentioned in the forum discussion. Brunswick participants suggested the development of a centrally located list of all of the local programs available for everything from substance abuse and mental illness to preventive and awareness programs. Participants also suggested that judges, in particular, receive comprehensive information on program availability and that relationships are built to ensure a maximization of those resources.

4. Transportation is a significant issue for all rural regions in Georgia affecting many facets of the local criminal justice system. Due to limitations, or lack of access, to public transportation, offenders and victims are often unable to access the services they need, including access to substance abuse treatment, mental health treatment, domestic violence counseling and counseling for sexual assault. Access to transportation presents a significant barrier in rural communities and may discourage active participation in or completion of a treatment program, whether treatment is court-ordered or voluntary.

Forum participants admitted that resolving this issue is complex and would involve a collaborative effort of state and the local community.

Further, as in past forums, participants identified the burden on local law enforcement of transporting offenders to treatment facilities. Responsible for a mentally ill offender upon arrest, law enforcement officers must ensure that an eligible offender is appropriately placed in a mental health facility or hospital for treatment. This process often involves contacting the appropriate facility for a pre-assessment to determine the offender's eligibility for treatment and then transporting the offender upon approval. In some cases, however, it may be determined, once an offender reaches the facility, that they are ineligible for treatment. At that point, the officer must return the offender to the holding facility. The process is time-consuming and the responding officer is unable to return to regular duty until the offender is placed.

Forum participants suggested re-evaluation of the process that will better serve the offender and strongly consider the burden placed on local law enforcement agencies. For example, revising the pre-assessment conducted prior to transporting the offender to more accurately determine an offender's eligibility will save the local law enforcement officer time and, the law enforcement agency, resources.

What's Working

At the end of the forum, participants provided further insight by identifying the following cost-saving, innovative practices¹:

- *Child Advocacy Centers*
- *Day Reporting Centers*
- *Drug Courts*
- *Gateway Behavioral Health Services*
- *Heather House*
- *Open Doors – Mental Health Facility*
- *Satilla*
- *United Way's 2-1-1 Program*
- *Victim Service Agencies*

The issues, challenges and possible solutions identified are a result of CJCC's staff discussions with the state and local agency representatives who voluntarily participated in the Brunswick forum. CJCC staff acknowledges that the information obtained is not a complete list of all of the criminal justice issues in the region, but a representation of the region's priorities.

¹ For more information on each program, please refer to Attachment B

Attachment A: Regional Needs Identified by Brunswick Forum Participants

Accountability Courts

- Increase capacity of drug courts through coordinated efforts
- Provide resources for sustainability

Bullying

- Strictly enforce rules and regulations to address bullying issues

Child Abuse, Domestic Violence, and Sexual Assault Crimes

- Provide resources to extensively investigate and successfully prosecute cases

Collaborations

- Improve collaborations between state and local agency service providers
- Develop directory and/or reference guide of available programs in the region for agencies and the general community
- Inform judges of the availability, capacity and capabilities of regional programs
- Create and provide a comprehensive list of all available programs in the region

Drugs

- Improve legislation to monitor prescription drug abuse
- Increase regulations on physicians and pharmacies

Elderly

- Educate elderly on how to identify scams (e.g., phone, internet scams) and prevent victimization
- Assign caseworkers to identify elderly victims of abuse (particularly in-home abuse), report abuse, and find support services

Homeless

- Establish system of care
- Restore DFCS's personnel levels and caseload capacity

Juveniles

- Revise DJJ's Point System

Law Enforcement

- Increase resources for local law enforcement
- Improve law enforcement's access to court data, specifically in regard to temporary protection orders
- Explore technological advances to continually improve centralization of communication system

Legislation

- Provide support for local agencies to adhere to mandates
- Provide support for Probation's anticipated increase in workload

Mentally Ill Offenders

- Enhance treatment options for mentally ill offenders
- Establish system of care of mentally ill children
- Expand DFCS to improve response time and capacity
- Explore funding alternatives for medications to prevent self-medication
- Explore and implement alternatives to reduce law enforcement's response time to mentally-ill assists

Programs

- Increase funding for programs
- Provide resources to sustain and expand local level programs and retain personnel

Victims Services

- Centralize SAVIN/victim notification system for statewide access

Attachment B: Program Description Table

Program	Program Description	Program Goal(s)
<p align="center">Child Advocacy Centers</p>	<p>Child Advocacy Centers are private, non-profit agencies which provide children, who have been abused, a safe place where they can talk to a trained therapist about the abuse they endured during a videotaped interview. In addition, children and families are offered long-term psychological treatment to provide healing and hope for the future. The Center coordinates with agencies involved in the investigation of physical and sexual abuse and offers education for professionals and adults in sexual abuse prevention.</p> <p>www.cacga.org/</p>	<ul style="list-style-type: none"> • To champion the needs of sexually and severely physically abused children through prevention, intervention, therapy, and collaboration
<p align="center">Day Reporting Centers (DRCs)</p>	<p>Day Reporting Centers (DRCs) is an alternative drug treatment program comprised of substance abuse counseling, cognitive restructuring, adult basic education, employment enhancement, intensive supervision, and community service. An aftercare component follows the on-site programming. Offenders assigned to the program are required to be employed as soon as they have completed the initial orientation, assessment, diagnostics, and programming. There are 13 DRCs currently in operation throughout the state. Failure at a DRC results in revocation proceedings against the offender. Although the cost is more than field probation, it is only a fraction of the cost of providing a residential alternative.</p>	<ul style="list-style-type: none"> • To provide an opportunities for offenders to change criminal behavior through behavioral interventions as an alternative to incarceration • To provide intensive substance abuse treatment for offenders sentenced by the Courts or who have not responded to more traditional supervision and treatment efforts.
<p align="center">Gateway Behavioral Health Services</p>	<p>Gateway Behavioral Health Services is a public, non-profit, community-based organization providing comprehensive services to persons who are developmentally disabled, mentally ill, or suffering with an addictive disease. Gateway works collaboratively with individuals, families, public and private agencies, faith-based groups and other community organizations to promote Self-Sufficiency, Optimal Quality of Life, and Wellness.</p> <p>http://www.gatewaybhs.org/GatewayBehavior.htm</p>	<ul style="list-style-type: none"> • To assist severely chemically dependent individuals in obtaining a healthy, alcohol and drug-free lifestyle • To emphasize integration into the community and prepare developmentally disabled persons for productive wage earning employment • To support consumers with mild to severe mental illnesses, decrease symptom severity or distress, avoid hospitalizations, improve work or social relationships, and improve satisfaction with life

Heather House	<p>Heather House is a non-profit long-term residential recovery program for women. The program is based on the Twelve Steps of Recovery - residents are required to attend meetings to help build a community of supporters outside the house. All residents must work to support themselves and actively participate in community service. The program also includes individual goal setting, in-house and outside counseling, and opportunities for residents to complete their GED and other training programs.</p> <p>http://www.heatherhouseofglynn.com/Heather_House_of_Glynn/Welcome.html</p>	<ul style="list-style-type: none"> • To provide a loving and safe home with a drug and alcohol free environment
Open Doors to Recovery	<p>Open Doors to Recovery is a project developed to design a Model System of Care in the southeast corner of Georgia to reduce recidivism for adults with Serious Mental Illnesses. The project is a validation study of developing a family/peer/self-case management and case coordination tool. The study will provide initial effectiveness testing of a highly innovative approach to delivering tailored, recovery-oriented case management services to 100 people with serious and persistent mental illnesses who have an established history of recidivism. The study is grounded in an extensive research base that documents health care disparities affecting access and quality of care, while embracing a recovery approach to mental health services. The target population will be those with serious and persistent mental illness who have recidivated and who, as outlined in other documents, have repeated patterns of homelessness, incarceration, and/or hospitalization</p> <p>http://www.namiga.org/index.php/odr</p>	<ul style="list-style-type: none"> • To reduce recidivism for adults with Serious Mental Illnesses who end up more than once in a year in the state hospital, jails, prisons and/or homeless
Satilla Community Services	<p>Satilla Community Services is an independent public agency created by Georgia law to provide behavioral health and community support services to persons with mental illness, developmental disabilities, and alcohol or other substance abuse problems. From its origins in 1971, Satilla Community Services has evolved primarily to provide services to the residents of Atkinson, Bacon, Brantley, Charlton, Clinch, Coffee, Pierce and Ware Counties. <i>Garden Gate Women's Addictive Disease (Substance Abuse) Residential Treatment Facility, a division of SCS, was mentioned as an underfunded, invaluable resource. SCS is a 12-bed long-term semi-independent living facility for women and their children providing intensive treatment and education services to foster drug-free homes for the mothers and their children. Stated as a significant issue in all of the forums, SCS also provides transportation to ensure access to services.</i></p> <p>http://www.satilla.csb.state.ga.us/</p>	<ul style="list-style-type: none"> • To provide inmates with substance abuse treatment and skills to obtain employment so they can return as productive members of their communities
School-Based Probation Officer Program	<p>As officials of the juvenile court, school-based probation officers provide control, supervision, and incentives that delinquent youth often need to attend school regularly and comply with rules and regulations. School-based probation officers can also intervene in crisis situations involving juvenile probation clients and can assist schools in handling disruptive behavior by clients. Juvenile probation officers are assigned to children who attend specific schools so that the officers work in a small geographic area. Officers visit with youth offenders at a variety of places.</p>	<ul style="list-style-type: none"> • To help young people acquire knowledge and develop skills that lead to positive and productive lifestyles

<p>United Way's 211 Program</p>	<p>United Way 2-1-1 is a simple, easy-to-remember number for individuals across Georgia to call when they want to find or give help. Bilingual, Spanish-speaking referral specialists are available 24 hours a day and calls are conducted in 170 languages. Equipped with the most extensive database of its kind in metro Atlanta, United Way 2-1-1 employs trained referral specialists to assist callers with almost every conceivable human services need. United Way 2-1-1 frequently helps increase the capacity of information and referral (I&R) services in smaller communities across Georgia.</p> <p>http://211online.unitedwayatlanta.org/Content.aspx?about</p>	<ul style="list-style-type: none"> • To connect Georgia residents with local services in accordance with their needs
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