



# **PROBLEM-SOLVING JUSTICE**

## **TRAINING FOR LAW ENFORCEMENT**

**The Municipal Court of Atlanta  
Community Court Division  
Restorative Justice Center  
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**PROBLEM SOLVING JUSTICE  
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**TABLE OF CONTENTS**

	<b>PAGES</b>
<b>Lesson I Overview of Problem Solving Courts</b>	<b>3-4</b>
<b>Why we are here</b>	
<b>Restorative Justice</b>	
<b>Emergence of Problem Solving Courts</b>	
<b>Characteristics of Problem Solving Courts</b>	
<b>Lesson II Community Court Process</b>	<b>5-7</b>
<b>Resolution of a Typical Case</b>	
<b>City Ordinance Violations</b>	
<b>Role of Police</b>	
<b>Success Story</b>	
<b>Panel Discussion – Ethics and Professional Roles</b>	
<b>Lesson III Field Trip to Community Court</b>	<b>8-11</b>
<b>What to look for</b>	
<b>Follow-Up Discussion after Visit</b>	
<b>Lesson IV Mental Health</b>	<b>12-15</b>
<b>Law Enforcement and Mental Illness</b>	
<b>Law Enforcement and Mental Retardations</b>	
<b>Law Enforcement and Addiction</b>	
<b>Law Enforcement and Homelessness</b>	
<b>Attachments</b>	<b>16-21</b>

## INSTRUCTIONAL GUIDE

LESSON TITLE: Overview of Problem-Solving Courts

Goals of this instructional unit are:

- To familiarize officers with the characteristics of problem-solving courts – how they evolved and how they differ from traditional courts
- To familiarize officers with terms/language related to problem-solving courts
- To encourage officers to recognize the potential benefits that problem-solving courts can bring to individuals and the community at large
- To motivate officers to become a proponent and partner in this new way of administering justice

Teaching methods will include lecture, PowerPoint presentation, distribution of hand-outs and class discussion.

Appendix A contains a printed copy of the PowerPoint presentation.

Appendix B contains handouts – a Glossary of Terms related to problem-solving initiatives and an article from a publication – Courts Today – titled “Problem Solving Courts – The Next Step.”

## **OVERVIEW OF PROBLEM-SOLVING COURTS**

I. Welcome – Phil McDonald, Court Programs Administrator (40 minutes)

- Welcome to The Municipal Court of Atlanta – brief history of merging of City Court and Municipal Court
- Reason for training – effective partnership with police is vital to success of Community Court – the Court’s ability to help individuals, thereby reducing crime and making communities safer
- Will begin with brief overview to be followed by PowerPoint presentation with more detail.

II. What is Restorative Justice?

- Definition (call attention to hand-out with Glossary of terms)
- History

III. Emergence of Problem-Solving Courts

- Define Problem-Solving Courts
- Early Examples – Miami Drug Court, Red Hook, etc.
- Description of Atlanta’s Community Court and how it began

Q & A

BREAK

IV. PowerPoint Presentation (20 minutes)

- Characteristics of Problem-Solving Courts
- Overview of alternative sentencing programs of Atlanta’s Community Court

Q & A

BREAK

## INSTRUCTIONAL GUIDE

LESSON TITLE: Community Court Process

Goals of this instructional unit are:

- To familiarize officers with how a case might be processed – from arrest to conclusion (including plea bargaining and the non-adversarial nature of Community Court)
- To familiarize officers with the kind of City ordinance violations that come before Community Court
- To identify the role police officers play in the process
- To explore how this role is different from the traditional role of police
- To afford police an opportunity to hear how Community Court affected the life of a former defendant
- To familiarize officers with the roles of judges, public defenders and solicitors in Community Court processes
- To expose officers to some of the ethical issues faced by court room personnel above
- To explore any ethical issues officers might raise regarding their role in Community Court

Teaching methods will include lecture, testimonial, panel discussion, distribution of hand-outs and class discussion.

Appendix A contains a handout – flow chart of processing of a case

Appendix B contains list of City ordinances seen commonly seen in Community Court

Appendix B contains handout related to roles of professionals and possible ethical issues for professionals raised in problem-solving courts – “Specialized and Problem-Solving Courts: The Ethics of Problem Solving”

## **COMMUNITY COURT PROCESS**

I. Introduction – This session will familiarize you with how a typical case moves through the Community Court process. You will hear from professionals and a successful former defendant.

- Lecture, using flow-chart, on disposition of a typical Community Court case, from arrest to conclusion (30 minutes)
- Presentation of list of City ordinance violations commonly seen in Community Court. (15 minutes)
- Group discussion on: What role do you see police playing in Community Court? Is this different from how you generally see role of police for the community? If so, how? (15 minutes)

Q & A

**BREAK**

II. Success Story (30 minutes)

- Now that you have learned the dry facts about how the Community Court works, we want to let you hear from a live person who was a former defendant – how this process made a difference in his/her life.
- Introduce successful former defendant.
- His/Her story
- Q & A

**BREAK**

III. Panel Discussion – Moderator to introduce panel composed of a Community Court Judge, Solicitor, and Public Defender. Panelist will be given the following points/questions to prepare for the discussion: ( 60 minutes)

Moderator will introduce panel.

- Briefly describe how you view your role in Community Court.
- Is this role different from other courts where you have served in the same capacity? (Judge, Prosecutor, Defender) If so, how?
- What are some of the pros and cons of a problem-solving court?
- What, if any, ethical issues related to your profession are raised by your role in Community Court? How have you resolved them?
- What, if any, constitutional issues for defendants do you see inherent in problem-solving courts?
- What do you want/need from law enforcement professionals for Community Court to succeed with its defendants?

Q & A

Group Discussion – what, if any ethical issues do you see for police in the Community Court process? How might they be resolved?

Appendix C is questions for panelist for preparing for panel discussion.

## INSTRUCTIONAL GUIDE

LESSON TITLE: *Field Trip to Community Court*

Goals of this instructional unit are:

- To provide a time for officers to observe Community Court in session
- To provide an opportunity for officers to compare what they have learned with what they see in progress
- To provide an opportunity to discuss with one another and moderator what was observed
- To provide an opportunity to exercise leadership skills (small group leader)

Teaching methods will include lecture, field trip (observation) and group discussion (both small group and large group discussion).

Appendix A is the list of questions officers will be given before going to court to help them identify what to look for and shape the discussion after returning from court.

## **FIELD TRIP TO COMMUNITY COURT**

- I. Moderator to describe what officers can expect to see (will vary depending on which calendar they will observe) and to distribute the attached questions for consideration while observing Court proceedings. Officers will be told that when they reconvene they will discuss their observations. (2 hours)

Officers will also be reminded about protocol and appropriate conduct for Court.

### **BREAK**

- II. Group will reconvene for discussion, using questions as guide. Depending on group size – if small, will discuss all together. If large, the group will be divided into several smaller groups for discussion. Small groups will be asked to choose a reporter to report to the larger reassembled group at the conclusion. (1 hour or less)

## **FIELD TRIP TO COMMUNITY COURT**

### **TO CONSIDER**

- Identify the following court room personnel

Judge – public official who presides over the courtroom and is authorized to decide questions brought before the court

Solicitor – Lawyer who presents the case for the City against the individual accused of violating a City ordinance

Public Defender – Lawyer whose duty is to provide legal counsel and representation to indigent defendants who are unable to pay for legal assistance

Baliff – Maintains order in the courtroom (enforcing security, safety and rules) and provides administrative support to courtroom staff

Court Case Manager – Provides administrative support for courtroom – entering data, filing, setting calendars, etc.

Clinical Evaluator – Licensed mental health professional who evaluates defendants for mental illness, mental retardation and addiction issues at the Court’s request

Clinical Case Manager – Mental health professional who assists clients with accessing suggested and mandated services and follows defendants’ progress and compliance

Victim Witness staff – Advocates for victims and their needs in domestic violence cases

Corrections officers – To secure in-custody defendants

- Describe what, if anything, looked like a ‘team approach.’
- Since Community Court is a problem-solving court, what problems did you see identified among the defendants?
- What solutions/steps to solutions were identified?
- Could you identify types of alternative sentencing?
- What were some of the ordinance violations before the Court today?
- How could they be related to the problems of the defendants?
- How was what you heard in the panel discussion describing the roles of the various court professionals consistent or inconsistent with what you saw?

- Describe the communication between the defendants and court room personnel.
- Did you see anyone coming back to court to report on their progress or lack of compliance with what they had been ordered to complete?
- What, if anything, did you see that you didn't expect?

## INSTRUCTIONAL GUIDE

LESSON TITLE: *Mental Illness, Mental Retardation and Substance Abuse*

Goals of this instructional unit are:

- To define mental illness, mental retardation and substance abuse
- To familiarize officers with some of the characteristics common to those with these disabilities
- To provide officers with some strategies for dealing with those with these disabilities in order to optimize safety for both police and those they encounter
- To familiarize officers with resources in Community Court and in the extended community for people with mental illness, mental retardation and substance abuse problems.
- To provide some information about the related topic of homelessness

Teaching methods will include lecture from guest experts, discussion, review of hand-outs and a field trip to the Women for Women program.

Hand outs include chart from COPS Problem-Oriented Guides for Police Problem Specific Guides # 40 – People with Mental Illness; facts sheets on mental illnesses from the Substance Abuse Mental Health Services Administration (SAMSHA); mental retardation from the CDC; alcohol and illegal drugs from SAMSHA; “Mental Illness and the Criminal Justice System” from the American Psychiatric Association; fact sheets from the National Coalition for the Homeless; summary of Atlanta homeless census from Pathways Community Network; “Neurobiology of Addiction and Trauma: Why the Addict Just Can’t Stop Using.”

## **MENTAL ILLNESS, MENTAL RETARDATION AND SUBSTANCE ABUSE**

- I.** Introduction – In a perfect world people with mental illness, mental retardation and/or substance abuse would be helped by mental health professionals and rarely have to encounter police. In reality there are breakdowns in the mental health systems designed to help and protect these individuals and law enforcement officers often become involved. In fact, conservative estimates indicate that at least 10 % of all police calls in the US and at least 10% of all arrests involve individuals with mental health problems (Berry and Meyer 1999) For these reasons, it is important for officers to have knowledge about the characteristics of each group, as well as information to deal effectively with individuals who have mental illness, mental retardation and/or are substance abusers. It should be noted that it is not the role of the police officer to diagnose the individual – that is still the job of mental health professionals.
  
- II.** First, a look at definitions of each disability. Refer to hand out from Georgia Peace Officer Standards and Training Council. (15 minutes)
  
- III. Mental Illness and Law Enforcement** – There are several factors that have contributed to law enforcement becoming more involved with the issues of those with mental illness than in the past (60 minutes)
  - De-institutionalization of those with mental illness began around 1960. With the emergence of effective medications to control various mental illnesses, authorities decided that people with mental illness were better off being helped in community based treatment centers than in large psychiatric institutions. The problem was that sufficient community based centers were not created and many of those released from hospitals over the years found no treatment and often ended up homeless.

- Additionally, more emphasis on arresting people for low-level drug possession and “quality of life” crimes (largely non-violent offenses) has increased the number of those with mental illness who are arrested.

The result is that many fewer people are hospitalized for mental illness and many more are incarcerated. Many estimates conclude that while 5% or less of our population has severe mental illness, 16% of those incarcerated have severe mental illness. Some say that jails and prisons have become the “hospital of last resort” for those with mental illness. Additionally, a large percentage of those incarcerated with mental illness also have substance abuse problems. One study concluded that in several major cities 3 out of 4 defendants tested positive for drugs at the time of arrest.

Once incarcerated, the outlook is not good for those with mental illness.

- There is a shortage of treatment for people while incarcerated.
- Also there is a shortage of effective discharge planning so that when released, people have a place to live and a place to receive treatment.
- Studies indicate that people with mental illness have longer incarcerations than those without.
- They leave incarceration generally no better off and oftentimes worse than when they entered the jail or prison.

Some ways in which police encounter those with mental illness – use chart – “Roles of People with Mental Illness and Examples”

Q & A  
BREAK

#### **IV. Types and Characteristics of Mental Illness** – presented by mental health professional, using handouts (30 minutes)

Q & A

- V. Mental Retardation** – presented by mental health professional, using handouts (30 minutes)

Q & A  
BREAK

- VI. Substance Abuse** – Introduction presented by professional on addictions using handouts (30 Minutes)

Q & A

Followed by **Field Trip to Women for Women Program** – “The Neurobiology of Addiction and Trauma. Why The Addict Can’t Stop Using.” Deb Rasouliyan, Director, and certified P.O.S.T instructor (1 hour)

- VII. Homelessness** – How it is related to mental health and substance abuse issues resulting in interaction with law enforcement - presented by expert advocate on homelessness, using handouts (30 minutes)

## **ATTACHMENTS (not all inclusive)**

### **GLOSSARY OF TERMS RELATED TO *Atlanta Community Court***

**Restorative Justice** - Restorative justice is a philosophy (also an international movement) that views harm and crime as violations of people and relationships. It is a holistic process that addresses the repercussions and obligations created by harm, with a view to putting things as right as possible – for victims, defendants and the community.

**Problem Solving Courts**- Courts that use various strategies to try to solve problems, of both victims and defendants, rather than simply process cases, providing more lasting and meaningful resolutions. They are designed to change the behavior of defendants, prevent future offending and make communities safer.

**Therapeutic Jurisprudence** – The study of the role of law as a therapeutic agent or law’s healing potential. “It is a mental health approach to law that uses the tools of the behavioral sciences to assess law’s therapeutic impact, and when consistent with other important legal values, to reshape law and legal processes in ways that can improve the psychological functioning and emotional well-being of those affected.” Bruce J. Winick

**Quality of Life Crimes** – Low level offenses (in the City of Atlanta – ordinances) sometimes called nuisances offenses, such as drinking in public, urinating in public, disorderly conduct, trespassing, panhandling, prostitution, and low-level drug offenses. Often committed by those with mental illness, substance abuse problems and sometimes homeless.

**Community Court** – Community Courts can take many forms – their goal is to harness the power of the court to address local problems by forming creative partnerships in the community. In Atlanta, the Community Court is a comprehensive problem-solving court, including characteristics of drug courts, mental courts and traffic court programs.

**Drug Courts** – Seek to halt the revolving door between addiction and arrest by connecting addicted offenders to treatment coupled with rigorous judicial monitoring.

**Mental Health Courts** – Similar to drug courts – but for defendants with mental illness. Unfortunately, now many defendants present with dual/triple diagnoses.

**Dual/Triple Diagnoses** – The presence of one or more disorders (or diseases) in addition to the primary disease – can be mental illness, addiction, HIV, etc.

**Co-Morbidity** – Another term for dual diagnosis

**Community Court’s Restorative Boards** – A group of volunteer citizens who are trained by Community Court to serve on the neighborhood restorative board and are sworn into service by the President Judge of Community Court. Appropriate offenders are referred to the board for guidance about what steps they need to take to reduce the likelihood that they will reoffend.

**Community Service** – Many defendants of the court are required to volunteer varying numbers of hours in “giving back” to the community for the harm they have caused. The Court networks with various organizations to provide settings for community service projects.

**Treatment Alternatives** – The offering of treatment placements to a defendant as an alternative to incarceration.

**Alternative Sentences** – Can be a wide variety of non-traditional sentences. Community Court’s Restorative Board program is an example of alternative sentences.

**TLC – Teens Learning Control** – The Teens Learning Control program targets young defendants of the court, 21 years old and under, who come before the Court for traffic violations, especially speeding and driving under the influence. TLC provides a hands-on learning environment for the development of responsible driving habits.

**Governor’s Office of Highway Safety** – A state agency that provides a grant to Community Court for the Teens Learning Control program.

**Benefits procurement** – Assisting eligible defendants with accessing benefits to which they are entitled such as Social Security, SSI (Supplemental Security Income) and Veteran’s benefits.

**Case management in Municipal Court** – Previously known as clerks, case managers in Municipal Court are assigned to particular judges and track case status and processing.

**Case management in Community Court** – Community Court employs case managers who are members of the mental health team. After Community Court clients are assessed by a professional evaluator, case managers are assigned clients to assist in identifying resources and to monitor progress/compliance with the treatment plan.

**Regional Commission on Homelessness** – A regional collaboration of business, government, nonprofit, faith-based members from seven counties focusing on the goal of

ending chronic homelessness in the Atlanta area within ten years. United Way convened the original group in 2002 at the request of Mayor Franklin.

**Seven Point Plan to End Homelessness** – The plan developed by the Regional Commission on Homelessness. The expansion of Community Court was one of the seven points.

**The Gateway** – A resource center for homeless people located across the street on Pryor from the Municipal Court. Its creation was also one of the seven points to end homelessness in the Commission’s plan.

**Women For Women (W4W)** – An in-custody addiction treatment program for women in Atlanta’s City Jail – Atlanta City Detention Center. The program was discontinued at one point, due to lack of funds, but has now been reinstated with Local Law Enforcement Block Grant funding.

**Fresh Start** – An in-custody addiction program in the city jail for men, which was discontinued and has not be reinstated.

**Project Safe Neighborhoods** – A program of the U.S. Department of Justice, originally established to curb gun violence. Community Court has received PSN funding for the Restorative Board program.

**Weed and Seed** – Another program of the U.S. Department of Justice for community revitalization. Community Court has also received Weed and Seed funding through the City for the Restorative Board program.

**Red Hook Community Justice Center** – The nation’s first multi-jurisdictional community court, which enjoys an excellent reputation. It is in a very low-income community in New York City. Community Court staff and RJC board members hope to visit there.

**Center for Court Innovations** – A non-profit think tank founded in New York to help courts and criminal justice agencies aid victims, reduce crime and increase public trust in justice. It is providing technical assistance to Community Court related to a DOJ (Department of Justice) grant awarded in 2005 for the expansion of the Restorative Board program.

**NPU’s** – Neighborhood Planning Units – In 1974 the NPU system was established to improve communication between the City and its citizens. Atlanta’s 230 neighborhoods are grouped into 24 NPU’s.

**Community Mapping** – An assessment of potential assets and allies in a community around an issue. Also assesses “gaps” that exist.

## **DEFINITIONS**

**Taken from the State of Georgia Peace Officer Standards and Training  
Council Curriculum January 2002**

### **MENTAL ILLNESS, MENTAL RETARDATION & SUBSTANCE ABUSE**

According to the DSM (Diagnostic and Statistical Manual of Mental Disorders) IV, mental retardation refers to "significantly sub-average intellectual functioning (an IQ of approximately 70 or below) with onset before age 18 years and concurrent deficits or impairments in adaptive functioning. Separate codes are provided for Mild, Moderate, Severe, and Profound Mental Retardation and Mental Retardation, Severity Unspecified.

Mental illness, on the other hand, is defined as "having a disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life."<sup>2</sup> Mental illness can occur at any time during a person's life and may be long lasting, or it may be a short-lived episode. Some forms of mental illness are treatable and controllable.

Finally, substance abuse is a "maladaptive pattern of substance abuse indicated by continued use despite a persistent social, occupational, or physical problem caused by use of the substance or by recurrent use when such use is hazardous."<sup>3</sup> Both drugs and alcohol are considered in the topic of substance abuse.

Although the mentally retarded, mentally ill, and substance abuser may all be considered as demonstrating abnormal behavior, the mentally retarded person is not necessarily mentally ill, nor is the mentally ill person necessarily a substance abuser. A mentally retarded person is one who

functions in a manner corresponding to his mental age, whereas a mentally ill person is one who, because of some condition present in his life, is unable to cope with the everyday demands of life. Substance abuse is actually a category under mental illness and is sometimes a person's coping reaction to life's demands. These people are linked together because they fall under the "mental health" umbrella and they often require outside help to function in the world. Sometimes that outside help is law enforcement.

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## **WOMEN FOR WOMEN PROGRAM**

**Atlanta City Detention Center**

**254 Peachtree Street, SW  
Atlanta, GA 30303  
404-865-8101**

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**The Women for Women Program Participants  
Present**

### **The Neurobiology of Addiction and Trauma: Why the Addict Just Can't Stop Using!**

- I. The Emotional Part of the Brain**
  - A. Definition of neurotransmitters**
  - B. The two main chemicals in the emotional part of the brain**
  - C. The role of neurotransmitters in the brain**
  - D. What the emotional part of the brain should look like**
  
- II. The Thinking Part of the Brain**
  - A. How messages are received and processed**
  - B. Examples of messages that the brain receives  
and how the brain responds**
  
- III. Introducing an Illegal Drug to the Brain**
  - A. What happens to the emotional part of the brain**
  - B. What happens to the neurotransmitters**
  - C. What happens to the thinking part of the brain**
  - D. Examples of messages that the brain receives  
and how the brain responds**

- IV. Neurobiological Dangers of Illegal Drug Usage**
  - A. The message to breathe**
  - B. The message for the heart to beat**
  - C. “Overdose” – message unprocessed**
  
- V. Why the Addict Can’t Stop**
  - A. The “flushing of the toilet” syndrome**
  - B. Chasing the high**
  - C. Inability for neurotransmitters to “reuptake”**
  - D. How long for the brain to heal**
  
- VI. How Does This All Start?**
  - A. Neuropaths that begin in infancy**
  - B. Short term memory, long-term memory, GIGO**
  - C. What happens at the point of trauma**
  - D. Permanent obstruction of neuropaths**
  
- VII. How the Brain Compensates After Trauma**
  - A. Observable behavior after trauma**
  - B. The brain’s role in developing a new neuropath**
  - C. What happens if there is another trauma**
  
- VIII. Dissociative Identity Disorder (DID)**
  - A. Previous name for DID**
  - B. Percentage of population with DID**
  - C. How DID manifests itself**
  - D. Treatment for DID**
  
- IX. Other Types of Neuropaths**
  - A. What happens to neuropaths in recovery**
  - B. The sleeping dragon**
  - C. What awakes the sleeping dragon**
  
- X. Conclusion – Therapeutic Interventions**
  - A. Detoxification**
  - B. Outpatient Treatment**
  - C. Residential Treatment**
  - D. In Custody Treatment**

