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COURTS

Amend Chapter 1 of Title 15 of the Official Code of Georgia Annotated, Relating to General Court Provisions, so as to Create Mental Health Court Divisions; Provide for Definitions; Provide for Assignment of Cases; Provide for Planning Groups and Work Plans; Provide for Standards; Provide for Staffing and Expenses; Provide for Completion of Mental Health Court Division Programs; Provide for Records, Fees, Grants, and Donations; Provide for Related Matters; Repeal Conflicting Laws; and for Other Purposes.

CODE SECTIONS:	O.C.G.A. § 15-1-16 (new)
BILL NUMBER:	SB 39
ACT NUMBER:	55
GEORGIA LAWS:	2011 Ga. Laws 224
SUMMARY:	The Act creates a framework for the creation and implementation of mental health courts throughout individual Georgia localities. It seeks to reduce recidivism by mentally ill criminal offenders by diverting mentally ill criminal offenders into mental health court divisions. The Act calls for the establishment of planning groups containing both legal and mental health professionals to develop written work plans for the implementation of mental health court divisions. The Act specifies the types of mentally ill participants that may be diverted to the mental health court division and excludes mentally ill offenders from participating if they have been charged with one of a specific, enumerated set of crimes. The Act also provides for the confidentiality of statements, reports,

and records concerning a mental health court participant and protects such information from subpoena, discovery, or introduction into evidence into any civil or criminal proceeding.

EFFECTIVE DATE: July 1, 2011

History

Georgia recently has taken several steps to reform and revise its criminal justice system.[1] From the very beginning of his term in January of 2011, Governor Nathan Deal prioritized the reformation of Georgia's criminal justice system for "offenders who want to change their lives."[2] A major push in this reform involved the use of alternative sentencing, including "Day Reporting Centers, Drug, DUI, and Mental Health Courts and expanded probation and treatment options."[3] In authorizing Senate Bill (SB) 39, lawmakers intended to divert some mentally ill criminal offenders away from the regular criminal justice system and into specialized mental health courts.[4] Mental health courts are:

> [S]pecialized court docket[s] for certain defendants with mental illnesses that substitutes a problem-solving model for traditional court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team

1. *See, e.g.*, O.C.G.A. §§ 28-13-1 to -4 (Supp. 2011) (creating the 2011 Special Council on Criminal Justice Reform for Georgians and the Special Joint Committee on Georgia Criminal Justice Reform to study criminal justice reform and make legislative recommendations).

2. *Inaugural Address for Governor Nathan Deal*, GA. OFFICE OF THE GOVERNOR (Jan. 10, 2011), http://gov.georgia.gov/00/press/detail/0,2668,165937316_166428912_167556909,00.html [hereinafter *Inaugural Address*].

3. *Id.*

4. *See* Telephone Interview with Sen. Jason Carter (D-42nd) (Apr. 18, 2011) [hereinafter Carter Interview] (on file with the Georgia State University Law Review) (explaining that the main goal of SB 39 was to take "people with treatable mental illness" out of the "criminal justice system . . . get them the treatment that they need [and] reduce recidivism"); *see generally* Georgia Lee Sims, *The Criminalization of Mental Illness: How Theoretical Failures Create Real Problems in the Criminal Justice System*, 62 VAND. L. REV. 1053, 1064–73 (2009) (describing how criminal punishment of mentally ill offenders fails to meet any of the four justifications or goals for criminal punishment: retribution, deterrence, incapacitation, and rehabilitation).

> of court staff and mental health professionals. Incentives reward adherence to the treatment plan or other court conditions, nonadherence may be sanctioned, and success or graduation is defined according to predetermined criteria.[5]

Like many states, and the nation as a whole, Georgia's gradual move toward the establishment of mental health courts was inspired by the creation of drug courts within the state.[6] Mental health courts and drug courts are similar in that both "have their genesis in the concept of specialty courts and the idea of therapeutic jurisprudence."[7] In 2005, Representatives Tom Knox (R-24th), Jerry Keen (R-179th), David Ralston (R-7th), and Earl Ehrhart (R-36th) introduced House Bill (HB) 254 to establish a foundation for drug courts within the State of Georgia.[8] Codified in Code section 15-1-15, the statute details the types of criminal drug offenders who qualify for diversion into a drug court division,[9] mandates the establishment of planning groups for the creation of local drug court divisions,[10] and allows for the incorporation of staff to run drug court divisions.[11] SB 39 mirrors Code section 15-1-15 in its language and its motivation. As explained by Representative Jay Neal (R-1st), "For decades we've been treating the symptoms of our addictive and mentally ill prisoners, the symptoms being their criminal behavior,

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5. COUNCIL OF STATE GOV'TS JUSTICE CTR, U.S. DEPT'T OF JUSTICE, REPORT: MENTAL HEALTH COURTS: A PRIMER FOR POLICYMAKERS AND PRACTITIONERS 4 (2008), *available at* http://www.ojp.usdoj.gov/BJA/pdf/MHC_Primer.pdf; *see also* Video Recording of House Judiciary Committee Hearing, Mar. 29, 2011 at 2 hr., 10 min. (remarks by Judge Gosselin) [hereinafter House Judiciary Video] (explaining a mental health court tries to make sure participants "have a structured setting, that they have somebody to follow them and help them with food, with their medication, with mental health visits, with housing, in an effort to get them into a stable situation so they don't cycle through the criminal justice system").

6. Henry J. Steadman et al., *Mental Health Courts: Their Promise and Unanswered Questions*, 52 LAW & PSYCHIATRY 457, 457 (2001) ("The idea of mental health courts flows directly from the success of the drug court model.").

7. *Id.* The concept of therapeutic jurisprudence focuses on "'the extent to which legal rule or practice promotes the psychological and physical well-being of a person subject to legal proceedings' as well as an 'exploration of ways mental health and related disciplines can help shape the law' and concern with 'the roles of lawyers and judges [in] produc[ing] therapeutic and antitherapeutic consequences for individuals involved in the legal process.'" *Id.*

8. 2005 Ga. Laws 1505.

9. O.C.G.A. § 15-1-15(a)(2) (2010).

10. O.C.G.A. § 15-1-15(a)(3) (2010).

11. O.C.G.A. § 15-1-15(a)(5)–(a)(8) (2010).

rather than treating the root cause of those symptoms."[12] After the enactment of HB 254 in 2005, state funding became available for drug courts, something advocates of SB 39 sought in the passage of the bill.[13] The creation of drug court divisions in Georgia in 2005 blazed the trail for SB 39 and the establishment of mental health court divisions.

The call for the establishment of mental health court divisions grew stronger after the United States Congress passed the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (MIOTCRA). Citing statistics showing that "over 16 percent of adults incarcerated in United States jails and prisons have a mental illness" and "up to 40 percent of adults who suffer from a serious mental illness will come into contact with the American criminal justice system at some point in their lives,"[14] the MIOTCRA instituted federal grants for state and local governments to create mental health court divisions.[15] Amid both federal support and local calls for state action, SB 39 was born.[16]

Bill Tracking of SB 39

Consideration and Passage by the Senate

Senators Johnny Grant (R-25th), John Crosby (R-13th), Bill Cowsert (R-46th), Jason Carter (D-42nd), Renee Unterman (R-45th), and Freddie Powell Sims (D-12th) sponsored SB 39.[17] The Senate

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12. Mike Klein, *Georgia Prison System Reform Will Focus on Sentencing Alternatives*, WATCHDOG, Feb. 17, 2011, http://watchdog.org/8331/georgia-prison-system-reform-will-focus-on-sentencing-alternatives/.

13. *See* Telephone Interview with Superior Court Judge Kathlene Gosselin (May 19, 2011) [hereinafter Gosselin Interview] (on file with the Georgia State University Law Review). Judge Gosselin explained that "[i]n the past, the Georgia legislature has given money to drug courts. That [money] has been available if you were a drug court, a DUI court, or a juvenile court, but it was not available to mental health courts." *Id.* The passage of SB 39 allows for mental health courts to request and receive state funding. *Id.*

14. S. 1194, 108th Cong. §§ 2(1), 2(3) (2004) (enacted).

15. *Id.* § 4(b)(1).

16. Gosselin Interview, *supra* note 13 (explaining that several judges already involved in mental health courts in Georgia asked for the legislation to be introduced and "hoped there would be legislation that would mirror drug court legislation that would enable court systems to have a mental health court").

17. SB 39, as introduced, 2011 Ga. Gen. Assem.

read the bill for the first time on February 3, 2011.[18] Lieutenant Governor Casey Cagle (R) assigned it to the Senate Judiciary Committee.[19]

The bill, as originally introduced, sought to create "mental health court divisions" within the state judicial system.[20] Hoping to "achieve a reduction in recidivism and symptoms of mental illness among mentally ill offenders in criminal cases and to increase their likelihood of successful rehabilitation,"[21] the bill provided for the establishment of local planning groups, work plans, and standards. The bill detailed instructions for the organizational aspects governing mental health court divisions including "staffing and expenses" and management of "records, fees, grants, and donations."[22] Mirroring the language and structure of Code section 15-1-5, which establishes drug courts, the bill allowed for staffing of prosecutors, public defenders, clerks, and other court personnel in mental health court divisions.[23]

The Senate Judiciary Committee offered a substitute to SB 39.[24] First, the substitute added definitions for "developmental disability" and "mental illness" to Code section 15-1-16 to ensure that the terms used within the bill would match the definitions from an established Code section, 37-1-1.[25] Second, the substitute clearly defined a list of criminal charges that would make a defendant ineligible for diversion into a mental health court division.[26] This change was made after "issues [were] raised by the prosecuting attorneys."[27] The Committee felt that, in the case of violent offenders, "the public looks for retribution," not just therapy.[28] Third, the substitute defined the required membership of a mental health court planning group by

18. *Id.*
19. State of Georgia Final Composite Status Sheet, SB 39, May 24, 2011.
20. SB 39, as introduced, preamble, p. 1, ln. 2, 2011 Ga. Gen. Assem.
21. *Id.* § 1, p. 1, ln. 12–14.
22. *Id.* at preamble, p. 1, ln. 4–5.
23. *Id.* § 1, p. 2, ln. 40–52.
24. SB 39 (SCS), 2011 Ga. Gen. Assem.
25. *Id.* § 1, p. 1, ln. 12–15; *see* O.C.G.A. § 37-1-1 (2010).
26. *Id.* § 1, p. 2, ln. 37–42.
27. Carter Interview, *supra* note 4; *see also* Telephone Interview with Ken Mauldin, District Attorney and President, District Attorney's Association (May 20, 2011) [hereinafter Mauldin Interview] (on file with the Georgia State University Law Review).
28. Telephone Interview with Sen. Johnny Grant (R-25th) (May 31, 2011) [hereinafter Grant Interview] (on file with Georgia State University Law Review).

adding "shall," instead of "may," and including "sheriffs or their designees" in the section describing planning groups.[29]

The Senate Judiciary Committee favorably reported the Committee substitute on March 10, 2011, and the bill was read for the second time on March 11, 2011.[30] The bill was read for the third time on March 14, 2011, and on the same day, the Senate passed SB 39 by a vote of 51 to 0 without any amendments.[31]

Consideration and Passage by the House

The bill was first read to the House on March 16, 2011.[32] The bill was read in the House a second time on March 21, 2011, and Speaker of the House David Ralston (R-7th) assigned it to the House Judiciary Committee.[33] The House Judiciary Committee offered a substitute to SB 39.[34] First, the substitute added the sentence, "A mental health court division will bring together mental health professionals, local social programs, and intensive judicial monitoring."[35] Second, the substitute called for the planning groups to create a "written" work plan for establishing a mental health court division.[36] Lastly, the substitute replaced the word "program" with the word "division" throughout the bill.[37]

The House Judiciary Committee favorably reported the substitute on March 30, 2011.[38] SB 39 was read on the House floor for the third time on April 12, 2011.[39] On that same day, the House passed the Committee substitute by a vote of 157 to 5.[40] On April 14, 2011, the Senate agreed to the House substitute and passed SB 39 by a vote of 47 to 0.[41]

29. SB 39 (SCS), § 1, p. 2, ln. 31–33, 2011 Ga. Gen. Assem.
30. State of Georgia Final Composite Status Sheet, SB 39, May 24, 2011.
31. Georgia Senate Voting Record, SB 39 (Mar. 14, 2011).
32. State of Georgia Final Composite Status Sheet, SB 39, May 24, 2011.
33. *Id.*
34. *Id.*
35. SB 39 (HCS), § 1, p. 1, ln. 22–24, 2011 Ga. Gen. Assem.
36. *Id.* § 1, p. 2, ln. 33.
37. *Id.* § 1, p. 2, ln. 33, p. 3, ln. 84.
38. State of Georgia Final Composite Status Sheet, SB 39, May 24, 2011.
39. *Id.*
40. Georgia House of Representatives Voting Record, SB 39 (Apr. 12, 2011).
41. Georgia State Senate Voting Record, SB 39 (Apr. 14, 2011).

The Act

The Act amends Chapter 1 of Title 15 of the Official Code of Georgia Annotated for the purpose of adding a new Code section creating mental health court divisions.[42] A mental health court division provides a qualified, mentally ill criminal offender an alternative to traditional incarceration, through therapy or other treatment.[43]

The Act codifies mental health court divisions in section 1 by creating Code section 15-1-16.[44] Subsections (a)(1) and (b)(1) define specific terms used throughout the Act.[45] The Act defines "developmental disability" and "mental illness" according to the same meaning set forth in Code section 37-1-1.[46] Subsection (b)(1) explains that the purpose of the Act is to achieve a reduction in recidivism among mentally ill offenders in criminal cases, to reduce symptoms of mental illness, and to increase the probability of successful rehabilitation for these particular offenders.[47] The Act incorporates changes proposed by the House Judiciary Committee by ensuring that a mental health court division will achieve its objective by bringing together "mental health professionals, local social programs, and intensive judicial monitoring."[48]

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42. Carter Interview, *supra* note 4 ("We needed a uniform process to establish mental health courts but also allow for flexibility.").

43. Andy Miller, *Bill Would Pave Way for Mental Health Court*, GA. HEALTH NEWS, Apr. 11, 2011, http://www.georgiahealthnews.com/2011/04/11/mental-health-court-bill-pending/ (showing that a "a criminal court can set up a mental health court division where an offender could be referred to therapy and other treatment either prior to sentencing or as part of the sentence").

44. O.C.G.A. § 15-1-16 (Supp. 2011).

45. O.C.G.A. § 15-1-16(a)(1)–(2) (Supp. 2011).

46. *Id.* O.C.G.A § 37-1-7 (2010 & Supp. 2011) (defining "developmental disability" as: "A severe, chronic disability of an individual that: (A) Is attributable to a significant intellectual disability, or any combination of a significant intellectual disability and physical impairments; (B) Is manifested before the individual attains age 22; (C) Is likely to continue indefinitely; (D) Results in substantial functional limitations in three or more of the following areas of major life activities: (i) Self-care; (ii) Receptive and expressive language; (iii) Learning; (iv) Mobility; (v) Self-direction; and (vi) Capacity for independent living; and (E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance which are of lifelong or extended duration and are individually planned and coordinated"). The Code also defines "mental illness" as "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." *Id.*

47. O.C.G.A. § 15-1-16(b)(1) (Supp. 2011).

48. *Id.*

To accomplish this objective, subsection (b)(1) states that any court that has jurisdiction over a criminal case where a defendant has a mental illness or developmental disability, or co-occurring mental illness and substance abuse disorder, has the option of establishing a mental health court division for adjudication in lieu of a traditional criminal court.[49] If a defendant meets one of these criteria and additional eligibility requirements, the court may refer the defendant to a mental health court division, "prior to the entry of the sentence, if the prosecuting attorney consents; as part of a sentence in a case; or upon consideration of a petition to revoke probation."[50]

Subsection (b)(3) of the Act requires that each mental health court division establish a planning group comprised of judges, prosecuting attorneys, sheriffs or their designees, public defenders, probation officers, and mental health experts to develop a written work plan outlining specific eligibility criteria.[51] In particular, this subsection incorporates the changes proposed by the Senate Judiciary Committee and specifically excludes defendants charged with murder, armed robbery, rape, aggravated child molestation, or child molestation from participating in the mental health court division, "except in the case of a separate court supervised reentry program designed to more closely monitor mentally ill offenders returning to the community after having served a term of incarceration."[52]

Subsection (b)(4) states that the Judicial Council of Georgia shall mandate the standards for the mental health court divisions, but also allow for local flexibility.[53] Moreover, the Act gives added flexibility concerning the personnel for each mental health court division.[54] Either the district attorney for each judicial circuit or the solicitor-general for the jurisdictional state court may designate one or more prosecutors to the mental health court division.[55] The circuit public defender may also make a similar designation.[56] Subsection (b) ends

49. *Id.*
50. O.C.G.A. § 15-1-16(b)(2)(A)–(C) (Supp. 2011).
51. O.C.G.A. § 15-1-16(b)(3) (Supp. 2011).
52. *Id.*
53. O.C.G.A. § 15-1-16(b)(4) (Supp. 2011); *see also* Grant Interview, *supra* note 28 ("This legislation gives a broad enough spectrum that the local wishes, needs, and resources that a judicial jurisdiction may have may tailor a [mental health court] system that meets their needs.").
54. O.C.G.A. § 15-1-16(b)(5) (Supp. 2011).
55. *Id.*
56. *Id.*

by explaining that the funding for these new mental health court divisions may be paid from state funds, federal grant funds, and also private donations.[57]

Subsection (c) incorporates changes made by the Senate Judiciary Committee and requires that each mental health court division establish written criteria for successful completion of the program.[58] If a participant successfully completes the mental health division program prior to the entry of judgment, the prosecuting attorney has the option of dismissing the case against the criminal defendant.[59] The Act also allows the court to reduce or modify a participant's imposed sentence after the participant completes the mental health court division program.[60]

The Act, in subsection (d), protects a mental health court division participant's statements from admission as evidence in any legal proceeding or prosecution, except when the participant violates the court imposed conditions for his or her participation in the mental health division or is terminated from the division and the reasons for violation or termination are relevant.[61] The Act also protects the general public from the fear that mental health court divisions will result in unlawfully lenient sentences by guaranteeing that nothing in the Act allows a judge to "impose, modify, or reduce a sentence below the minimum sentence required by law."[62]

Analysis

Funding Problems

One of the motivating factors behind the Act's implementation was to provide federal and private funding for existing mental health courts in Georgia.[63] Although MIOTCRA[64] provides federal funding

57. O.C.G.A. § 15-1-16(b)(9) (Supp. 2011).
58. O.C.G.A. § 15-1-16(c)(1) (Supp. 2011).
59. O.C.G.A. § 15-1-16(c)(2) (Supp. 2011).
60. O.C.G.A. § 15-1-16(c)(3) (Supp. 2011).
61. O.C.G.A. § 15-1-16(d) (Supp. 2011).
62. O.C.G.A. § 15-1-16(e) (Supp. 2011).
63. *See* Carter Interview, *supra* note 4 ("We also wanted to make it easier for mental health courts to get federal grant or private sector grant money."); Gosselin Interview, *supra* note 13 (explaining that "having this legislation . . . would allow us as well to ask for money from . . . the legislature").
64. 42 U.S.C. § 3797aa (2008).

for the creation of state mental health courts, state funding is still necessary to maintain these alternative courts. Yet, obtaining funding in Georgia for these mental health court divisions and providing the necessary staff may be difficult. Concerns have been raised as to whether or not mental health courts will be economically feasible.[65]

Correctional spending remains a significant part of the state budget.[66] With roughly $18,000 a year spent on each inmate, diverting criminal defendants away from the traditional criminal system and into mental health court divisions may ease this economic burden by treating the root cause of mentally ill offenders.[67] In fact, jurisdictions that implement mental health courts can save "hundreds of thousands of dollars in the costs of the legal system and incarcerations."[68] Therefore, mental health courts are a long-term money saving solution that justifies an increase in current spending.[69]

Recidivism

The Act's exclusion of violent offenders from participation in mental health courts may undermine one of its primary objectives: preventing recidivism. In his inaugural address, Governor Deal acknowledged the strain that repeat offenders cause the community.[70]

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65. Miller, *supra* note 43 ("There has to be funding for psychiatrists that are full time and a staff. It is not cheap. I don't know where the money would come from.") (quoting Floyd County Superior Court Judge Walter Matthews).

66. *See* Klein, *supra* note 12. Georgia spends roughly $1 billion a year on the correctional system. *Id.*

67. *Id.*

68. Miller, *supra* note 43 (quoting Eric Spence, executive director of the National Alliance on Mental Illness in Georgia).

69. *See* Gosselin Interview, *supra* note 13 ("[I]f you look at the jail days of folks before they entered a mental health court and then you look at the jail days or the charges that are given to folks who have graduated from a mental health court, it's much less. . . . A lot of folks like this go into the criminal justice system over and over and over throughout their lives and they end up costing the community a lot of money, there's a lot of expenses there. If you can, through a program, get them in a place where they are independent and they stay out of the criminal justice system then in the long run you've saved money."); Grant interview, *supra* note 28 ("The one good thing for state and local communities and is [sic] that when [mental health courts] have been used in a variety of jurisdictions they have considerably reduced recidivism and number of days in jail and so we believe over a long term, there will be a cost shifting. Instead of money being spent in jails it will be spent on treatment and modalities to help take care of these mental health issues.").

70. *Inaugural Address*, *supra* note 2. "[O]ne out of every 13 Georgia residents is under some form of correctional control; this is more than twice the national rate." John Roberts, *Georgia Prison Reforms Clearly Needed*, ATLANTA J.-CONST., Feb. 4, 2011, at A21, *available at*

To break this cycle of crime, the Act allows certain nonviolent offenders special treatment in mental health courts, but specifically excludes violent offenders.[71] Defendants charged with murder, armed robbery, rape, aggravated sodomy, aggravated sexual battery, aggravated child molestation, or child molestation may not participate in mental health courts, even if they suffer from a mental illness or developmental disability.[72] But statistics show that six out of every ten inmates in Georgia are incarcerated for violent or sex related offenses.[73]

The Act's exclusion of such a large percentage of criminal defendants from treatment and participation in mental health courts may ignore an opportunity to address recidivism throughout the penal system. If mental health courts "have proven to be highly successful in cost-effectively treating mentally ill offenders, reducing recidivism, and reducing violence," the program should be extended to all mentally ill offenders.[74] Mental health courts are designed to reduce recidivism by addressing the core problem—mental illness that motivates these offenders to commit crimes.[75] Yet, extending violent, mentally ill offenders an invitation to mental health courts will face much public resistance and criticism.[76] Violent offenders have traditionally been excluded from mental health courts because of public outcry to the heinous nature of their crimes vis-à-vis the public's empathetic perception of mentally ill, nonviolent offenders.[77] Despite the public's aversion to violent offenders, excluding violent, mentally ill offenders from participation and

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http://www.ajc.com/opinion/georgia-prison-reforms-clearly-827302.html.

71. O.C.G.A. § 15-1-16(b)(3) (Supp. 2011).

72. *Id.*

73. Roberts, *supra* note 70 (citing Georgia Department of Corrections Commissioner Brian Owens).

74. Liesel J. Danjczek, Comment, *The Mentally Ill Offender Treatment and Crime Reduction Act and its Inappropriate Non-Violent Offender Limitation*, 24 J. CONTEMP. HEALTH L. & POL'Y 69, 103 (2007) (criticizing the exclusion of mentally ill violent offenders from mental health courts).

75. *Id.* at 104–05.

76. Gosselin Interview, *supra* note 13 ("I can't imagine that there would be a mental health court that would accept these types of [violent] defendants anyway. You're likely to not succeed. It's a common occurrence to not include those types of [defendants].").

77. *See* Grant Interview, *supra* note 28 ("There is some argument that even more violent offenses could be better handled by having treatment. But when there is some heinous offense, the public looks for retribution, besides therapy. But for the crimes that are available for the mental health courts, the public will be compassionate and will realize that lots of the problems this individual got into was not because of a criminal mind set but because of a mental illness and it is much more appropriate for them to get treatment rather than locking them up in jail where their illness gets worse.").

treatment in mental health divisions may ignore a unique opportunity to treat and reduce recidivism across the criminal spectrum.

Ultimately, the Act excludes particular violent and sexual offenders based on concerns from the district attorneys and their desire to protect the general public, along with public sentiment.[78] Although the district attorneys sought to include more excluded offenses from admission to the mental health courts, the Act provides local district attorneys with enough discretion to determine whether a particular offender should be deemed eligible.[79]

A mental health court can be a useful tool to treat and rehabilitate mentally ill offenders. The success of these programs with non-violent offenders may one day cause law makers to extend this opportunity to violent offenders as well, in order to produce an overall reduction in recidivism and provide true rehabilitation for all mentally ill offenders.

Jared Hodges & Brett Williams

78. *See* Mauldin Interview, *supra* note 27; Grant Interview, *supra* note 28.
79. *See* O.C.G.A. § 15-1-16(b)(2)(A), (e) (Supp. 2011).