Acknowledgments

I would like to express my gratitude to all stakeholders for their participation. My sincere thanks to Dr. Eric Sevigny, Ryyan Pritchett, and the City of Atlanta project team for their guidance and support throughout this process.
Executive Summary

Mayor Bottoms signed legislation in May 2019 creating a Task Force to reimagine the use of the Atlanta City Detention Center (ACDC) into a vibrant services hub that will restore and strengthen the social and civic life of Atlanta’s communities. This hub became known as the Center for Equity. This project involved thirteen interviews with stakeholders whose organizations serve individuals in the community who might benefit from services provided at the Center for Equity or experienced detainment at the ACDC. The stakeholders identified priorities for the Center for Equity, discussed urgent needs in the community and the impact of the COVID-19 pandemic on their organizations and the communities they serve, and explored ideas for programs and services, including the possibility of a sobering center. One additional interview was conducted to obtain specific historical information regarding the detoxification center that used to exist in the City of Atlanta in the 1980s. The goal of this interview was to learn more about the center’s operations, closure, successes, and struggles.

As the City of Atlanta looks forward to designing and implementing programs for the community, affordable and accessible housing is the most urgent need reported by all stakeholders interviewed. After housing, many stakeholders identified employment and financial empowerment, health and behavioral health, and justice reform as priorities for the City, in alignment with the findings of the Reimagining ACDC Task Force’s Program Workgroup. Other frequently cited community needs identified by stakeholders included government services and programs, legal services, transportation, childcare, food security and grocery stores, and access to technology. There was also strong support for a sobering center as a need for the community, both as a harm reduction strategy that meets a gap in services and as an important step to change the culture of over-incarceration. Many stakeholders utilized the term “one-stop shop” to describe their vision for the Center for Equity, a place where individuals can receive collocated services to improve their quality of life.
Introduction

Mayor Bottoms signed legislation in May 2019 creating a Task Force to reimagine the use of the Atlanta City Detention Center (ACDC) into a Center for Equity. This vibrant services hub will restore and strengthen the social and civic life of Atlanta’s communities which have been disproportionately harmed by our society’s history of over-incarceration and punishment. The Mayor’s Office engaged a Georgia State University graduate research team to produce a report on decriminalization efforts in the United States to provide the City of Atlanta with further information regarding how other cities, counties, and states are strategizing to reduce arrest and detention. This research was completed in May 2020, at which time the City requested a stakeholder analysis and needs assessment as a continuation of this original research.

The assessment involved interviews with thirteen community stakeholders to identify service gaps and solutions for the community, particularly those affected by arrest and detention at the ACDC. I utilized the top four program priority areas identified by the Task Force’s Program Workgroup through a questionnaire given to community stakeholders: Housing and Homelessness, Employment and Financial Empowerment, Health and Behavioral Health, and Justice Reform. I searched for local organizations that have expertise in these top four program priority areas. I identified and contacted nineteen organizations and was able to schedule thirteen interviews over two weeks. See Table 1 below for stakeholder organizations interviewed and how those organizations were categorized in the top four program priority areas. For a sample of the questions used in the semi-structured interviews, see Appendix A. One additional interview was conducted to obtain specific historical information regarding the detoxification center that used to exist in the City of Atlanta in the 1980s. The goal of this interview was to learn more about the center’s operations, closure, successes, and struggles. A search for archived articles about the center was also conducted to supplement the information obtained in this interview.

Given the overlapping nature of these program areas, many interviews touched on multiple areas of interest. Stakeholders described some individuals served by their organization experiencing needs in each of the program priority areas, reflecting on individuals that experience housing instability, behavioral health struggles, difficulty finding and maintaining employment, and criminal legal system involvement. Some stakeholders described community needs within certain program areas as both an urgent need and a barrier to accessing and fully benefitting from other needed services, demonstrating how these needs can overlap and influence each other in an individual. With the information collected and presented in this report, the City of Atlanta can develop and implement strategies to make positive changes for the community in alignment with national trends moving away from criminalizing poverty to addressing longstanding systemic barriers and individual-level social needs.

Table 1: Stakeholder Organizations Interviewed by Program Priority Area

<table>
<thead>
<tr>
<th>Housing &amp; Homelessness</th>
<th>Employment &amp; Financial Empowerment</th>
<th>Health &amp; Behavioral Health</th>
<th>Justice Reform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia Works!</td>
<td>Atlanta Center for Self Sufficiency</td>
<td>Georgia Department of Behavioral Health and Developmental Disabilities</td>
<td>At Promise Center</td>
</tr>
<tr>
<td>Gateway Center</td>
<td>Bank On Atlanta</td>
<td>Grady Medication-Assisted Opioid Treatment (MAOT) Clinic</td>
<td>Atlanta/Fulton County Pre-Arrest Diversion Initiative</td>
</tr>
<tr>
<td>HOPE Atlanta</td>
<td>Invest Atlanta</td>
<td></td>
<td>Solutions Not Punishment Collaborative</td>
</tr>
<tr>
<td>Partners for HOME</td>
<td>Urban League of Greater Atlanta</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Stakeholder Priorities

Housing & Homelessness

Among the stakeholders interviewed, the most frequently cited priority for the Center for Equity was affordable and accessible housing. Stakeholders identified housing when asked about the most urgent issues facing the community served by the stakeholders’ organization, regardless of that organization’s focus. Several stakeholders described a need at every point in the housing spectrum, from emergency shelter to permanent housing. One stakeholder stated expanding access to permanent affordable housing should be the primary focus because access to permanent affordable housing will create more shelter bed availability. For some, particularly stakeholders in health and behavioral health issues, the need for access to permanent housing was the most basic need of their clients. Several stakeholders believed their clients’ ability to fully benefit from services to address their other needs varied depending on their housing stability. Before individuals can find employment or attend to their behavioral and mental health needs, they need stable housing. Jeff Smythe of HOPE Atlanta, for example, stated:

“There are challenges that paralyze our ability to quickly move people out of distress and into stability, which has a lot of expenses and consequences on a lot of systems across the city. It has criminal justice implications. It has hospital and healthcare implications. It has mental health implications. So, the sooner we can get someone stably housed, the better the results for all of us as a city. As a community.”

Many of these stakeholders cited a reciprocal relationship between housing and other needs, particularly for individuals who struggle with severe and recurring behavioral health issues. For those individuals, stakeholders described a need for ongoing engagement and services to ensure their clients don’t lose their housing placement. Although these programs exist, stakeholders described a need for expanded capacity that would allow them to engage with these individuals more frequently, particularly for some who require assistance with medication compliance or other co-occurring health issues. Several stakeholders described the need to balance checking in with individuals at their new housing placement to catch crises and other behavioral health episodes, while also affording them agency and independence. Some stakeholders believed the experience of homelessness aggravated symptoms and contributed to worse outcomes for people who are living with a mental illness.

Conversations about housing frequently centered on the barriers individuals might experience searching for and finding adequate housing. These barriers varied slightly depending upon the population served by the stakeholder organizations, but a few barriers were common across all program areas. For permanent housing, the cost of living in the City of Atlanta was seen not only as restrictive but entirely inaccessible for individuals on the lower end of the income spectrum, including many who have jobs that pay above the federal minimum wage. Stakeholders described prohibitive requirements for housing, including credit checks, criminal background checks, and income requirements. Stakeholders also discussed formerly incarcerated people having difficulty finding housing placements because of housing market policies and individuals’ disqualification from certain government housing programs.

The stigma associated with individuals experiencing homelessness, poverty, or behavioral health issues was frequently cited as another barrier to housing. Despite attempts to address this stigma through developing relationships with individuals and companies in control of the housing stock, stakeholders described apprehension among landlords and developers that the individuals served by their organization would be disruptive and lead to complaints in the community. Raphael Holloway from Gateway Center believed that the City could set a precedent by designing a successful housing community that incorporated client and community needs and desires, allowing for a reduction in stigma in the community. He stated:

“What if the City uses this as a chance to show what a mixed-income community could look like? That nurtures community, that has supports and services the community may need, and that thrives.”

For emergency shelter and other, shorter-term placements, stakeholders described a need for lower barrier services. For individuals experiencing homelessness, the most frequently cited barrier to emergency shelter was the hours of intake at shelter beds. The intake hours were prohibitive for people seeking shelter at night or who worked overnight and needed
a place to sleep during the day. One stakeholder also described a need to change existing policy for families with young boys, who are prohibited from some shelters in their preteen and teenage years. This policy made it difficult for parents with young boys to find emergency shelter. For individuals with substance use disorder who are currently in medication-assisted treatment, there was a need for transitional housing placements that allow them to continue their treatment. More generally, some stakeholders who work with individuals with behavioral health needs described a need for understanding for people with substance use disorder. These stakeholders also described a need for beds at detoxification or treatment centers, particularly because of the importance of quick treatment placement for someone interested in recovery.

Employment & Financial Empowerment

After housing, the most broadly touched upon subject when discussing priorities with stakeholders concerned economic mobility, income inequality, and access to higher wages through employment. Much of this discussion centered around eliminating the barriers to employment, including lack of stable housing, government identification documents, job training, and other social supports needed to ensure an individual is prepared for the workforce. Many stakeholders with expertise in this area began engagement with a client through an intake process where they assess individual barriers, needs, and the client’s interests regarding employment, education, and entrepreneurship. These stakeholders offer assistance with needs in housing, health and behavioral health, government identification documents, job training, and other social supports needed to ensure an individual is prepared for the workforce. Many stakeholders with expertise in this area began engagement with a client through an intake process where they assess individual barriers, needs, and the client’s interests regarding employment, education, and entrepreneurship.

These stakeholders offer assistance with needs in housing, health and behavioral health, government identification and driver’s licenses, and other barriers that need to be addressed before the job placement process, often through referrals to outside organizations. Although criminal records are a commonly cited barrier for individuals, several stakeholders expressed that criminal records have become less of a barrier over time and often can be overcome by developing strong relationships and partnerships with employers. Several stakeholder organizations also provide financial management education. Others help unbanked or underbanked individuals access banking, which has safety implications and alleviates the costs associated with alternative financial services, such as check cashing and money orders.

The stakeholders who worked in employment and financial empowerment centered the conversation around racial equity and economic mobility. Several stakeholders described the disenfranchisement experienced by Black people in Atlanta, who too often attend schools, have difficulty finding employment for adequate pay, and are being pushed out of central neighborhoods, further away from employment centers and public transportation. Some stakeholders discussed how low economic mobility and high economic inequality in the City affected their clients and peers. One stakeholder, for example, described their peers struggling to maintain their households and attempting to balance working several jobs, resulting in a diminished quality of life. Several stakeholders described the rising cost of housing and gentrification in historically Black neighborhoods as directly related to determining a livable wage in the City, pushing even those who are paid above the minimum hourly wage outside of the perimeter or to the suburbs. One stakeholder discussed searching for adequate ways to ensure that people at risk of displacement can stay in their homes. This stakeholder also assessed that a lack of trust in the community and the need for comprehensive awareness campaigns might hinder some communities’ ability to benefit from existing programs.

Stakeholders described employment as a need for the communities they serve, including stakeholders whose organizations focused on other program priority areas. Several stakeholders described employment as an important part of the process to ensure that existing interventions continue to be successful, including housing placements and recovery for individuals experiencing substance use disorder. Stakeholders who found housing placements for individuals discussed the importance of ensuring the stability of their employment as a means to make sure the individual continues to be housed. For individuals who have substance use disorder, being employed was described as a part of the recovery process for those who were able to be employed. Dr. Steck of the Grady MAOT clinic stated:

“We talk about recovery, not just abstinence, because you can be abstinent from a substance and your life can still be in shambles. Recovery takes into account getting a spiritual component to your life; a job, housing, and engaging meaningfully with society.”

Stakeholders believed one of the most important aspects of ensuring individuals were ready to find employment was ensuring individuals had access to training and education once their housing and behavioral
health issues were addressed. Stakeholders described a need for flexibility in this area, depending upon the individual's interests, desires, and skills. Stakeholders frequently cited the need to utilize outside organizations in order to ensure individuals have access to the kind of training or education they need. Some of the needed training was fairly general and described as “work readiness” and entailed equipping individuals with the soft skills necessary to be good employees. Other training included resume writing workshops and interview preparation. Some stakeholders described needing to encourage their clients to pursue higher-wage positions in their desired fields, and that individuals may have never considered those positions were an option for them. Nancy Johnson of Urban League stated:

“We believe every individual is born with unique talents and skills that oftentimes don’t get cultivated. They don’t have the opportunity to gain access to skills and credentials that open up the doors to livable wage incomes.”

Providing those opportunities to individuals was seen as an essential aspect for the stakeholders in employment and financial empowerment.

Health & Behavioral Health

Many stakeholders identified access to health care and behavioral health care as a significant need in the communities they serve. Behavioral health care, according to Collins, Hewson, Munger, & Wade (2010), “includes both mental health and substance abuse services” (p. 6). Behavioral health includes counseling and treatment of mental illness or substance use disorder. Stakeholders frequently described unmet behavioral health needs and the stigma associated with experiencing mental illness or substance use disorder as barriers for individuals seeking housing and employment. The stigma associated with behavioral health needs was also described as a barrier to accessing behavioral health treatment. Additionally, several stakeholders identified successful programs to provide behavioral health services, but described long response times, long wait times, and other capacity-related issues.

Stakeholders who work with individuals experiencing substance use disorder cited the need for a focus on recovery and harm reduction in the design and implementation of programs. Harm reduction strategies and interventions, like understanding for people with substance use disorder and access to services such as syringe service programs, were seen as important parts of working with individuals experiencing active substance use disorder and moving them toward engagement with the healthcare system. Dr. Steck of the MAOT clinic, for example, said:

“Every interaction is moving people closer to healthcare engagement, not necessarily toward recovery and abstinence, but toward whatever is going to keep them healthier and safer.”

Additionally, stakeholders believed strongly in their organization’s use of peer support as an important part of the recovery process. They encouraged the use of peer recovery specialists to assist in the design and implementation of programs for individuals seeking recovery. Peer support helped individuals learn coping strategies, fill out important paperwork, find and access appropriate services, and serve as mentors who come from a place of understanding and similar lived experience. Stakeholders believed that integrated care, where individuals can seek treatment for health and behavioral health needs at the same physical location or with the same provider, would improve convenience, encourage continued engagement with the health care system, and reduce stigma by normalizing behavioral health treatment as a part of routine health care.

Justice Reform

Finally, several stakeholders were primarily concerned with addressing the criminalization of poverty and criminal justice system involvement among individuals who have experienced marginalization and disenfranchisement. These stakeholders view the Reimagining ACDC Initiative as an opportunity to change the culture, to move away from overcriminalization and law enforcement intervention and move toward building equity and social inclusion. An essential part of this process includes the decriminalization of low-level charges associated with experiencing homelessness or poverty and certain traffic offenses. Some stakeholders in criminal justice reform described the decriminalization of city ordinances in the Policy Workgroup Recommendations as an urgent need in the community. These stakeholders also described reimagining City resource utilization to invest in the community by supporting and working directly with longstanding community-led organizations. Stakeholders discussed reducing crimi-
nal justice system contact by ensuring individuals have access to resolve non-emergency needs in the community through the availability of non-police responses.

One stakeholder mentioned the impact of utilizing police for housing code enforcement or other civil matters. This stakeholder expressed concern that police response might lead to the criminalization of individuals experiencing poverty, particularly in neighborhoods where gentrification is taking place.

Many individuals served by stakeholder organizations had warrants for failure to appear in court on low-level charges stemming from poverty, substance use, mental health crises, or other unmet behavioral health needs. Stakeholders described fear or apprehension among their clients. Some clients had previous negative experiences with the criminal justice system and believed there was no way to resolve their charges without incurring additional fines and fees or jail time.

One stakeholder noted that individuals might de-prioritize appearing in court for criminal charges because of the likelihood that they will be arrested again for the same charge. In other words, for individuals who are unable to address their behaviors resulting in criminal charges, it becomes difficult to see the benefit of attending to the charges by appearing in court. These stakeholders often described these low-level charges as a revolving door. They recounted individuals repeatedly ticketed or arrested for asking people for money, urban camping, loitering, and other charges that are the direct result of poverty and the experience of homelessness. Stakeholders cited unresolved civil and criminal charges, unpaid child support, and unpaid fines and fees as a barrier to individuals’ ability to obtain housing and employment, reinstate their driver’s licenses, and access banking and credit.

Several stakeholders described frustration with the current system of utilizing mail and official government addresses to serve individuals notices to appear in court because of its impact on individuals experiencing homelessness or others struggling with housing instability. One stakeholder noted specifically the cost associated with updating a state identification card with a new address as a barrier for some individuals and described clients who hadn’t updated their identification in years. The use of technology was seen as a part of the solution to failure to appear in court. Cell phones are described as a much more reliable way to contact individuals who move addresses frequently, are unstably housed, or are currently experiencing homelessness. Additionally, several stakeholders thought expanding the ability to address certain charges online would benefit the community and assist in reducing warrants for failure to appear in court. Still, an important aspect of addressing communication issues focused on the importance of culture change and developing relationships with the community through decriminalizing offenses associated with poverty. Toni-Michelle Williams of the Solutions Not Punishment Collaborative stated:

“Dismantling the systemic piece, like the criminalization of traffic violations, and eliminating ordinances like disorderly conduct, solicitation, idling, and those harsh sentences and fines, would really support the culture shift we are imagining.”

Frequently Cited Community Needs

Though the conversations centered on the most urgent needs among the populations served by stakeholder organizations, several themes emerged, not always as urgent needs in themselves, but as barriers to those urgent needs. In particular, stakeholders cited government services and programs to meet community needs and the availability of legal assistance to reduce individual barriers. For individuals to be housed and employed, they frequently need their social security card, a government-issued identification card, and a birth certificate. Individuals experiencing homelessness or housing instability often do not have access to these items. Obtaining these items can become a significant barrier to accessing government programs like housing vouchers, Medicaid, Supplemental Nutrition Assistance Program (SNAP) benefits, and Temporary Assistance for Needy Families (TANF) benefits. Access to these programs has become more urgent since the COVID-19 pandemic began because of increased housing instability, reduced access to nutrition, and administrative delays leading to long wait times associated with receiving necessary government identification documents. Additionally, these are the documents that employers typically require from their employees. An inability to produce these documents can be perceived as a red flag for employers that the individual will not make a good employee. As a part of the discussion about government services, stakeholders often expressed the desire for increased accessibility, which included having as many of these services as possible in the same location and having access to computers and peer or other social support to assist in the application process.
Conversations about the communities’ legal needs often focused on wage garnishment and barriers to driver’s license reinstatement. These two needs overlap in several ways, particularly regarding child support. Stakeholders assessed a need for more streamlined processes to ensure that individuals experiencing homelessness and poverty had access to legal support to reduce or eliminate wage garnishments and ongoing child support payments. One stakeholder described individuals approaching the senior age group with adult children who have longstanding child support arrears that are accruing interest, which might result in arrest warrants and driver’s license suspensions. Not having a driver’s license was a significant barrier to obtaining employment, particularly when many available higher-wage jobs involve driving. Stakeholders described their organizations working with individuals who had their driver’s license suspended for nonpayment of child support, nonpayment of fines and fees, drug offenses, or other issues unrelated to driving. Other stakeholders expressed that being unlicensed, or not having any form of government identification, was more common than license suspensions. Stakeholders supported the idea of a streamlined process to address driver’s license suspensions, including diversion programs for those caught driving on a suspended license and expanding license reinstatement clinics. Other legal needs addressed included access to assistance with various health, criminal, and civil legal matters.

Other needs frequently discussed in conversations with stakeholders included transportation, affordable childcare, food security and access to grocery stores, and access to technology. Stakeholders described each of these areas of concern as being heavily affected by the COVID-19 pandemic. Childcare was frequently discussed as a barrier to employment, as families with young children and without family support struggle to attend interviews or their shifts at work. With many schools moving their classes online, parents struggle to find adequate childcare when their children would normally be at school. The conversations about food insecurity revolved around families who rely on their child’s school to provide nutrition, as well as food deserts and the accessibility of fresh, healthy food. One stakeholder believed that food insecurity was a barrier to individuals’ education or employment, primarily because of hunger’s physiological effects. This stakeholder described the social consequences of food insecurity for young people, who prioritize finding ways to make money over their education to ensure their families are fed. Stakeholders also frequently cited access to technology as a need, particularly since the COVID-19 pandemic meant they offered many of their services online to meet safety and health accommodations.

**Sobering Center**

The possibility of a sobering center in the City of Atlanta was met with enthusiasm by the vast majority of stakeholders, who frequently described a need in the community for compassionate, harm reduction-centered treatment and diversion from arrest for individuals experiencing issues related to substance use. For the stakeholders who had experience with the sobering center that used to exist in Atlanta in the 1980s, the center was described as a service that benefitted both law enforcement and the community by providing an alternative to arresting and jailing someone for public intoxication and related behaviors. A brief search of archived articles in *The Atlanta Constitution* for keywords related to public drunkenness was conducted, see Appendix B for the articles reviewed. The program, called a “detoxification center,” began operating in the early 1980s on Boulevard and had 90 beds. Although I was unable to identify when or why the detoxification center was closed, an article published in 1987 implied that it was no longer used as a law enforcement diversion, and perhaps that it had permanently closed.

For this project, I utilized the definition of a sobering center by Warren, Smith-Bernardin, Jamieson, Zaller, & Liferidge (2016), “a facility where actively alcohol-intoxicated clients can safely recover from acute intoxication” (p. 1844). The operational processes of sobering centers in the United States vary widely, including the types of staff available, the client referral processes, whether they accept clients who are intoxicated by other drugs, and the availability of longer-term interventions. The unique design of each sobering center reflects the needs in the community, where “these centers represent local, grassroots solutions to a national behavioral health problem” (Warren et al., 2016, p. 1854). Stakeholders were asked for their thoughts regarding a sobering center and probed for information useful to the City’s planning team to leverage the stakeholders’ expertise of the community to explore essential considerations related to the design and implementation of a sobering center.

Some stakeholders emphasized the need for sobering center services to be safe and accessible for people at risk of discrimination and stigmatization, ensuring sobering center staff is culturally competent and able to treat individuals with respect and dignity. To ac-
complish this, stakeholders recommended appropriate training requirements for medical providers and any staff interacting with individuals at the sobering center. Stakeholders agreed that a strong connection to longer-term interventions was a necessary component of a sobering center. Housing specialists, peer recovery specialists, and detoxification centers were cited as essential resources for the population that would likely utilize a sobering center. For referrals to outside services, stakeholders described a desire for as much of a warm hand-off as possible to the services the individual consents to or is interested in, particularly if the individual is ready to initiate treatment of a substance use disorder.

Concerns about the design and implementation of a sobering center fall into two categories: health care support and the process of law enforcement diversion. Stakeholders were primarily concerned with access to appropriate medical care, particularly to assess whether an individual requires transport to a hospital for more intensive monitoring and treatment. Transport might be necessary if the person has an injury or is at risk of experiencing overdose or withdrawal. One stakeholder expressed concern about missing conditions or injuries that might mimic intoxication, stating the need for independent practitioners to assess and triage individuals coming into the sobering center. It is essential to collaborate with local medical providers to ensure an appropriate triage process for individuals coming into the sobering center to mediate this concern. In addition to the intake process, stakeholders generally desired some medical personnel staffed at the sobering center to monitor individuals after admission to ensure their health and safety.

Stakeholders voiced concerns about the process of law enforcement diversion, particularly those in justice reform and those who work primarily with individuals experiencing homelessness. Stakeholders mentioned ensuring the facility is welcoming and inviting and does not look like a jail. These stakeholders also wanted to ensure that admittance is consent-based. A few stakeholders cited the need for culture change as a barrier, whether individuals would accept the sobering center as a service or a diversion and not an alternative punishment. Additionally, although stakeholders agreed the sobering center would best serve downtown, one stakeholder wondered if removing individuals from their neighborhoods might be an issue for those who cannot access their homes through public transportation. The possibility of multiple sobering centers was brought up several times by stakeholders, particularly when discussing the efficacy of a sobering center as a walk-in facility, where individuals might not want to travel far from their communities to access them.

When asked about what success might look like for a sobering center, several stakeholders warned against measuring too much or putting too much weight on peripheral measurements. To these stakeholders, there was inherent value in diverting individuals from jail. Other stakeholders mentioned an interest in measuring referrals to treatment, patterns of reuse among individuals, and the impact on arrests for alcohol-related and alcohol-adjacent crimes, such as public intoxication and disorderly conduct.

The Impact of the COVID-19 Pandemic

Aside from the specific impacts of the COVID-19 pandemic already discussed, stakeholders described the pandemic impacting their organizations and the communities’ needs in housing, employment, and health and behavioral health care. The pandemic has been felt by stakeholders organizationally, in terms of the services they can provide to the community and how they can operate. Some stakeholders who are service providers described the challenges of ensuring the safety and well-being of their employees and the community served by their organization. One stakeholder expressed the importance of continuing to provide services during the pandemic, but also that infections among staff required their organization to close in order to ensure they could operate in a safe environment. Other stakeholders felt comfortable limiting their operations or having much or all of their staff work from home to prevent infection due to changes in community needs or their ability to provide services online.

Stakeholders explained the stress of the COVID-19 pandemic among the communities they serve, including how the pandemic aggravated previously existing struggles in housing instability, health and behavioral health, and employment. One stakeholder illustrated this by explaining that the necessary closure of group recovery meetings and face-to-face counseling impacted individuals seeking treatment for substance use disorder, as these services are important coping strategies for individuals in recovery. Another stakeholder assessed that several of their clients who had found employment were some of the first to be furloughed or let go due to the pandemic, and discussed the impact losing their employment has on their housing. Stakeholders in housing and homelessness described difficulty placing individuals in emergency housing because...
of the risk of infection associated with shelters. One stakeholder described the additional burden of being unbanked during COVID-19 and the impact that had on the wait time for individuals to receive their stimulus checks. For the individuals served by stakeholder organizations who have experienced housing instability, substance use disorder, and difficulty maintaining employment in the past, the pandemic is a new stressor that influenced their stability in each of these areas.

**Equity & Inclusion**

Recognizing that everyone’s voice has value, I acknowledge this report is unable to include the voices of all people who have lived experiences in this space and that many intersecting identities and circumstances influence a person’s life experiences. This project focused on community stakeholders’ perspectives and did not interview individuals served by those organizations who might receive services at the Center for Equity. Many stakeholders expressed the need for the City to continue to collaborate with and listen to community members in designing and implementing programs and services, particularly those in the community whose identities and circumstances influence their ability to access culturally competent services. Stakeholders viewed listening to individuals served by stakeholder organizations as a strategy to improve the design and implementation of programs and services, and as a meaningful way to improve trust in the community and create a culture of social inclusion. Stakeholders also stressed the need to collaborate with longstanding community-led organizations that have developed trust and strong community relationships.

Several stakeholders mentioned the need for specialized services for formerly incarcerated people who often have specific barriers to address upon reentering the community. Additionally, stakeholders assessed that prioritizing the elimination of health disparities and health care discrimination for Black people, women, and transgender people was an essential consideration in designing and implementing programs and services. Some stakeholders stressed the importance of ensuring providers deliver culturally competent health care to individuals who experience discrimination and marginalization, such as individuals who are transgender or gender non-conforming, individuals who engage in sex work, individuals with a substance use disorder, and individuals who have a stigmatized diagnosis, such as HIV. When discussing the possibility of a sobering center, Toni-Michelle Williams of the Solutions Not Punishment Collaborative stated:

“"It should be a space that’s inclusive of everyone. Are there policies that support the engagement and retention and success of trans people? Are there policies that support the safety of those folks in those facilities, the respect and space for them to be fully in their dignity in those facilities? It’s needed for all of us.”

Transgender and gender non-conforming people also experience significant barriers to obtaining state identification and birth certificates that acknowledge their gender identity, an important consideration for strategies to improve the accessibility of government services.
Conclusion

Although the stakeholders engaged as part of this process had different focuses and worked across different program areas, discussions about community needs so frequently overlapped that a clear consensus emerged. As the City of Atlanta looks forward to designing and implementing programs for the community, affordable and accessible housing is the most urgent and essential need reported by all stakeholders interviewed. After housing, many stakeholders identified employment and financial empowerment, health and behavioral health, and justice reform as priorities for the City as they look to design and implement programs for the Center for Equity. There was also strong support for a sobering center as a need for the community, both as a harm reduction strategy that meets a gap in services and as an important step to change the culture of over-incarceration.

Many stakeholders utilized the term “one-stop shop” to describe their vision for the Center for Equity. Monica Johnson of the Department of Behavioral Health and Developmental Disabilities stated, “As close to a one-stop shop it can be, the better. One of the biggest barriers to access to care is transportation. If you can make it easier for someone to get all their needs met in one place, that goes a long way in eliminating one of the biggest barriers that exist.” Stakeholders described a need for individuals to access the services that will help them find and maintain stable housing, employment, and address their health and behavioral health needs. With the recognition that policies of arrest and detainment aggravate barriers to address these needs, programs and services must be developed in recognition of a desire to change and create culture and for the Center for Equity to be a space that encourages social inclusion, compassion, and equity. The City of Atlanta can utilize this information as a starting point, continuing to work with community stakeholders, organizations, and individuals to develop and implement strategies to better serve the community.
References


Appendix A: Sample of Interview Questions

Questions for All Interviewees

1. What are the services your organization offers or what is the role of your organization in the community?
2. What do you believe are the most urgent problems you see in your area of expertise the City of Atlanta should be trying to solve with the Center for Equity?
3. How does geographic location influence the work you do? How might the geographic location of the ACDC affect the accessibility of services that might be offered there?
4. What other organizations and programs do you interface with in the community? What is this process like? Is it effective?
5. What are your thoughts about having a sobering center in the City of Atlanta? How do you believe this would affect the community served by your organization?
6. Does the community you serve face issues with driver’s license suspensions or revocations?
7. What barriers to transportation are experienced by the community you serve?
8. What barriers to employment are experienced by the community you serve?
9. Have you found that arrest warrants have an impact on the community you serve?

Questions For Service Providers

1. How much more demand is there for your services than what you are currently able to offer? What resources or types of support would enable you to serve more individuals?
2. What other unmet needs does your organization find among the community you serve that your organization is unable to address?
3. How do you imagine the City may be able to help fill those needs?
4. What are the barriers that individuals might experience that prevent them from accessing the services you provide?
5. Can you estimate, to the best of your ability, how many individuals you serve are experiencing mental illness or a substance use disorder? Homelessness?
6. Is there a need for more family and women-focused services? Services for youth and young adults? For the LGBTQ community?
7. Does the community served by your organization experience incarceration or involvement with the justice system? How does that experience influence their ability to receive services?
Appendix B: Sobering Center News Articles

The Atlanta Constitution dated February 11, 1980

Funding For Fulton Alcoholic Aid Plan In Jeopardy

The money earmarked by Gov. George Busbee to fund the Fulton County Decriminalization program for drunks may be lost as a result of a dispute between county and state officials.

The funding, approximately $75,000, has been held by the governor and various Atlanta leaders as a major part of the state’s attempt to help the city fight crime by getting drunks off the downtown streets.

But the director of the mental health division of the state Department of Human Resources, Darrell Guy, will meet Friday with Fulton County legislators to discuss the possibility of allowing state regulations in setting up the program. He said they would lose the money if they persist in their position.

For instance, he said, the county wants to run the program through the city standards and a so-called “jail diversion” approach. Gov. and state law require that the program be run outside of a jail.

“You can’t criminalize a law to keep people out of jail by putting them in jail,” he said.

Also, county officials will not assure Fulton’s commissioner of health, Dr. William R. Elson, is in an interview that the state is being unreasonable and also in attacking “other strings” to the arrangement.

In addition, the state is insisting that detoxification centers be set up in several locations in the county. “We thought the people who wanted this program were primarily concerned about the public drunkenness problem in downtown Atlanta, and we want the efforts to be more toward that problem,” said Elson.

The Atlanta Constitution dated February 15, 1980

Compromise Salvages State Funds For Atlanta Detoxification Center

A last-minute compromise this week apparently salvaged state aid for Atlanta’s problem with public drunkenness.

But Fulton County Commission Chairman Milton Farris warned that the resulting program might fail.

The differences between state and county health officials who have threatened to cut $75,000 in state aid during recent days were ironed out Wednesday during a specially called meeting of Fulton legislators and the health officials.

Under the compromise, the state agreed that only the city of Atlanta — rather than all 10 municipalities in Fulton — would have to decriminalize public drunkenness. The deadline for decriminalization was extended from September to January.

The state officials also agreed that only one treatment center — in the city of Atlanta — would be necessary, rather than a number of countywide treatment centers. A countywide program initially was envisioned, but financial considerations forced its limitation to the city of Atlanta.

Though the county would run the detoxification program, the matter of decriminalization must be determined by the city. Atlanta Councilwoman Barbara Asher, the council’s liaison with the legislature, said the city is willing to decriminalize drunkenness if implementation of the county program appears likely next January.

County officials agreed that Atlanta jail facilities would not be used to house drunks. Anyone arrested by Atlanta police for drunkenness will be taken to the detoxification center rather than to jail.

Aides to Gov. George Busbee said they think the compromise will save the state funds for Fulton. They had warned Fulton legislators that if an agreement could not be reached by Wednesday evening, the money would be designated for other counties that want to start such programs.

Commissioner Farris, while agreeing to the compromise, said he is not sure the county will be able to handle the load after Decriminalizes public drunkenness on Jan. 1 and drunks can no longer be jailed.

Farris said there are 435 drunks in county and city jails and other facilities every day. The county treatment facility has only 90 beds, he said.

“What do I do then?” he repeatedly asked the state officials and legislators.

But some of the state legislators observed that the county will be getting the state money six months before decriminalization occurs, and that if the program works, the number of drunks around the city will decrease.
If Atlanta desires a safeguard zone, make sure it will protect all within it

By Brenda Griffin

Ms. Griffin is director of the St. Francis social outreach ministries at the Shrine of the Immaculate Conception in Atlanta.

On March 18, I was invited by the Metropolitan Atlanta Crime Commission to attend a forum entitled, “A Safeguard Zone: The Concern.” The forum was convened by Robert P. Schmitz, public-safety specialist for the Central Area Study II. The purpose of the meeting, as stated in the invitation, was to fully explain the concept of a safeguard zone.

Business believes that it is better for its interests for the streets to be emptied of anyone who is unkempt or unsightly.

for downtown Atlanta. One of the topics for discussion was increased police presence in the central downtown business district to ensure public safety.

Is public safety the real issue? Perhaps. But on May 21st, The Constitution reported that public-safety specialist Schmitz said the presence of vendors at the site of Plaza Park, which was condemned for renovation of Underground Atlanta, “makes people uncomfortable and it’s kind of scary.”

As a consequence of this concern, CAS II proposed to remove the vendors and to widen the boundaries of the safeguard zone.

Business believes that it is better for its interests for the streets to be emptied of anyone who is unkempt or unsightly. To that end, the Central Area Study II committee supports selective enforcement of the law by stepping up nuisance arrests of the unsightly homeless-types on charges such as drunk and disorderly within the widened safeguard zone.

This is worrisome news to those who love this city and wish to extend the hand of hospitality to all who use our streets, parks and public places.

The proposal calling for selective enforcement of the law is, from the outset, a violation of equal protection under the law. I assume that drunk and disorderly conventioneers wearing coats and ties will not be thrown into paddywagons. It is more likely that they will be advised to “sleep it off” at their hotels.

The homeless with whom I work claim that when they are rousted for drunkenness, they are not extended the same courtesy. Instead, they are first asked for their names and then are told not to talk. The resulting confusion often ends in a disorderly charge being added to the charge of drunkenness.

I have heard Dan Sweat, executive director of Central Atlanta Progress, state that CAS II is so named because it is a second phase of downtown development and is aimed at issues that are people-oriented. Phase I, he says, is considered concluded with the up-dating of the urban infrastructure.

Twenty-one years ago, an Atlanta Crime Commission, report entitled “Opportunity for Urban Excellence,” provided some visionary and compassionate recommendations for the care of the people of Atlanta. Ironically, its report came out during the infrastructure stage of the CAS I study.

The 1966 crime commission report stated that “Alcoholic rehabilitation is a necessary and direct concern of the Atlanta Municipal Court … and special legislation should be introduced in the General Assembly that would permit city funds to be spent to effectuate the proper functioning of the Municipal Court through an alcoholic rehabilitation service.”

The Atlanta Constitution dated June 9, 1987