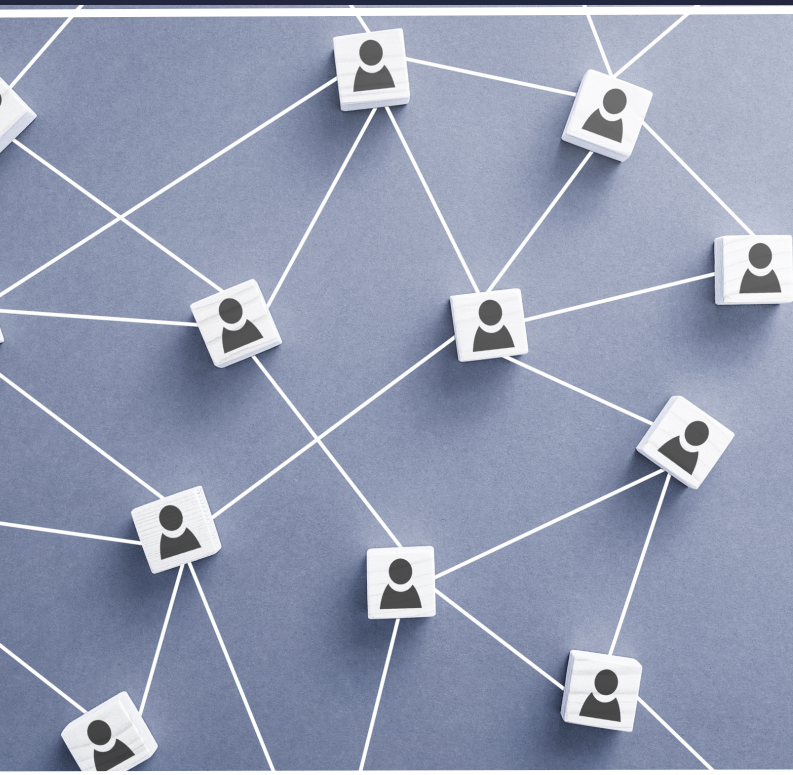


FORSYTH COUNTY CO-RESPONDER MODEL: DESCRIPTIVE AND PROCESS EVALUATION

The Interaction Between Community
Intervention and Jail Use



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Criminal Justice Coordinating Council, December 2022

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Table of Contents

Abstract and Acknowledgments	1
Intervention Overview	2
Description Evaluative Methods	2
Administrative Datasets Analyzed	2
911 Data	3
Jail Management System Data	4
Intervention Output Data	4
Training Sheriff's Office Personnel and Community Members	5
From Training to Engagement – Co-Responder in the Community	7
Identifying CIRT-Appropriate Calls for Service	8
Records Management System Data	13
Certified Peer Specialist Engagement	14
Mental Health Prevalence in Forsyth County Jail	16
Conclusions and Limitations	21

Abstract

In 2019, Forsyth County applied for and received a Justice and Mental Health Collaborative Program Grant from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. With these funds, the county implemented a co-responder unit consisting of a specially trained Sheriff's Deputy, a licensed clinician, and a Certified Peer Specialist. This team intervened with calls for service involving mental illness, homelessness, substance abuse, or dementia. Additionally, the Certified Peer Specialist received referrals from the county jail for clients who needed assistance connecting to mental health and other services. The combination of these service interventions, with a robust training program for field deputies, resulted in a decline in bookings for persons with mental illness. Almost 95% of Sheriff's Office sworn personnel are trained in-service to help callers experiencing a mental health crisis, and there has been uptake among deputies to refer cases to the crisis intervention response team for follow-up.

Acknowledgments

Program evaluation by its very nature is a collaborative endeavor. The Statistical Analysis Center thanks the Forsyth County Board of Commissioners, the Forsyth County Sheriff's Office, and the county's Criminal Justice and Mental Health Task Force for trusting it with this very important research endeavor. Throughout the program implementation and research process, we reported to stakeholders in Forsyth County's criminal justice system. We are grateful to them for giving us feedback and input throughout the process.

Thank you especially to Sgt. Terry Hawkins, Julie Zemke, and Joshua Bell – the members of the co-responder team who spent countless hours with me working through data collection, providing feedback on intermediate findings, helping develop the dictionaries for the text analysis undertaking for 911 calls, and making themselves available to answer questions about data as they arose. Thank you to Ryan Hess from Forsyth County Sheriff's Office IT for developing the customized reports from the jail management system and the computer-assisted dispatch system that we used to conduct all the data analysis for this report.

Thank you to NaShandra Howard, Mary Jane Parker, Alex Liu, and Taylor Gann – current and former research analysts with the SAC who contributed hours of their time and energy to developing the IRB proposal and analyzing 911 data.

Finally, none of our analysis or findings from jail data would be possible without the partnership the Statistical Analysis Center has with Applied Research Services. Thank you to Dr. John Speir for matching Forsyth County's jail data to computerized criminal history, Department of Community Supervision, and Department of Corrections data to create the prevalence and recidivism estimates in this report.

Intervention Overview

The Forsyth County Sheriff's Office (FCSO) instituted a multi-part intervention that focused on community engagement with people experiencing a mental health crisis to prevent them from getting arrested and going to jail. The core of the intervention was the implementation of a crisis intervention response team (CIRT), consisting of a clinician, Sheriff's deputy, and peer specialist. Below are the intervention components. This report will be organized around findings related to each component.

Robust Training Program:

In-service training for FCSO deputies and jail staff; outreach training to community

Co-Responder Unit:

Sheriff's Deputy, Licensed Clinician, Certified Peer Specialist

Jail Referrals for Mental Health Services:

Refer people with mental illness to Certified Peer Specialists

Create mechanism to share data between Avita and FCSO

Descriptive Evaluation Methods

The evaluation approach involved analyzing various administrative datasets and an attempt to survey participants who interacted with the Certified Peer Specialist (CPS). The latter approach was unsuccessful because staff changes at the Statistical Analysis Center caused delays in implementation. We received consent to be surveyed from 7 of the 58 people the Certified Peer Specialist approached. We report outcomes from the administrative data for the CPS' efforts but cannot report qualitative survey results because we received no follow-up survey responses.

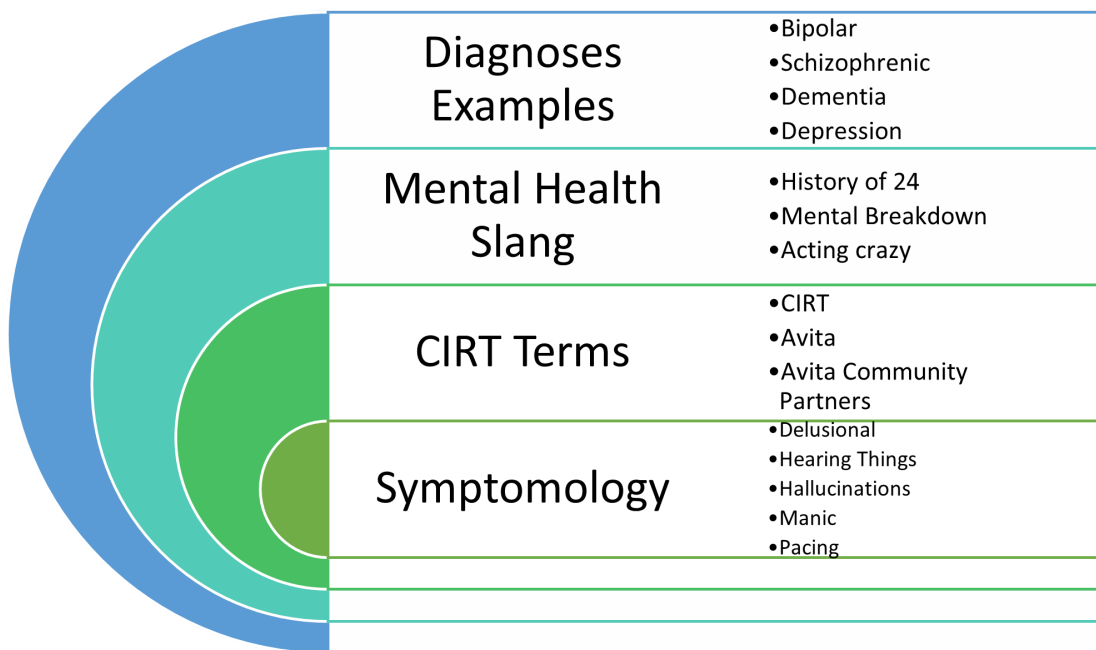
Administrative Datasets Analyzed

The SAC received 911 data and jail management system data from the FCSO. Those administrative data form the basis of much of the analysis reported below.

911 Data

The SAC analyzed 911 data from January 2020 through July 2022. The FCSO does not currently have a way to track 911 calls for service related to mental illness. To estimate the number of calls related to mental illness that the Sheriff's office received before and after implementation of CIRT, we conducted a text analysis of 911 call notes using IBM SPSS TextAnalytics for Surveys.

The FCSO Co-Responder Deputy provided the SAC with two months of flagged 911 calls, which the SAC used to create dictionaries of terms related to mental health crises, homelessness, and substance abuse from 911 calls. The figure below provides an overview of the term library. The figure does not provide an exhaustive term list, but rather an example set. These are the main components of the dictionary. Terms were also created for homelessness and substance-abuse related calls.



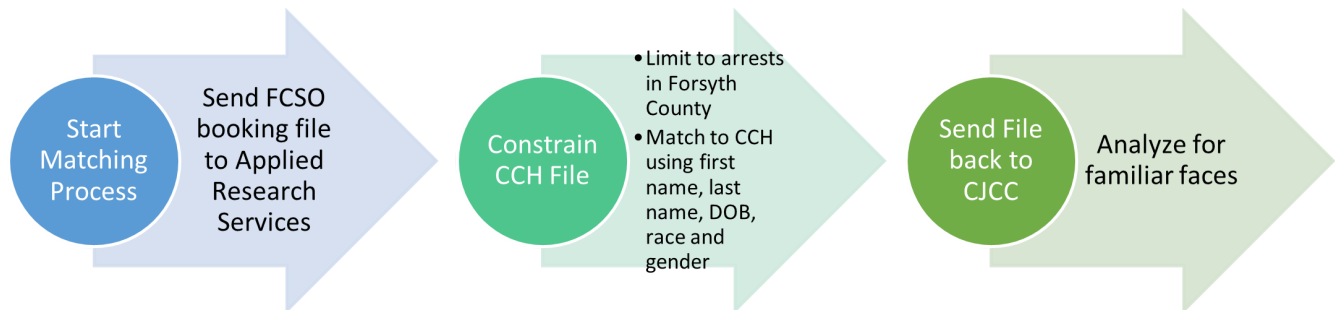
Notes were analyzed using the key words and combinations of them to categorize calls related to mental health crises, homelessness, or substance abuse.

Jail Management System Data

The SAC received jail booking data from 2016 through September 30, 2022. Applied Research Services matched those data to Georgia computerized criminal history, Department of Community Supervision (DCS), and Georgia Department of Corrections data. From DCS and GDC data we obtained indicators of potential mental illness. DCS uses a validated 11-point screener for mental illness on all felony probations. The GDC assigns mental health levels to all people in prison. A mental health level of two or higher indicates a person has mental illness. These indicators create a conservative estimate of the prevalence of mental illness in Forsyth County Jail.

The matching process for the jail data is outlined in the figure below. Applied Research Services matched the FCSO files using a probabilistic methodology.

The matched files were then constrained to include bookings 26 months before the start of CIRT (June 1, 2018) and the 26 months of the Post-CIRT Period (August 1, 2020-September 30, 2022). A few longitudinal tables are included to demonstrate trends in bookings.



Intervention Output Data

Finally, the SAC received output data related to training, number of client interventions from the CPS, and CIRT activities. These data are reported below.

Training Sheriff's Office Personnel and Community Members

The FCSO training program consisted of multiple courses directed at various audiences. Those are outlined below.

Law Enforcement and Clinician Focused	Civilians, Nonprofits, and Community Groups
<ul style="list-style-type: none"> • In-Service Mental Health Training • Officer Resilience & Wellness • Abnormal Behavior • Disaster Psychology • Suicide Prevention 	<ul style="list-style-type: none"> • Dealing with Mental Illness • CIRT Response to Mental Illness • Compassion Fatigue • Abnormal Behavior • Suicide Prevention

The in-service training program for FCSO sworn personnel has reached 95% of the force, which numbers between 350-400 officers. The CIRT team has also trained over 400 people in the community. Anecdotally, this outreach seemed to be reflected in the 911 call notes. Community members and FCSO deputies refer to CIRT and “mental health trained” officers on 911 calls. The table below summarizes training activities for the CIRT by audience.

Audience Trained	Total Number of Sessions	Total Number of People Trained	Total Course Hours Offered
FCSO - Patrol	26	574 *	127
Unknown	26	461	40.5
Nonprofit/Community Group	14	429	10
FCSO - Other	9	183	11.5
School staff/students	2	175	4
Other LE	7	118	19
Clinical Staff	1	10	2
Fire Department	1	6	1
Grand Total	86	1956	215

**This number is greater than the total on the force because of multiple trainings targeting deputies and turnover.*

Below are some excerpts from CAD notes illustrating this point. Names have been shortened to abbreviations to respect caller privacy.

[JS] REQUESTING TO SPEAK WITH CIRT [09/15/2021 09:38:33 Unit:7810] UDTs: {7810} C4 1635S [09/15/21 09:50:23 ASCHAVEZ] [JS] and his girlfriend, [C], came to North Precinct to seek help with hallucinations and delusions that he's been experiencing lately. He reports some success getting rid of symptoms during a recent hospital stay, but since his release, they have returned. We gave [JS] the address and number for the BHCC in Gainesville, and will set up an intake appointment at the Cumming Avita office. We will forward [JS]'s appointment info to him when we have it. [09/15/21 09:56:01 Unit:7810] {7810} CHANGE TO 24 [09/15/21 09:57:15 ASCHAVEZ]

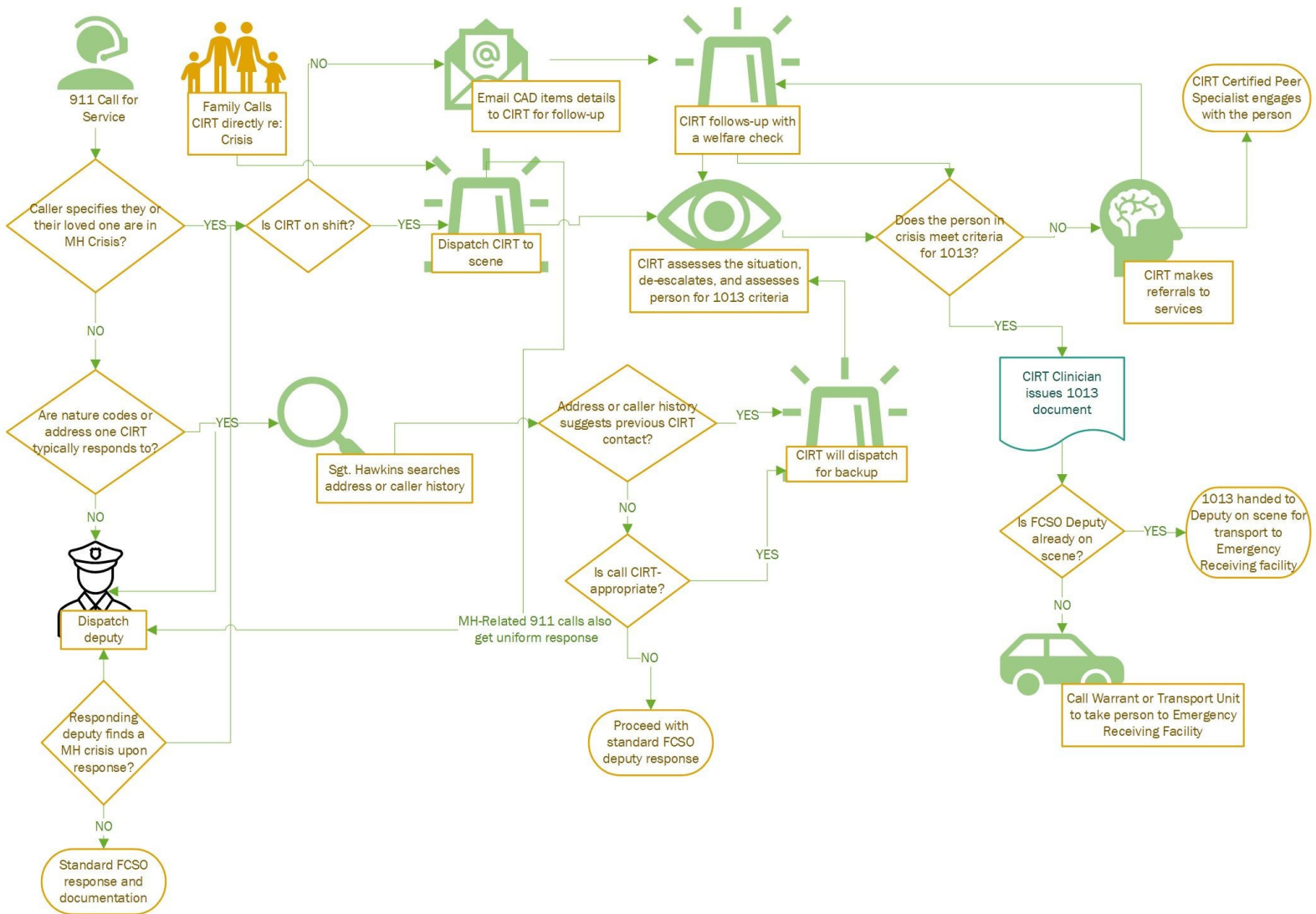
[07/21/2021 13:34:18 JPSIMS] 68 AT REQUEST OF HIS THERAPIST. POSSIBLE 53A LAST DATE. [07/21/2021 12:03:15 Unit:7810] UDTs: {7810} CANCEL CHECKS [07/21/21 12:39:46 JPSIMS] Negative contact at residence. Attempting contact via 15 voice and text. [07/21/21 12:39:48 Unit:7810] CIRT met with [P] and his grandfather. [P] spoke of the incident, but said that he was better now and had no intent for self-harm. [P] did not meet criteria for involuntary commitment, so he was left in the care of his grandparents, and we will follow up with them tomorrow. [07/21/21 13:57:22 Unit:7810]

[MD] CALLING TO SPEAK TO CIRT ABOUT RECENT HARDSHIPS [02/15/2021 18:49:46 Unit:7810] [MD] called to speak to CIRT about difficulty with a live-in boyfriend. She has recently contracted COVID, and is having other difficulties with her relationship. [MD] states that she is not in crisis at this time, and CIRT will follow up with her at a later time. [02/15/21 18:52:11 Unit:7810]

Date and time stamps are included with the excerpts above. Those are examples of community members calling to speak with CIRT directly. The CAD notes from CIRT demonstrate how community members in distress become involved in CIRT's caseload. The business process model below demonstrates how CIRT engages with the community.

From Training to Engagement – Co-Responder in the Community

The co-responder team met with community members in response to calls for service. The model below shows how a caller receives CIRT assistance, or how CIRT engages with someone on a follow-up call. The goal is to avoid arrest and connect the person to services.



In both of those goals, CIRT was successful. The table below provides an overview of CIRT’s activities and outcomes for the duration of the intervention. **CIRT’s intervention resulted in arrest in 1.4% of encounters.** The CIRT clinician assessed someone in almost three quarters of calls for service. When someone was transported for treatment, they were more likely to be transported voluntarily. Finally, CIRT provided services not just to the person in crisis, but to their family. Family engagements outnumbered responses to calls for service. As the snippets from 911 calls above show, sometimes family calls and requests CIRT directly.

Co-Response Team Activities	2020	2021	2022 thru Nov	Lifetime totals to date
Family/Caregiver Engagement	44	443	551	1038
CIRT Co-Response to Calls for Service	114	381	271	766
Face/Phone contact	90	364	292	746
Assessed by MH Professional	90	285	184	559
Left/Resolved on Scene	82	248	150	480
Voluntary Transport to Facility	28	39	48	115
10-13/20-13 by CIRT	8	37	45	90
MH-Related Persons Arrested	1	3	7	11
Deputy Initiated Involuntary Comm.	0	7	3	10

Identifying CIRT-Appropriate Calls for Service

Among the problems this initiative attempted to solve was data capture for calls related to mental illness. There are several opportunities within the FCSO records management systems to capture these data. First, the computer-assisted dispatch system captures information on incoming calls for service. The FCSO has a signal to indicate a call involves an “irrational person,” but that is rarely used over concerns for medical privacy, since the 911 call for service data may be subject to open records.

In an effort to promote the use of this signal, the CIRT promoted the use of the phrase “Change to 24” for deputies to alert the 911 Communications Officers that a call was mental health crisis-related. The tables below provide an overview of the call volume that may be CIRT eligible and the success of the “Change to 24” phrase.

Call volume for mental health crises has remained relatively stable pre-and post-CIRT implementation.

Pre-CIRT Implementation Mental Health Crisis-Related Call Volume								
Call Type	January	February	March	April	May	June	July	Total
Mental Health-Related	320	204	247	252	267	214	249	1753
Change to 24 Mentioned	16	16	9	9	17	15	14	96

Pre-CIRT Implementation Mental Health Crisis-Related Call Volume								
Call Type	January	February	March	April	May	June	July	Total
Repeat Callers	13	22	5	11	7	8	7	73
Suicide-Related Calls	23	35	38	23	36	32	27	214
Substance Abuse-Related Calls	96	99	117	108	116	128	129	793
1013-Related Calls	7	5	3	9	7	6	6	43
Homelessness-Related Calls		29	21	37	28	25	25	165

Post-CIRT implementation, use of Change to 24 did not appreciably increase. On average, in 2021 approximately 13 calls per month were flagged for a mention of “Change to 24”. This monthly average declined in the first 9 months of 2022, during which 8 calls per month on average were flagged as “Change to 24.”

Call Type	Aug-Dec 2020	2021	Jan-Sept 2022	Grand Total
Mental-Health Related Calls	1,024	2,942	1,822	5,788
Substance Abuse-Related Calls	468	1,365	715	2,548
Suicide-Related Calls	142	439	201	782
Homelessness Related Calls	105	317	209	631
CIRT Response Calls	69	260	164	493
Sgt. Hawkins Among Responding Officers	44	250	158	452
Dementia-Related Calls	62	193	92	347
Repeat Callers to Note	67	172	68	307
Change to 24 Mentioned	38	158	73	269
1013-Related Calls	36	117	97	250
Total Number of Calls for Service	28,874	80,804	46,339	156,017

Calls involving a potential mental health crisis, or with a mental health nexus were coded using dictionaries with specific mental health-related terms and language processing logic as described above. By far, mental health-related calls are most frequently coded as medical calls – before and after CIRT implementation. Second to that is “Information for Deputy.” “Irrational Person” is penultimate most common code in the top ten.

Nature Code	Post-CIRT Total	Pre-CIRT Total
Medical Call	1247	365
Information for Deputy	770	191
Welfare Check	475	158
Suspicious Person	422	107

Nature Code	Post-CIRT Total	Pre-CIRT Total
Call by Telephone	370	132
Suicide Threat	363	116
Domestic Dispute	297	106
Irrational Person	264	106
Suspicious Activity	259	63
Suspicious Vehicle	148	32

Nature Code	Post-CIRT Total	Pre-CIRT Total
9-1-1 Hang Up	146	68
Suicide Attempt	141	38
Juvenile	125	46
Dispute	92	24
Involuntary Commitment	69	13
Criminal Trespass	66	21
Soliciting/Panhandling	63	8
Civil Matter	58	28
Missing Person - Critical	49	15
Person Impaired	40	14
Runaway Juvenile	38	13
Missing Person	30	8
Terroristic Threats	28	10
Harassing Communications	21	5
Assault	21	4
Missing Person - LO	17	3
Suicide - Confirmed	16	6
Meet with Deputy	16	2
Domestic with Injury	16	2
Noise Ordinance Violation	16	10
Civil paper being served	14	0
Impaired Driver	13	6
Criminal Damage	12	5
Child Abuse in Progress	7	2
Drug Complaint	6	2
K9 Request	5	0
Molestation	4	0
Lewd Act	4	0
Armed Robbery	3	0

Nature Code	Post-CIRT Total	Pre-CIRT Total
Sexual Assault	3	1
Shoplifting	3	0
Trouble Unknown	3	3
SOMA	3	0
Fight	2	0
Domestic Dispute - Hospital	2	2
Civil Paper - TPO	2	4
Stalking	2	0
Child Abuse - Hospital	2	0
Person Stabbed	1	0
Suspicious Package	1	1
Missing Person - Lake Lanier	1	0
Molestation - Hospital	1	0
Death Notification	1	0
Medical Call - Patient	1	0
Person Armed	1	1
Burglar in Residence	1	1
Abduction	1	0
Child Abuse/Neglect	1	0
Child Abuse - Attempt	1	2
ALAW	1	0
Hazardous Materials	1	0
LEAK	1	0
LOSTB	1	0
Gambling	0	1
Assist at Jail	0	7
Grand Total	5788	1753

Coding 911 calls is an imprecise science because these calls often involve multiple situations. The quotes below demonstrate how a call with a mental health nexus would be coded as something else. As before, caller names are masked to preserve privacy.

Medical Call	Information for Deputy
<p>CS - NICHOLS DR -- HIS DAUGHTER A MENTAL ISSUE -SHE IS SAYING SHE WANTS TO GO TO THE HOSPITAL -27 YR OLD FEMALE - LANGUAGE BARRIER -- TRYING TO GET DAUGHTER ON THE PHONE [01/08/21 12:15:35 GTGIESE]I WAS GOING TO OFFER LANGUAGE LINE WHEN HE SAID HOLD ON -- WASN'T ABLE TO GET NAME AND NUMBER [01/08/21 12:16:03 GTGIESE] CALLER WAS TRANSFER TO US FROM GWINNETT CO [01/08/21 12:16:11 GTGIESE] I NOW HAVE AN OPEN LINE [01/08/21 12:16:14 GTGIESE] {M2} CLR [01/08/21 12:16:41 JCCHANABROUGH] Radio Channel: TAC3 [01/08/21 12:16:43 JCCHANABROUGH] [FIRE] STILL HAVE AN OPEN LINE [01/08/21 12:16:53 GTGIESE] [FIRE] NOBACKGROUND NOISE [01/08/21 12:17:22 GTGIESE] [FIRE] NOT SURE IF HE SET THE PHONE DOWN OR IF HE LOST SIGNAL [01/08/21 12:17:35 GTGIESE] [FIRE] {E15} CANCEL SO [01/08/21 12:32:26 JCCHANABROUGH] [LAW] UDTs: {1250} CANCEL CHECKS [01/08/21 12:41:31 JPSIMS] Met with LCSW [01/08/21 12:48:27 Unit:1250] UDTs: {M2} CODE 4 EVERYTHING OK [01/08/21 12:48:43 JCCHANABROUGH] {M2} SEE IF DEPUTY CAN COME BACK [01/08/21 12:53:11 JCCHANABROUGH] UDTs: {1250} CANCEL CHECKS [01/08/21 13:03:31 JPSIMS] [EMS] UDTs: {M2} CODE 4 EVERYTHING OK [01/08/21 13:09:03 JCCHANABROUGH] CIRT met with [I] and her father. They were provided with resources. She was encouraged to take her medication that she had already been prescribed. She also showed interest in therapy and was encouraged to find a therapist. [01/08/21 15:21:28 Unit:1250]</p>	<p>[03/29/2021 09:24:30 JLBURGESS] JOHNS CREEK PKWY/ HE IS REQ US TO SEND OUR MENTAL HEALTH TEAM/ HE HAS A MALE THERE CONTAINED IN A ROOM THAT JUST GOT RELEASED FROM THE EMORY JOHNS CREEK HOSP ON SAT/ HE WAS STEALING THINGS OUT OF OTHER PEOPLES ROOMS AT THE HOSPITAL AND THEY DID A 76T THERE ON HIM/ WHEN THE CALLER GOT TO THE CHURCH THIS MORNING THE MALE WAS SITTING THERE/ THE MALE HAS 4 NAMES/ THE CALLER SAID HE IS NOT ARMED/ HE HAS NOT THREATNED ANYONE/ HIS LOOK SCARES PEOPLE/ HE IS BI RACIAL TALL SUPER THIN WEARING HOODIE/ HE SAID HE HAS NOBODY HE SAID HE HAS BEEN LIVING OFF SHARON/ [03/29/21 09:21:46 JLBURGESS]HE SAID HE IS TRYING TO GET THE MALE HELP [03/29/21 09:22:22 JLBURGESS] THE CALLER SAID HE DOESN'T THINK THE MALE IS AT THE POINT OF BEING 1013`D [03/29/21 09:22:45 JLBURGESS] HE WAS AT THE HOSPITAL FOR SICKLE CELL DISEASE [03/29/21 09:24:38 JLBURGESS] CALLER SAID HE WORKS WITH JOHNS CREEK ALL THE TIME WITH THIS [03/29/21 09:24:58 JLBURGESS] CALLER IS REQUESTING WE SEND SOMEONE [03/29/21 09:25:35 JLBURGESS] THE MALE HAS TO LEAVE THEIR PROPERTY [03/29/21 09:25:42 JLBURGESS] UDTs: {1290} CANCEL CHECKS [03/29/21 10:02:30 JPSIMS] UDTs:</p>

Medical Call	Information for Deputy
	<p>{7810} CANCEL CHECKS [03/29/21 10:41:56 JPSIMS] CIRT responded with UPD and met with [J] and church staff at the scene. [J] is currently homeless, and has been bouncing around between friends a family. He has a mental health diagnosis, and requested help locating a place to stay and help getting medication. CIRT peer specialist transported [J] to a shelter in Hall county and obtained his contact info for follow up later.</p>
Welfare Check	Domestic Dispute
<p>HER SISTER IS BACK AT HER OWN HOME NOW [04/29/21 12:35:29 JLBURGESS] {3170} PATCHED REC TO COMPL POS 7 [04/29/21 12:38:39 JLBURGESS] SUBJ HAS NO DIAGNOSIS BUT HIS MANNER SEEMS TO BE PARANOID//NOT MADE THREATS TO ANYONE BUT DISCUSSES SIG53 OFTEN//DOES NOT TAKE ANY MEDICATION//NO 38//BUT HAS BEEN DRINKING IN EVENINGS LATELY// [04/29/21 12:40:20 Unit:3170]RECENTLY BEEN HAVING VISUALIZATIONS OF PEOPLE//ARMED PEOPLE AT AND IN FRONT OF RESIDENCE// [04/29/21 12:40:57 Unit:3170]WEAPON ACCESSIBLE AND OUT//OCCASIONALLY "PUT UP//UNSURE IF HE WOULD SPEAK WITH C.I.R.T. BASED ON HIS MENTAL STATUS [04/29/21 12:42:52 Unit:3170] APPROX AT 18YO DIAGNOSED WITH SOCIOPATHIC//WITH HOMICIDAL TENDENCIES//SUBJ IS NOW 48YO [04/29/21 12:45:17 Unit:3170] RES IS SINGLE STORY//WHI MOBILE HOME//SUBJ DRIVES A BLK TRUCK//LARGE FRONT YARD//[JS'] PHONE NUMBER IS: [REMOVED]// [04/29/21 12:48:42 Unit:3170] UDTS: {3114} CODE 4 EVERYTHING OK [04/29/21 13:21:01 HMADDINGTON] UDTS: {3114} CODE 4 EVERYTHING OK [04/29/21 13:34:19 HMADDINGTON] 3170 patched to compl / rec on fire cons / [04/29/21 15:20:15 KBMOORE] CIRT responded with UPD and talked at length with [JS]. [JS] was assisted in setting up an appointment with a care provider that may be beneficial to him. CIRT will follow up at a later date to encourage continued connections to service providers. [04/30/21 13:42:02 Unit:7810]</p>	<p>CS KELLY MILL RD // CALLER SAYS THERE IS A DRUNK TEEN // FEM // SHE JUST HIT HER // DOES SELF HARM // SHE IS 18 REFUSING TO SEE DOCTOR // [11/18/21 15:54:11</p>

Relying on call nature codes to quantify call volume related to mental health crises is imprecise. Attempts to implement the “Change to 24” flag did not seem to more accurately capture the many variations that a call involving a mental health crisis might take.

Records Management System Data

The FCSO’s records management system contains a “CIT Module” which a deputy can complete on incidents involving a person in a mental health crisis. First, the deputy must complete an incident report. Along with CAD identifiers, the SAC received an identifier for incident reports generated from CAD calls. While mental health crisis calls typically generate reports at a greater rate than calls overall, only one in five generate an incident report. The tables below provide incident report completion rates on mental health-related calls pre-and post- CIRT.

Pre-CIRT Implementation Incident Report Rate based on CAD Calls for Service				
Call Type	No Report Written	Report Written	Grand Total	Percent Calls Report Written
1013-Related Calls	24	19	43	44%
Suicide-Related Calls	122	92	214	43%
Substance Abuse-Related Calls	574	219	793	28%
Repeat Callers	55	18	73	25%
Mental Health-Related	1385	368	1753	21%
Homelessness-Related Calls	151	14	165	8%
Change to 24 Mentioned	88	8	96	8%
Overall Total	45,469	3,733	49,202	8%

Post-CIRT Implementation Incident Report Rate based on CAD Calls for Service				
Call Type	No Report Written	Report Written	Grand Total	Percent Calls Report Written
Suicide-Related Calls	458	324	782	41%
Substance Abuse-Related Calls	1794	754	2548	30%
Mental Health-Related	4500	1288	5788	22%
Homelessness-Related Calls	573	58	631	9%
Change to 24 Mentioned	245	24	269	9%
Overall Total	143,323	12,694	156,017	8%

Given this reality, that only 11 CIT module reports were completed in the RMS is no surprise. The RMS does not have a low-burden mechanism for capturing information about incidents involving someone in mental health crisis. Even the field contact form, which a deputy can complete following an encounter with someone while on patrol or in response to a call for service that does not rise to the level of an incident report, does not capture incidents with mental health involvement accurately, though “Mental Health Incident” is an option. Contacts with a mental health crisis nexus are most likely to be coded as “suspicious activity.”

Field Contact Form Data CY 2019-September 30, 2022					
Contact Reason	Mental Health Related	Homelessness Related	Substance Abuse Related	Dementia-Related	Total Contacts
Suspicious Activity	48	45	36	1	1364
Citizen Contact	19	21	3	1	460
Intelligence	11	22	5	2	325
Other Not Listed	5	10	5	0	165
Unknown	0	0	0	0	3
Grand Total	83	98	49	4	2,317

Documentation of such incidents is crucial for identifying people in the community who would benefit from CIRT services, or mental health services in the jail. The FCSO records management system assigns a unique identifier for a person in the records management system (in which incident reports are captured), which follows the person to the jail management system.

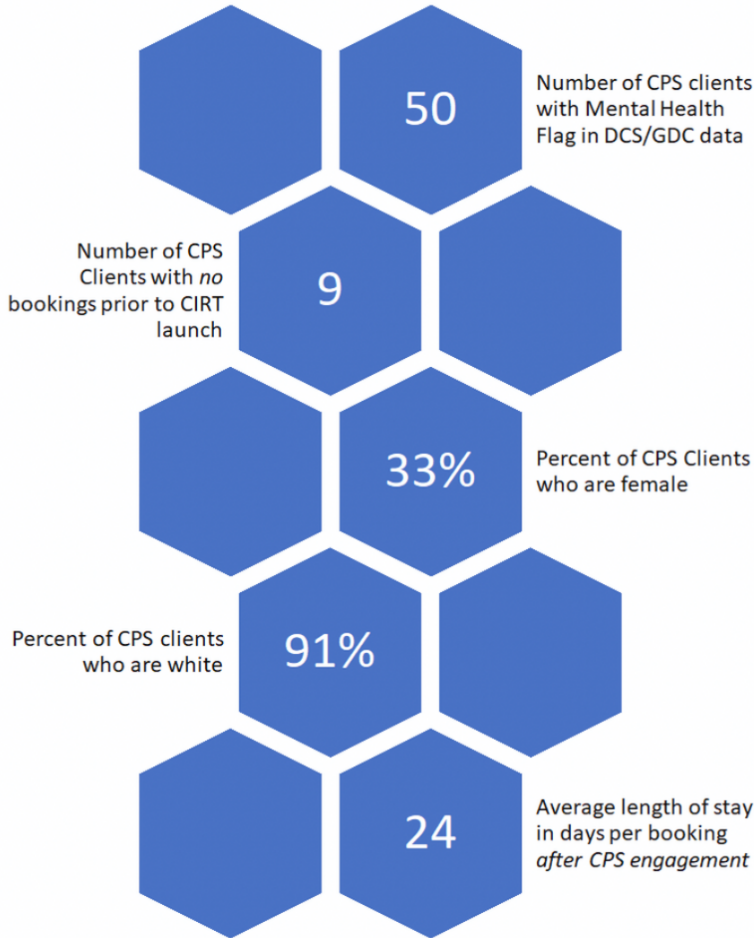
Certified Peer Specialist Engagement

As the process model indicates, engagement with a Certified Peer Specialist is a key component of the CIRT model. The CPS engages with both people in the community and in the jail. The goal for the CPS is to engage people into services to prevent them from either going to jail or cycling through crisis services. Below is a summary of CPS activities.

Peer Specialist Activities	2020	2021	2022 thru Nov	Lifetime totals to date
Face/Phone contact	58	687	430	1175
Family/Caregiver Engagement	4	15	209	228
Assistance connecting to resource	25	103	77	205
Jail Discharge Plan Mtg	20	99	69	188
Transported to community resource	15	73	36	124
Food given	5	45	17	67
Avita appt scheduled	2	45	17	64
Food resource info provided	5	37	15	57
Housing resource info provided	2	28	24	54
Clothing resource info provided	3	29	14	46
MH/AODA Appt Scheduled	2	27	15	44
Clothing given	5	12	10	27
Assistance connecting to housing	0	8	13	21

Peer Specialist Activities	2020	2021	2022 thru Nov	Lifetime totals to date
Refer to employment	1	11	2	14
Hospital D/C Plan Mtg	0	3	6	9

The CPS' role is to engage with the person in crisis to ensure they are meeting their goals for mental health recovery and connecting to services – which is why the bulk of his activities were phone and face-to-face contact. Like the CIRT team, the CPS also engaged with the person's family or caregivers so they could reach out with concerns.



As stated previously, the CPS also received referrals from the jail – a key component of the effort to reduce the number of people with mental illness in the jail. In total, he intervened with 58 people during the grant period. The figure to the left contains demographic summaries for the 58 people the CPS served who were in Forsyth County jail.

The chief outcome finding from the CPS intervention is that those with whom he intervened had significantly fewer bookings post-intervention than they had before. The median number of bookings CPS clients had before his intervention was 2. Post-intervention, the median declined to 1 ($p < 0.0$ using Wilcoxon signed rank test). We also find a significant difference in length of stay for CPS clients before and after CPS engagement (35 days vs. 26 days, $p < 0.01$).

We did not find significant changes in the number of days CPS clients spent in the community, nor did we find effects related to number of days between bookings for CPS clients.

That said, a single fewer booking across CPS clients represents real savings in jail costs to the FCSO. In 2021, the FCSO spent on average \$56/person/day in jail costs.¹ A single 35-day booking costs \$1,960; across 58 clients, a decrease in average bookings by a single booking represents a \$113,680 savings.

¹Data on file at the Statistical Analysis Center based on reports from Forsyth County Accountability Courts about the costs of alternatives to accountability courts in the county. Alternatives to accountability courts are defined as jail.

Mental Health Prevalence in Forsyth County Jail

To estimate the prevalence of mental illness in Forsyth County Jail, we matched jail booking data to computerized criminal history, Department of Community Supervision (DCS), and Department of Corrections (GDC) data. As such, the estimates below are conservative estimates. As shown above, there are people who become CPS clients who did not have a mental health flag identified from DCS or GDC data.

Mental Health Status	Booking Year						Grand Total
	2017	2018	2019	2020	2021	2022	
No Mental Health Flag	4,441	4,572	4,926	3,491	2,409	1,799	21,638
Mental Health Flag	678	705	626	390	322	210	2,931
Missing SID	144	226	404	670	2430	2202	6,076
Grand Total	5,263	5,503	5,956	4,551	5,161	4,211	30,645
Percent MH Flag	13%	13%	11%	9%	6%	5%	10%
Percent Missing	3%	4%	7%	15%	47%	52%	20%
MH Percent Based on Valid SID	13%	13%	11%	10%	12%	10%	12%

The prevalence of mental illness among Forsyth County jail inmates has been on the decline since 2017. We could not obtain state identification numbers for almost half of the booking episodes in 2021 and 2022, so the percent with a mental health flag in those two years is an underestimate. A closer estimate is given in the last row of the table above. The prevalence of mental illness among people booked into Forsyth County jail has declined by 3% since 2017.

Since June 2018, 899 people who have a mental health flag have been booked into Forsyth County jail. The number of people with the mental health flag booked into jail has been declining since that time – as shown in the table below.

Booking Year	Missing MH Flag	No MH Flag	MH Flag	Grand Total	Percent Persons Booking with MH Flag
2018*	146	2293	324	2763	12%
2019	376	4046	460	4882	9%
2020	623	2994	296	3913	8%
2021	2215	1971	247	4432	6%
2022	2033	1547	174	3754	5%
Grand Total	4899	9500	899	15288	6%

*Partial - Data Truncated at 6/1/2018 for parity in time before and after CIRT implementation.

Historically, people with mental illness have stayed in jail two-to-three times as long as those without. While this remains the case, lengths of stay in Forsyth County jail have been declining since 2017, and this has benefited those with a mental health flag.

Average of Length of Stay (LOS)							
Mental Health Status	2017	2018	2019	2020	2021	2022	Average LOS Across years
No Mental Health Flag	17	19	15	13	9	10	17
Mental Health Flag	54	50	54	40	25	26	51
Missing SID	11	10	7	9	3	4	5
Overall Average	22	22	19	14	6	7	18
Ratio MH to No MH	3	3	4	3	3	2	3

Because of the difference in length of stay between those with a mental health flag and those without, affecting the prevalence of mental illness among bookings can represent a cost savings to the jail and a benefit to those booked. People booked into Forsyth County jail who have a mental health flag tend to have more bookings on average, longer involvement with the criminal justice system (“length of career”), more arrests in Forsyth and neighboring counties, twice as many arrests for probation violations, and twice as many total arrests on average.

The number of people with a mental health flag is 899 and the number without is 9,500.

Criminal Justice Involvement Measure	Mental Health Status	Mean	Std. Dev.	Std. Error Mean
Pre-CIRT Booking Count	No MH Flag	1.01	0.92	0.01
	MH Flag	1.38	1.19	0.04
Post-CIRT Booking Count	No MH Flag	0.60	0.90	0.01
	MH Flag	0.77	1.05	0.04
Total Bookings	No MH Flag	1.60	1.11	0.01
	MH Flag	2.15	1.58	0.05
Length of Career	No MH Flag	8.92	9.86	0.10
	MH Flag	16.53	10.16	0.34
Forsyth County Arrests	No MH Flag	2.24	2.46	0.03
	MH Flag	5.49	5.29	0.18
Hall County Arrests	No MH Flag	0.39	1.83	0.02
	MH Flag	1.89	4.86	0.16
Number of Bookings Occurring Within 365 Days	No MH Flag	0.49	1.03	0.01
	MH Flag	0.95	1.50	0.05
Average Number of Days in Community*	No MH Flag	416.53	340.71	5.21
	MH Flag	445.08	377.17	14.76
Average Number of Days Between Bookings*	No MH Flag	431.62	345.49	5.24
	MH Flag	497.72	388.48	15.05
Cherokee County Arrests	No MH Flag	0.16	0.79	0.01
	MH Flag	0.47	1.61	0.05
Dawson County Arrests	No MH Flag	0.27	1.22	0.01
	MH Flag	1.34	3.10	0.10
Fulton County Arrests	No MH Flag	0.56	1.64	0.02
	MH Flag	1.61	3.99	0.13

Criminal Justice Involvement Measure	Mental Health Status	Mean	Std. Dev.	Std. Error Mean
Gwinnett County Arrests	No MH Flag	0.56	1.78	0.02
	MH Flag	1.75	3.92	0.13
Total Felony Arrests	No MH Flag	1.64	3.13	0.03
	MH Flag	8.99	7.13	0.24
Total Misdemeanor Arrests	No MH Flag	2.91	3.74	0.04
	MH Flag	7.34	6.96	0.23
Total Arrests	No MH Flag	4.55	6.01	0.06
	MH Flag	16.33	12.37	0.41
Total Violent Arrests	No MH Flag	0.42	0.93	0.01
	MH Flag	1.42	1.97	0.07
Total Sex Crime Arrests	No MH Flag	0.03	0.19	0.00
	MH Flag	0.09	0.40	0.01
Total Property Crime Arrests	No MH Flag	0.74	1.64	0.02
	MH Flag	3.52	4.23	0.14
Total Drug-Related Arrests	No MH Flag	0.70	1.29	0.01
	MH Flag	2.29	2.26	0.08
Total Probation Violation Arrests	No MH Flag	0.81	1.88	0.02
	MH Flag	4.77	4.49	0.15
Total Domestic Violence Arrests	No MH Flag	0.16	0.48	0.00
	MH Flag	0.41	0.83	0.03

* All differences in the table above are significant at the $p < 0.01$ level, except for the two marked with a “*”, which are significant at the $p < 0.05$ level.

The implementation of a co-responder model with a Certified Peer Specialist who works with people both in jail and in the community is meant to interrupt the cycle of offending for those in contact with the criminal justice system. To assess any effects on the jail population and bookings before and after the CIRT implementation period, we truncate the jail booking data to all bookings after June 1, 2018. This provides a 26-month pre-and post-CIRT implementation period.

We find that people with a mental health flag were significantly more likely (Pearson Chi-Square 33.67, $p < 0.01$) to have a single booking in the time after CIRT implementation than before.

Arrest History for Person with MH Flag			
Number of Bookings	People with MH Flag with Pre-CIRT Arrests	People with MH Flag with Post-CIRT Arrests	Totals
More than One Booking	430	59	489
	59.10%	34.50%	54.40%
Single Booking	298	112	410
	40.90%	65.50%	45.60%

Arrest History for Person with MH Flag			
Number of Bookings	People with MH Flag with Pre-CIRT Arrests	People with MH Flag with Post-CIRT Arrests	Totals
Total People with MH Flag	728	171	899

Indeed, means tests of the criminal justice measures in the table above for people with the mental health flag in the period before and after CIRT implementation show significant changes in key measures of recidivism and repeat contact with the criminal justice system. Of the 899 people with a mental health flag that were booked during the study period, 728 had bookings before and after CIRT implementation, and 171 had bookings only after CIRT implementation. The indicators with an “*” are significantly different for people with mental illness booked pre- and post-CIRT implementation.

Criminal Justice Involvement Measure	Booking History for Person with MH Flag	Mean	Std. Dev.	Std. Error Mean
Post-CIRT Booking Count*	Pre/Post CIRT Arrests	0.6	1.0	0.0
	Post-CIRT Arrests Only	1.5	1.0	0.1
Total Bookings*	Pre/Post CIRT Arrests	2.3	1.7	0.1
	Post-CIRT Arrests Only	1.5	1.0	0.1
Length of Career*	Pre/Post CIRT Arrests	15.9	10.2	0.4
	Post-CIRT Arrests Only	19.2	9.5	0.7
Forsyth County Arrests*	Pre/Post CIRT Arrests	5.7	5.5	0.2
	Post-CIRT Arrests Only	4.5	4.0	0.3
Hall County Arrests	Pre/Post CIRT Arrests	1.8	4.7	0.2
	Post-CIRT Arrests Only	2.5	5.6	0.4
Number of Bookings Occurring Within 365 Days*	Pre/Post CIRT Arrests	1.1	1.6	0.1
	Post-CIRT Arrests Only	0.5	0.9	0.1
Average Number of Days in Community*	Pre/Post CIRT Arrests	364.3	249.9	10.7
	Post-CIRT Arrests Only	876.2	591.8	58.3
Average Number of Days Between Bookings*	Pre/Post CIRT Arrests	418.9	260.4	11.0
	Post-CIRT Arrests Only	900.4	620.1	59.4
Cherokee County Arrests	Pre/Post CIRT Arrests	0.5	1.7	0.1
	Post-CIRT Arrests Only	0.3	0.9	0.1
Dawson County Arrests	Pre/Post CIRT Arrests	1.4	3.1	0.1
	Post-CIRT Arrests Only	1.3	2.9	0.2
Fulton County Arrests	Pre/Post CIRT Arrests	1.7	4.1	0.2
	Post-CIRT Arrests Only	1.3	3.3	0.3
Gwinnett County Arrests	Pre/Post CIRT Arrests	1.6	3.8	0.1
	Post-CIRT Arrests Only	2.2	4.3	0.3
Total Felony Arrests	Pre/Post CIRT Arrests	8.9	7.2	0.3
	Post-CIRT Arrests Only	9.4	6.9	0.5

Criminal Justice Involvement Measure	Booking History for Person with MH Flag	Mean	Std. Dev.	Std. Error Mean
Total Misdemeanor Arrests	Pre/Post CIRT Arrests	7.4	7.0	0.3
	Post-CIRT Arrests Only	7.0	6.7	0.5
Total Arrests	Pre/Post CIRT Arrests	16.3	12.6	0.5
	Post-CIRT Arrests Only	16.4	11.6	0.9
Total Violent Arrests	Pre/Post CIRT Arrests	1.4	2.0	0.1
	Post-CIRT Arrests Only	1.4	1.7	0.1
Total Sex Crime Arrests	Pre/Post CIRT Arrests	0.1	0.4	0.0
	Post-CIRT Arrests Only	0.1	0.3	0.0
Total Property Crime Arrests	Pre/Post CIRT Arrests	3.5	4.2	0.2
	Post-CIRT Arrests Only	3.8	4.3	0.3
Total Drug-Related Arrests	Pre/Post CIRT Arrests	2.3	2.2	0.1
	Post-CIRT Arrests Only	2.5	2.3	0.2
Total Probation Violation Arrests	Pre/Post CIRT Arrests	4.8	4.5	0.2
	Post-CIRT Arrests Only	4.6	4.4	0.3
Total Domestic Violence Arrests	Pre/Post CIRT Arrests	0.4	0.9	0.0
	Post-CIRT Arrests Only	0.4	0.7	0.1

People who had a mental health flag and were booked in the post-CIRT period did not differ significantly in their criminal history, except with respect to the length of their criminal career. Nevertheless, as the green shading indicates, they had fewer bookings within the same year, almost twice as many days in the community, and between booking episodes. They also had fewer arrests in Forsyth County.

The jail data and CPS client data, while not proof of a causal link between CIRT implementation and declines in recidivism, do show some significant differences with respect to jail contact for people with mental illness. In 2022, the average length of stay for someone with mental illness in Forsyth County jail was 26 days. If all 210 people with the mental health flag spent the average number of days in jail, they would cost the county \$305,760 for the year. Ensuring that people with mental illness are not booked more than once per year, spend more time in the community, and have longer times between booking episodes saves the County money, and allows the person to obtain services.

Conclusions and Limitations

The implementation of a co-responder model in Forsyth County resulted in increased capacity to connect people with mental illness to services. The inclusion of a Certified Peer Specialist who could intervene with people both in the community and in jail helped 58 people get connected to services. Those 58 people were also booked in jail one fewer time than they had been before working with the CPS. People with mental illness who were booked into jail after the implementation of CIRT also spent more time in the community between jail bookings, were less likely to be booked more than once, and had significantly fewer total bookings. These phenomena represent an opportunity for the County to save in averted jail costs and to continue connecting residents to necessary services.

Based on analysis from 911 calls, the community in Forsyth County seems to be increasingly aware of the availability of CIRT as a resource. In calls for service, members of the community seemed to ask for CIRT specifically. The challenge with tracking CIRT activity, or mental health calls for service using CAD data is that there is no clear way to signify that a call involves a mental health crisis. Flagging repeat callers and readily identifying calls involving a mental health crisis will help the County quantify the ongoing need for CIRT expansion and services within the County. As the program evolved, the nature of mental health calls seemed to evolve as well. The County is interested in calls related to dementia and those involving juveniles. Short of mining 911 notes, there is no easy way to quantify these.

This evaluation did not assess for causal effect between CIRT implementation and the population in the County jail with mental illness; nor did it assess for causal effect of interaction with the CPS. We cannot assign causal effect because we did not randomly assign people in jail to the CPS intervention, nor did we create a matched comparison cohort to assess criminal justice outcomes for those with mental illness but no CPS intervention. Similarly, we did not receive records management system data to assess incident outcomes for calls flagged as “mental health related” with CIRT intervention and those without.