

Georgia Department of Behavioral
Health & Developmental Disabilities

Co-Responder Program 2024 Annual Report

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Letter from the Commissioner

January 28, 2025

The Honorable Governor Brian P. Kemp
Lieutenant Governor Burt Jones
Speaker Jon Burns
Georgia General Assembly Members

SB 403 passed during the 2022 session, requiring DBHDD”) to provide an annual report regarding the Co-Responder program. DBHDD has compiled this information, including statistics derived from community service board documentation and reports as well as other sources.

The report provides the following key items:

- Key milestones on the development of Co-Responder Programs in Georgia.
- Intended outcomes, programmatic oversight, and selection process for new Co-Responder Programs.
- Co-Responder Program success measures and data per community service board, where available, and cumulatively across sites.
- Results from listening sessions with stakeholders and recommendations.

Thank you for the opportunity to share this information with you. If you have any questions or concerns, please reach out to our Director of Legislative Affairs and Constituent Services, Patryk Bielecki, at Patryk.Bielecki@dbhdd.ga.gov.

Respectfully,

A handwritten signature in black ink, appearing to be 'K. Tanner', written in a cursive style.

Commissioner Kevin Tanner
Department of Behavioral Health and Developmental Disabilities

Executive Summary

This report seeks to inform stakeholders and potential new partners about the current state of Georgia's evolving framework of Co-Responder programs. Below are highlights of general trends from data collected by DBHDD as part of SB 403 funding agreements and actionable next steps.

Highlights

Co-responses are most often initiated by 911 calls (33%) and law enforcement referrals (24%), reflecting strong collaboration between officers and mental health professionals. Follow-up visits (34%) highlight the ongoing support and outreach offered by the co-response model. Most individuals helped (60%) were male; 25% of crises were resolved on-site, 55% of transports from the scene were voluntary; and Co-Responders facilitated 22% of those transports. The available data is limited but demonstrates the model's efficiency and compassion in crisis management.

Actionable Next Steps

- **Invest in Co-Responder Training:** Support the creation of cross-training programs to improve collaboration, recruitment, and retention.
- **Encourage Expansion:** Advocate for increased community programming and crisis centers, increase funding to mental health services, and fully staff programs at an annual budget of \$333,379.
- **Evaluate Cost-Savings and Impact:** An independent evaluation that generates evidence of cost-savings by law enforcement, criminal justice, and mental health systems would inform future investments of state and local funds.
- **Secure Sustainable, Scalable Funding:** Collaborate to encourage local investment of available funds towards development of Co-responder programs tailored to address community-specific needs.
- **Stay Involved:** Meet Co-Responders at the 1st Annual Co-Responders Professional Development Day in February 2025 and the 6th Annual National Co-Responder Conference in Atlanta, GA from June 1-4, 2025. Learn more: <https://coresponderalliance.org/CoRCon>

Introduction

In 2022, the Georgia legislature passed Senate Bill (SB) 403 which Governor Kemp signed on May 9, 2022. This bill is known as the Georgia Behavioral Health and Peace Officer Co-Responder Act.

Senate Bill 403 requires each community service board to establish Co-Responder programs with interested local law enforcement partners (see Appendix B). The bill also sets out limitations and requirements for these programs. The definition of a Co-Responder program, based on Senate Bill 403, is a *“program established through a partnership between a community service board (CSB) and a law enforcement agency to utilize the combined expertise of peace officers and behavioral health professionals on emergency calls involving behavioral health crises to de-escalate situations and help link individuals with behavioral health issues to appropriate services.”*

One requirement of Senate Bill (SB) 403 is that “no later than January 31, 2024, and annually thereafter, the department [Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)] shall issue a written annual report regarding the Co-Responder program, which shall include statistics derived from all sources, including community service board (CSB) documentation and reports. Data shall be presented per community service board, where available, and cumulatively. Such a report shall be posted in a prominent location on the department's website.”

This is a brief but detailed snapshot of the available information on Co-Responder programs in Georgia.

Note: This document is an exploratory analysis of themes and ideas derived from listening sessions conducted solely for program evaluation purposes. As such, the informal listening sessions were not subject to Institutional Review Board (IRB) oversight. However, the protection of human subjects was diligently upheld through the anonymization of all transcripts and the secure encryption of both files and recordings. Any individual quoted in the report provided their consent. This report provides insights and understandings from these sessions, contributing to the broader program evaluation objectives.

Areas of Progress

In our last report we identified key areas of support requested from our stakeholders, specifically around the need for effective training and collaboration. Below are a few of the ways DBHDD is working to meet these needs in order to attract more professionals who can deliver successful Co-Responder programs which are effective crisis interventions that can save time, money, and lives.

Meeting the Needs of Co-Responder Programs

- **Need: Effective Training**

Solution: G-PACT Co-Responder Training Program

DBHDD applied for the Transformation Transfer Initiative (TTI) grant for crisis care system improvements and expansion, including prevention and follow-up strategies. This grant opportunity would enable DBHDD to develop a training program that will be called the Georgia Partnership in Action for Co-Responder Training (“G-PACT”). G-PACT will provide standardized training for all co-responder programs in Georgia.

The TTI funding will be used to develop both the G-PACT curriculum and a train the trainer component. G-PACT will offer the first statewide standardized curriculum for all members of the co-responder team to develop crisis response skills in tandem. This grant opportunity allows for DBHDD to fulfill this mandate and to support continued success and growth of co-responder programs to respond to individuals in crisis. The joint training model of G-PACT will also help solidify and grow collaboration between criminal justice and behavioral health partners. The G-PACT training is not only required by state law but has also been identified as a critical need by stakeholders.

The goals of creating this training curriculum include:

- Completion of subject specific training and Train the Trainer program to increase the awareness, knowledge, skills of co-response in the state of Georgia
- Improved understanding of the roles of the co-responder team, Law Enforcement/First Responders, Certified Peer

Specialists, Case Managers, Clinicians (Licensed/Associate Licensed)

- Improved relationships and connections among co-responder programs across Georgia.
- Increased connection for DBHDD related to system strengths and opportunities for utilization of co-responder programs within the Crisis System.
- Project Impact: Around 40 co-responders on the team upon development of curriculum for training
- Unique Provider Staff trained on this co-responder curriculum (unduplicated) of up to 150 individuals

SB 403 further laid out standards for co-responder programs in Georgia, including a mandate that all training shall be provided at the expense of the DBHDD and at no expense to any LE agency, public safety agency, or CSB.

- **Need: More Collaboration**

Solution: Co-Responder Professional Development Day

DBHDD is hosting its 1st annual Co-Responder Professional Development Conference in February 2025. During this conference, co-responder teams from across the state will have the opportunity to participate in workshops, network with other co-responder teams, brainstorm, and attend interactive sessions. This event will bring together Behavioral Health Professionals, Fire/EMS, and Law Enforcement to collaborate and learn from presentations that enhance engagement, resource gathering, and connection-building among co-response teams in Georgia.

Solution: 6th Annual National Co-Responder Conference in Atlanta

Highland Rivers Behavioral Health will host the 6th Annual National Co-Responder Conference in Atlanta, GA from June 1-4, 2025. CoRCon brings together frontline responders, supervisors, funders, and stakeholders for four days of learning, networking, and growing. DBHDD staff have been chosen to present several workshops during the conference. CoRCon brings together frontline responders, supervisors, funders, and stakeholders for four days of learning, networking, and growing.

Co-Responder Program Highlights

Pickens County Progress

94 NORTH MAIN STREET ~ JASPER, GA 30143 ~ (706) 253-2457



Co-response team, "A night and day change" for mental health calls

BY DAN POOL ON JULY 10, 2024

"I have been in law enforcement for 30 years, 16 as sheriff, and this is the single best thing I have been a part of," said Sheriff Donnie Craig of the new co-response team which rolled out about three months ago, partnering a mental health professional with a deputy.

Highland Rivers

Mental health counselor staffed to help Mitchell County law enforcement agencies

By Dawn Clark
dclark@mitchellnewspaper.com

Mitchell County law enforcement agencies now have a specialist who can respond to a scene that involves someone having a mental health crisis.

In collaboration with Georgia Pines, the rural co-responder program includes the services of Maegan Cannon with Georgia Pines who will have an office in the Pelham Police Department and serve all of Mitchell County.

Last week, officers from the Pelham Police Department, Camilla Police Department and Mitchell County Sheriff's Office held a meeting with Cannon, Julio Ginel, clinical co-responder in Moultrie, and Robert Hurn, CEO, Georgia Pines CSB, at the Ag Center in Camilla to discuss the role of a mental health co-responder. Also in attendance was Rep. Joe Campbell (R-Camilla).

Using a PowerPoint presentation, Ginel said, "When dealing with mental health crisis in rural areas, the lack of services, limited manpower and limited resources are common issues. Some of the reasons are: increased workload on law enforcement, closure of needed local mental health services, prevalence of substances in rural areas and citizen hesitancy to seek needed services."

The purpose of the co-responder program is to: provide



Mental health clinician Maegan Cannon told local law enforcement the importance of having a co-responder in the area.

timely service to citizens in a mental health or substance use crisis; reduce risk of escalation or violence; release responding officer from the scene in a shorter amount of time; improve outcomes of citizens in crisis; and prevent incarceration as a treatment option. When a person is having a mental health crisis, police dis-

See HEALTH, Page 10.

COVERING BACONTON • CAMILLA • NEWTON • PELHAM • SALE CITY Mitchell County Enterprise-Journal



Mitchell County law enforcement agency representatives learned why it's a benefit to have a co-responder for mental health crisis calls.

Health

Continued from Page 1

patch (911) is usually called or 988. When to call the co-responder is at the officer's discretion.

When called, a co-responder will assess the situation and use their skills to de-escalate the situation by contacting providers and family members to inform them of the client's status and coordinate care.

With voluntary and involuntary admission to a crisis center as an option, the clinician will then contact the crisis center/hospital to arrange for further evaluation and complete documentation and arrange transport.

A followup will happen within 48 hours of the initial encounter. Citizens can refuse

the contact. Officers can refer a citizen of concern for Cognitive Remediation Therapy (CRT) contact, that would be done within 24 hours of officer interaction. Citizens can refuse contact.

Maegan Cannon said, "I feel that this is a great program and is much needed in the area."

Georgia Pines -
Mitchell

FOX5 Knife-wielding man arrested after barricading self in burning home in unincorporated Duluth



According to Officer Meyers, in addition to the police force and fire team, a K-9, the entire SWAT team, and a clinician from their Behavioral Health Unit have also responded.

View Point Health



Moultrie police share mental health co-responder model

Georgia Pines

Pictured at the conference L-R: Caleb Snead, UGA student and Archway graduate assistant; Lieutenant Tonero Bender, Moultrie Police Department; UGA Archway Professional Sarah Adams; Moultrie Chief of Police Sean Ladson; Georgia Pines counselor Julio Ginel; and, RJ Hearn, CEO of Georgia Pines.

Areas of Opportunity

In our last report to the legislature, our stakeholders identified the need for adequate staffing and support, resources and sustainable funding. To deliver on the promise of SB 403, we encourage the legislature to consider the outlined solutions below.

- **Need: Challenges in Staffing, Resources, and Sustainable Funding**

Recommended Solution: Fully Fund SB 403

To determine adequate baseline funding a rate study that was conducted. Based on the recommendations of that study, DBHDD believes \$333,379 should be considered an appropriate standard budget for a Co-Responder program capable of complying with the goals of SB 403. The funding provided by legislature to support SB 403 was \$897,060 which mirrored the initial federally funded Co-Responder projects that were intended as pilot programs and were based on a model of a single clinician/team. These federal pilots were not intended to fund a comprehensive Co-Responder program as defined in the SB 403.

This recommendation was developed after careful consideration of the proposed comprehensive program budgets submitted by CSBs and widespread concerns about challenges in acquiring *initial* local funds sufficient to sustain the programs. This amount would allow for staffing a Co-Responder program with three CSB employee roles to partner with peace officer team members. Senate Bill 403 requires a behavioral health professional that can include a clinician, case manager, or peer. However, it provides the additional constraint that there must be a process put into place for encounters when a 1013 order (requiring evaluation by a licensed clinician) may be necessary if there is not a licensed clinician on the team. This has allowed for a larger pool of candidates; however, there are still challenges in filling the behavioral health professional role.

Recommended Solution: Fund a Comprehensive Study of Co-Responder Programs

An independent evaluation of Georgia's Co-Responder programs could provide crucial data to demonstrate cost savings and encourage local investment. Limited data already suggests co-response is cost-effective by diverting individuals from costly community resources like law enforcement, EMS, and higher levels of care, while follow-up services reduce future crises. This evaluation would enable more tailored funding to meet local needs, rather than relying on statewide standards.

The State of Co-Responder Programs in Georgia

The following section outlines the two types of Co-Responder programs in Georgia: Federally-funded and State-funded.

Federally-Funded Co-Responder Programs

Background: In FY 21, DBHDD submitted a Covid-19 Supplemental Block Grant (C-1BG) funding plan that would provide direct service support, including training and technical assistance, to help meet the increased need for behavioral health services in the state because of the pandemic.

Georgia's Supplemental COVID-19 relief strategies focused on:

- Increasing access to services/programs and supports
- Enhancing the crisis continuum
- Improving treatment and recovery capacity
- Expanding training and education on mental illness and addiction treatment and recovery
- Developing and strengthening collaborative partnerships

Behavioral health was a concern for all individuals during the pandemic; however, those with severe mental illness, substance use disorders, and/or co-occurring disorders were considered particularly vulnerable. As a response to the increased need for behavioral health services, DBHDD proposed the development of Co-Responder programs in Georgia as an opportunity to collaborate with law enforcement in addressing some of the needs and gaps identified within the behavioral health system for those encountering law enforcement due to a behavioral health crisis.

The proposed Co-Responder programs targeted areas with the highest volume of behavioral health-related 911 calls and areas of high officer-involved shootings during the pandemic within areas of the highest population. A purpose of co-response is the diversion of individuals with behavioral health needs from jails to treatment, which would also steadily decrease the volume of non-violent 911 calls in which officers are involved. The available funding was sufficient for each organization to cover the salary

of one behavioral health professional. The following providers were selected to carry out the federally-funded Co-Responder programs:

Gateway Savannah Police Department	Grady Memorial Hospital Grady 911 Center	Highland Rivers Cobb County Police Department
Legacy Valdosta Police Department	New Horizons Columbus Police Department	Pathways Coweta Fire/EMS
River Edge Macon-Bibb County Sheriff's Office	Serenity¹ McDuffie County Sheriff's Office	View Point Health Newton County Sheriff's Office

The data collected from these programs does not fully reflect all programs being operational for the same time periods. Due to pandemic-related workforce challenges, programs became operational at various times. Some of them did not become operational until FY 2023. With Covid-19 funding coming to an end, only two programs remain active.

State-Funded Co-Responder Programs

While Senate Bill 403 provides the requirements for Co-Responder programs in the state of Georgia with a Community Service Board (CSB), **House Bill 1013** is the bill that mandated funding for five new Co-Responder programs. **House Bill 911** (Appropriations Bill) increased the number of new programs from five to ten and appropriated \$897,060.00. These funds were allocated to DBHDD to grant ten new programs \$89,706.00 each. Each program was required to support a minimum of one Co-Responder team with this funding.

Advisory Board and Programmatic Oversight

DBHDD's Office of Adult Mental Health established a Co-Responder Advisory Board in September 2022 for the establishment and implementation of the Co-Responder model for the State of Georgia. The Co-Responder Advisory Board is dedicated to assisting in the guidance of best practices for law enforcement and behavioral health professional co-response to individuals who are experiencing a behavioral health crisis and to uphold the standards and requirements of Senate Bill 403.

¹ Not currently operational.

The Advisory Board is made up of internal and external experts who lend their skills and knowledge to DBHDD and Co-Responder partners. The members include judges, attorneys, law enforcement agency representatives, mental health professionals, Community Service Boards (CSB) representatives, and advocates. The Advisory Board was divided into three subcommittees to prioritize areas of focus. Each sub-committee was assigned a leader. These sub-committees were Data Collection, Training and Diversion, and Engagement. Each sub-committee is listed below with their focus.

Data Collection	Training	Diversion and Engagement
Create and implement a minimum data set (MDS) for all statewide Co-Responder teams, to include basic demographic and dispositional data collected by the Co-Responder clinician to demonstrate the efficacy of the program.	A survey was sent to stakeholders in 2023 to understand training needs, what is already in place for co-response teams, and training that are in need of development. Using this data DBHDD applied for a grant to create a curriculum.	Define what successful diversion and engagement will look like for our programs. Discuss potential local and statewide challenges to reaching diversion and engagement goals and consider possible solutions.

Selection Process for New Co-Responder Sites

The formation of a statement of need was decided to be the best way to fairly determine who would receive an initial round of funding from DBHDD for new Co-Responder programs. The packet was put together through the DBHDD Internal Co-Responder advisory group and released in November with applications due by December 2, 2022.

The statement of need required applicants to attest that their program could meet the requirements of Senate Bill 403 (done by checking off a list of all deliverables) and respond to questions on key areas. These included a project background and description, project scope, project requirements, deliverables, implementation, collaboration/partnerships, staffing, sustainability, and an itemized budget. Thirteen applications were received and scored to determine which ten would receive funding. Scoring was completed by an internal DBHDD team utilizing a scoring rubric and validation procedures.

Of the thirteen received applications, twelve submitted budgets

substantially over \$89,000. The provider that submitted within the budget reported that they would not be able to meet all requirements of SB 403. DBHDD hosted a discussion with applicants on how to best recalibrate program requirements given the funding limitations. CSBs were asked to resubmit proposals that could be accomplished with the funds available and were encouraged to seek local and external funds to supplement the state funds. One applicant declined to move forward at that time.

Below are the listed Community Service Boards (CSB) that received the new funding for a Co-Responder team. Georgia Pines submitted two separate applications, and both were awarded funding. The CSBs received their contracts on June 1, 2023, to start implementation of their programs. Since the contracts have been executed, technical assistance has been provided to implement and operationalize each of their programs. Quarterly coalition meetings are now taking place, the first in September 2023.

Georgia Pines - Colquitt	Georgia Pines - Mitchell	McIntosh Trail	New Horizons	Unison
Advantage	Clayton Center	Highland Rivers	Middle Flint	Pineland

Proposed CSB Budget

Senate Bill 403’s vision for Co-Responder programs was comprehensive, requiring them to eventually have behavioral health professional team members available 24/7 and providing follow-up services, including outpatient therapy. These requirements cannot be met with a single clinician. CSBs were therefore asked to submit budgets to DBHDD reflecting the costs of running a program meeting all the bill’s requirements for each interested law enforcement agency partner.

The total proposed cost to fulfill the promise of SB 403’s vision came to \$14,295,795 and would provide programs to 44 law enforcement agencies. On June 13, 2024, the CSBs’ proposed budget figures (Figure 1) were presented to the Department of Behavioral Health and Developmental Disabilities Board members.

(Figure 1) Summary Budget Justification for Full Implementation of
SB 403 (44 Comprehensive CSB Co-Responder Programs)

Category	Amount (\$)
Personnel	11,807,069
General Supplies	328,783
Transportation (CSB specific - does not include LEA co-response vehicle)	444,251
Technology	353,009
Training	237,953
Total Direct Costs	13,171,065
Administrative	1,124,730
Total CSB-Proposed Budget	14,295,795

Intended Outcomes

We believe that the effectiveness of a Co-Responder program depends on appropriate funding and staffing to achieve intended outcomes:



Increase diversion of individuals with severe mental illness from jails to treatment and de-escalate crisis calls on the scene whenever possible



Increase facilitation of rapid and brief screenings to swiftly connect individuals to services and follow-up to support treatment engagement



Increase redirection of individuals experiencing a behavioral health crisis from inappropriate levels of care and improve outcomes and interactions between law enforcement and those they serve



Decrease the volume of non-violent 911 calls that require law enforcement response

Measuring Success

DBHDD has created and is implementing a minimum data set (MDS) for all statewide Co-Responder teams, to include basic demographic and dispositional data collected by the Co-Responder clinician to demonstrate efficacy of the program using the following data points: 1.) *Co-Response*, 2.) *Co-Response Type*, 3.) *Demographics*, 4.) *Outcomes*, 5.) *Transports to Emergency Receiving Facilities (ERF)*, and 6.) *How were individuals transported to ERF*

Each interaction between an individual and a Co-Responder Team is unique, and a robust evaluation study is needed to fully measure the quality or impact of encounters. The data in this report represents general trends, but conclusions about whether a transport to a CSU represents a success is beyond the scope of the data available.

The first set of data is from Co-Responder programs not funded by SB 403

The majority of these programs are not required to submit data to the state MDS since they are not directly funded through DBHDD. For those that did submit their data, we have included it in the figures below. Those who did not submit data were in the development phase (see Appendix C). Future reports will provide a fuller picture of the Co-Responder programs as more sites come online and data collection methods are standardized.

The second set of data is from SB 403-funded Co-Responder programs.

Data is provided by the CSB, where available, and cumulatively across the collected data points. As mentioned earlier, not all programs have come online while others have only been operational for a few months. Therefore, there are some data limitations with the sample size and there are potential variations in data collection methods as sites get up-to-speed on the data collection process.

We have included statistics derived from all sources, including CSB documentation and reports, (*see letters of support in Appendices D-H*), and are presenting the data per CSB, where available, and cumulatively across the collected data points. A critical step to advancing Co-Responder programs statewide is to acquire funding for a robust evaluation study that can investigate trends over time, compare sites, and find relationships between outcomes and local factors.

Data for Co-Responder Programs Not Receiving State Funding

Non-state funded programs are not required to submit data to the state Minimum Data Set (MDS) since they are not funded by DBHDD. For those that did submit their data, we have included their data in the figures below. Non-disaggregated totals were not included. Columns with no numbers indicate that the data was not available.

Co-Response

(Figure 2)

	Advantage / Clarke County	Avita / Forsyth County	Grady	Pathways	River Edge	Thomas County	View Point	Total
Telehealth Utilized			0	0	0	1		1
Other			0	0	0	2	0	2
Prior Co-response Contact			0	6	0	6	733	745
Law Enforcement Referral			474	0	1	22	807	1,304
911 response		449	1,202	452	5	9	1,293	3,410
Total		449	1,676	458	6	40	2,833	5,192

Highlights:

- 911 Responses Dominate Co-Response Activity:** The majority of cases involve a 911 response, accounting for 65.7% of the total responses.
- Significant Role of Law Enforcement Referrals:** Law enforcement referrals make up 25.1% of the total cases (1,304 out of 5,192). Grady and View Point Co-Responder programs play a central role, making up the majority contributing 98.2% of these referrals (1,281 out of 1,304), underscoring the importance of law enforcement in co-response efforts.
- View Point Leads Prior Co-Response Contact:** Nearly 100% of prior co-response contact was made by View Point, and, across all non-state funded sites that submitted data for this element. Telehealth utilization is minimal, making up less than 1% of the total cases. It is important to note 16% state-funded sites did utilize telehealth (Figure 8).

Co-Response Type

(Figure 3)

	Advantage / Clarke County	Avita / Forsyth County	Grady	Pathways	River Edge	Thomas County	View Point	Total
c. BHC - Other	1		0	0	0	0		1
a. BHC - Law Enforcement	21		0	0	0	14		35
Wellness Check	14		0	6	1	3	64	88
Behavioral Health Consultation (BHC)	22		0	0	0	14	345	381
b. BHC - Family/Friend	0	666	0	0	0	0		666
Follow-Up	33	68	179	0	1	34	413	728
Crisis Call	68	449	621	452	5	11	1,282	2,888
Total	159	1,183	800	458	7	76	2,104	4,787

Highlights

- Crisis Calls Lead Co-Response Activities:** Crisis calls represent the largest category of co-response activities, making up 60.3% of total responses (2,888 out of 4,787). View Point leads this category with 1,282 crisis calls, highlighting a focus on addressing immediate crises.
- Follow-Up Services Show Regional Concentration:** Follow-up services, which account for 15.2% of total responses (728 cases), vary significantly by region. View Point handles the majority (413 cases) followed by Grady (179) with others reporting minimal or no follow-up services, indicating regional differences in service capacity or focus.
- Family and Friends' Role in Behavioral Health Consultations:** Behavioral Health Consultations (BHC) for family and friends make up 13.9% of total responses (666 cases), with all cases originating from Avita/Forsyth County, indicating a unique regional emphasis on involving families.

Demographics

(Figure 4)

	Advantage / Clarke County	Avita / Forsyth County	Grady	Pathways	River Edge	Thomas County	View Point	Total
Native Hawaiian or Other Pacific Islander	0		0	0	0	0		0
American Indian or Alaska Native	0		0	0	0	0	3	3
Non-Binary/ Gender Fluid	0		8	0	0	0		8
Veterans	5		5		0	0	0	10
Multiracial	1		0	1	0	0	23	25
Asian	3		0	2	0	0	104	109
Hispanic or Latino	4		0	4	0	0	168	176
Juvenile	16	72	48	91	1	2	313	543
Homeless	25		142		5	6	392	570
White	65		0	253	2	8	610	938
Black or African American	56		0	148	4	16	1,040	1,264
Female	72		297	193	2	5	1,052	1,621
Male	64		429	236	4	20	1,049	1,802
Total	311	72	929	928	18	57	4,754	7,069

Highlights

- Juveniles and Homeless Populations Are Key Focus Areas:** Juveniles account for 7.7% of cases (543 out of 7,069), with View Point supporting the majority (313). Similarly, homeless individuals represent 8.1% (570 cases), further emphasizing the need for targeted interventions.
- Slight Male Majority Across Cases:** Males make up 52.5% of cases (1,802 out of 3,431 gender-reported cases), reflecting a slight skew in the demographics served by co-responder teams.
- Diverse Populations Require Tailored Approaches:** Black or African American individuals (17.9%) and White individuals (13.3%) constitute the largest racial demographics served, signaling the need for culturally responsive crisis interventions.

Outcomes

(Figure 5)

	Advantage / Clarke County	Avita / Forsyth County	Grady	Pathways	River Edge	Thomas County	View Point	Total
Referral to Adult or Child Protective Services	3		0	0	0	3		6
Collateral Contact with active outpatient services	10		0	0	0	0		10
Fire/EMS	11		0	0	1	0	0	12
Referral to Community Resources	0		0	0	5	1	37	43
CSU	0		0	37	0	0	6	43
Arrests	6	23	1	6	0	0	57	93
Refused Co-Responder Services	0		0	0	1	4	182	187
BHCC	22		0	212	0	6	10	250
Emergency Room	29	179	0	25	1	1	122	357
Referral to CSB Services	20		631	126	2	20	35	834
Resolved on Scene	28	256	267	24	5	10	342	932
Total	129	458	899	430	15	45	791	2,767

Highlights

- Resolution on Scene is the Most Common Outcome:** In 33.7% of cases (932), crises were resolved at the scene, demonstrating the effectiveness of immediate co-response interventions. View Point leads with 342 resolved cases followed by Grady (267) and Avita/Forsyth County (256).
- Strong Emphasis on Community-Based Referrals:** Referrals to Community Service Boards (CSBs) account for 30.1% of total outcomes (834), with Grady handling 631 cases, highlighting efforts to connect individuals to longer-term care.
- Emergency Room Visits Remain a Significant Outcome:** Despite efforts to resolve crises on-site, 12.9% of cases (357 out of 2,767) resulted in emergency room visits, with Avita/Forsyth County contributing the highest number (179) followed by View Point (122).

Transports to Emergency Receiving Facilities (ERF)

(Figure 6)

	Advantage / Clarke County	Avita / Forsyth County	Grady	Pathways	River Edge	Thomas County	View Point	Total
Involuntary	10	99		108	0		418	635
Voluntary	127	80	311	141	1		941	1,601
Total	137	179	311	249	1		1,359	2,236

Highlights

- Voluntary Transports Are the Preferred Method:** The majority of transports (71.6%, or 1,601 out of 2,236) were voluntary, highlighting a preference for voluntary care in most regions.
- Involuntary Transports Play a Smaller, Yet Critical Role:** Involuntary transports account for 28.4% of cases (635), with View Point contributing 418 cases, reflecting regional reliance on mandated care when necessary.

How were individuals transported to ERF

(Figure 7)

	Advantage / Clarke County	Avita / Forsyth County	Grady	Pathways	River Edge	Thomas County	View Point	Total
Private Transportation	0		0	0	0	1		1
Law Enforcement (not co-responder) - Sheriff's Department	0		0	0	3	1		4
Other	4		0	0	0	1		5
EMS	18		0	0	0	1		19
Law Enforcement (not co-responder) - Police Department	33		0	0	0	5		38
Family	2		2	101	0	0		105
Co-Responder Team	9		276	148	1	1		435
Total	66		278	249	4	10		607

Highlights

- Co-Responder Teams Handle the Majority of Transports:** Co-responder teams facilitated 71.7% of all transports (435 out of 607), showcasing their central role in ensuring safe and effective transitions to care. Avita/Forsyth County led with 276 transports followed by Pathways with 146 transports.
- Families Are Key Partners in Certain Regions:** Family-provided transportation accounted for 17.3% of total transports (105 cases), with Pathways contributing 101 cases, highlighting regional reliance on family involvement.
- Minimal Use of Other Transport Methods:** Private transportation, EMS, and law enforcement (non-Co-Responder) combined accounted for only 11.0% of transports (67 cases), emphasizing the importance of co-responder teams in the transportation process.

Data for Co-Responder Programs Receiving State Funding

Co-Response Program data provided by CSBs, where available, and presented cumulatively across the collected data points as required by SB 403. (Note that Pineland is starting to become operational. Highland Rivers and Clayton are non-operational at this point). Columns with no numbers indicate data was not available.

Co-Response

(Figure 8)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Prior Co-response Contact	0	45	11	27	1	2	0	23	109
Other	11	48	17	6	1	6	0	21	110
Telehealth Utilized	26	5	11	83	1	0	1	7	134
Law Enforcement Referral	14	40	50	17	2	21	12	45	201
911 response	3	65	99	20	8	16	0	59	270
Total	54	203	188	153	13	45	13	155	824

Highlights:

- 911 Response is the Main Connection to Support:** The 911 response category accounts for 33% of total responses (270 out of 824), particularly in GA Pines - Mitchell (99), GA Pines - Colquitt (65), and Unison (59).
- Law Enforcement Referrals:** Law enforcement referrals make up 24% of the total responses (201 out of 824), with the highest contributions from GA Pines - Colquitt (40) and GA Pines - Mitchell (50). These numbers highlight law enforcement's key role in the referral process across regions.
- Prominent Telehealth Use in McIntosh Trail and Advantage:** Telehealth was utilized 134 times (16% of total responses), with McIntosh Trail contributing 83 cases (62%) and Advantage with 26 (19%). This indicates a strong reliance on telehealth services, especially in McIntosh Trail.

Co-Response Type
(Figure 9)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
BHC - Family/Friend	1	14	5	10	0	4	0	1	35
Behavioral Health Consultation (BHC)	11	26	6	1	0	1	0	0	45
BHC - Other	0	14	13	2	0	2	0	19	50
Wellness Check	0	32	25	7	0	3	0	11	78
BHC - Law Enforcement	6	20	8	12	0	30	9	74	159
Crisis Call	5	81	95	22	11	43	2	26	285
Follow - Up	12	41	169	46	0	34	1	28	331
Total	35	228	321	100	11	117	12	159	983

Highlights:

- A Focus on Follow-Ups:** The Follow-up category is the largest with a total of 331 cases (34% of total responses), with the highest occurrences in GA Pines - Mitchell (169) and GA Pines - Colquitt (41). This suggests that follow-up services are integral to supporting individuals after initial responses.
- Crisis Calls:** The Crisis Call category is the second largest type of response with 285 (29% of the total). This category stands out in GA Pines - Colquitt (81) and GA Pines - Mitchell (95), emphasizing the critical role of rapid crisis intervention.
- Behavioral Health Consultation-Law Enforcement:** This category totals 159 responses (16% of the total), especially in Unison (74) and New Horizons (30). This highlights the intersection of behavioral health services and law enforcement in the response process.

Demographics

(Figure 10)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Male	14	102	93	35	6	25	8	60	343
Black or African American	4	73	90	63	7	22	7	22	288
White	11	63	59	21	4	18	4	97	277
Female	14	47	73	40	5	17	4	63	263
Juvenile	5	13	23	19	0	7	2	19	88
Homeless	6	16	11	8	1	1	1	7	51
Veterans	0	9	2	3	0	1	0	3	18
Hispanic or Latino	0	7	1	1	0	0	0	2	11
Multiracial	0	1	4	0	0	0	1	2	8
Asian	0	1	0	1	0	0	0	0	2
American Indian or Alaska Native	0	0	0	1	0	0	0	0	1
Non-Binary/ Gender Fluid	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0

Highlights:

- Predominance of Males in Responses:** The Male category is the largest demographic group, accounting for 343 responses (56.5% of total). The highest response rates for males were in GA Pines - Colquitt (102) and GA Pines - Mitchell (93).
- Racial Demographics:** The Black or African American demographic totals 288 responses (21% of the total), with the majority coming from GA Pines - Colquitt (73) and GA Pines - Mitchell (90). The White demographic follows close behind, at 20.5% particularly in GA Pines - Colquitt (63) and GA Pines - Mitchell (59).
- Homeless and Juvenile Populations:** The Homeless category totals 51 responses (2%), with the highest counts in GA Pines - Colquitt (16) and GA Pines - Mitchell (11). Juveniles make up 88 responses (6.5%), with the highest numbers in GA Pines - Mitchell (23) and GA Pines - Colquitt (13).

Outcomes

(Figure 11)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Fire/EMS	0	3	4	5	0	0	0	3	15
Arrests	0	2	0	3	0	6	1	5	17
Referral to Adult or Child Protective Services	4	4	8	1	0	0	0	4	21
Refused Co-Responder Services	0	13	6	2	1	3	0	10	35
BHCC	6	7	21	6	0	0	0	0	40
Emergency Room	0	31	12	10	1	4	0	17	75
CSU	0	5	11	0	8	16	4	31	75
Collateral Contact with active outpatient services	5	9	42	2	0	7	0	12	77
Referral to CSB Services	6	11	98	22	2	9	6	44	198
Referral to Community Resources	15	22	127	46	1	1	0	4	216
Resolved on Scene	3	67	135	3	0	9	0	39	256
Total	39	174	464	100	13	55	11	169	1,025

Highlights:

- Resolved on Scene Dominates the Outcomes:** The "Resolved on Scene" category makes up 25% of the total, with the highest counts in GA Pines - Mitchell (135) and GA Pines - Colquitt (67). This suggests that many cases are effectively resolved on-site without further escalation.
- High Referral to Community Resources:** Referrals to community resources total 216 (21% of total responses), largely driven by GA Pines - Mitchell (127) and GA Pines - Colquitt (67). This emphasizes the role of community-based support in addressing crisis situations.
- Limited Emergency Room and CSU Utilization:** Both Emergency Room and CSU services are minimally used, with 75 (7%) responses for Emergency Room and 37 (4%) for CSU. This suggests that many cases are resolved without the need for emergency medical intervention or stabilization services.

Transports to Emergency Receiving Facilities (ERF)

(Figure 12)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Involuntary	2	15	9	9	8	23	1	14	81
Voluntary	4	28	19	0	1	7	3	37	99
Total	6	43	28	9	9	30	4	51	180

Highlights:

- Voluntary Transports Are More Common:** Voluntary transports make up 55% of the total (99 out of 180), indicating that most individuals agreed to or sought assistance. The highest voluntary transports were in Unison (37) and GA Pines - Colquitt (28) suggesting voluntary participation is more common.
- New Horizons Shows High Involuntary Transport:** New Horizons contributed 23 involuntary transports (28% of the total). This indicates that involuntary transports represent a significant portion of the cases handled in this region.
- Unison Has the Highest Total:** Unison had 51 transports (28% of total), through voluntary (37) and involuntary (14) cases, indicating its key role in managing both types of transports to Emergency Receiving Facilities.

How were individuals transported to ERF

(Figure 13)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Private Transportation	0	0	1	0	0	1	0	0	2
Other	0	0	0	0	0	1	0	1	2
Family	0	4	4	0	0	0	0	2	10
EMS	0	3	2	1	0	4	0	10	20
Co-Responder Team	0	9	1	0	0	0	0	31	41
Law Enforcement (not Co-Responder) Police Department	6	18	0	8	8	7	0	0	47
Law Enforcement (not Co-Responder) Sheriff's Department	0	11	20	0	1	17	5	10	64
Total	6	45	28	9	9	30	5	54	186

Highlights:

- Co-Responder Team Plays a Key Role:** The Co-Responder Team category makes up 22% of the total (41 out of 186). This is particularly prominent in Unison (31), indicating that co-responders play a central role in these transports.
- Police and Sheriff's Department Involvement:** Police Department involvement accounted for 25% (47) and Sheriff's Department involvement accounted for 34% (64) of transportation needs. This shows the continued reliance on law enforcement in handling these cases.
- Low Involvement of EMS and Private Transportation:** Both the EMS and Private Transportation categories show minimal engagement, with only 20 responses (11% of the total) for EMS and 1% for Private Transportation. These low numbers suggest traditional emergency services and personal transportation are less involved compared to co-responders and law enforcement.

Stakeholders Insights

The Approach and Process

To round out and provide deeper insights to accompany the quantitative data we have from Co-Responder programs, DBHDD partnered with Lexicon Strategies to conduct a series of listening sessions to collect qualitative data from key stakeholders including interviews with funded site leaders, the Co-Responder advisory board and the Co-Responder coalition, and law enforcement. The goal was to harness the insights of those intimately involved in Co-Responder programs. These stakeholders were invited to participate in listening sessions held from October 22 to November 13, 2024 and a survey with questions that followed the listening session discussion guide (*Appendix I*).

The listening sessions unfolded over a structured discussion format, beginning with informal introductions and setting the tone for a candid dialogue. Each session, lasting an hour, was designed to foster an environment where stakeholders could freely express their views, experiences, and suggestions for the program's growth, all while ensuring their feedback remained confidential unless otherwise permitted for attribution.

Objectives of the Listening Sessions

The listening sessions were carefully crafted to delve into the practicalities and impacts of the Co-Responder program from the perspective of those on the front lines. They aimed to identify:

- Real-world experiences where the Co-Responder model has been pivotal.
- The challenges faced and the multifaceted support needed to overcome them.
- The dynamics of interagency collaboration and crisis communication efficiency.
- The adequacy of current training and potential areas to enhance preparedness.
- Perspectives on the implementation of different Co-Responder models across varied geographies within the state.
- The personal and professional impacts of working within the Co-Responder program and the support systems that underpin success.
- Potential enhancements to the program, informed by opportunities for increased funding and community support.

Session Details

These sessions, lasting one hour each, were designed to engage stakeholders in a focused discussion on the challenges and successes of the Co-Responder programs that they are involved with.

Participation and Sample

Stakeholders were given several options to register for the sessions, ensuring convenience and encouraging wide participation. This approach represents a convenient sample of Co-Responder stakeholders in Georgia, chosen for their expertise in the field.

Methodology Overview

Lexicon Strategies conducted the listening sessions virtually via Zoom.

These sessions were consistently moderated by the same individual to ensure continuity and a uniform approach. A specific Discussion Guide (Appendix I) was used to direct the conversations, ensuring that all relevant topics were covered systematically. As a reminder, this exploratory analysis of themes and ideas derived from listening sessions was conducted solely for program evaluation purposes. As such, the informal listening sessions were not subject to Institutional Review Board (IRB) oversight. However, the protection of human subjects was diligently upheld through the anonymization of all transcripts and the secure encryption of both files and recordings. This report provides insights and understandings from these sessions, contributing to the broader program evaluation objectives.

Participants: The sample of stakeholders participating in these sessions was diverse, representing a range of organizations involved in Georgia's behavioral health system.

Transcription and Coding: The discussions from these sessions were transcribed verbatim. These transcripts were then subjected to a thorough coding process using Braun and Clarke's evidence-based qualitative research model.

Employing Braun and Clarke's Model: Braun & Clarke's model is a widely recognized approach in qualitative research for thematic analysis. (Braun, V., & Clarke, V., 2006) It involves a six-step process: familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. This method is particularly effective for identifying, analyzing, and reporting patterns (themes) within data, allowing for a nuanced and detailed understanding of the data.

Theme Identification and Reporting: The coded data were analyzed to identify key themes. These themes are integral to understanding the perspectives and insights of the stakeholders. The results, including the identified themes and their implications, are presented in the subsequent findings. The quotes have been edited for clarity and length, ensuring a concise and clear representation of the speaker's thoughts.

Overall Results of the Listening Sessions and Survey

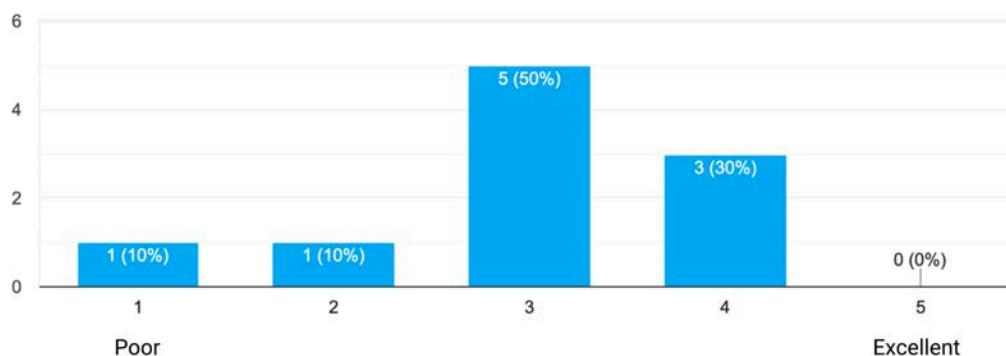
The listening sessions for Georgia's Co-Response stakeholders brought diverse perspectives and insights. These discussions included Co-Responder site leaders, Co-Responder advisory board and coalition, and law enforcement leaders. Below are themes derived from the coded segments across the various listening sessions and the survey responses. Their feedback revealed some common themes:

1. Training and Preparedness:

- There is a strong need for tailored, accessible, and consistent training for co-responders, including crisis negotiation, mental health law, and de-escalation techniques.
- Programs benefit from localized, modular training to accommodate staffing constraints, particularly in rural areas.
- Collaboration during training between law enforcement and clinicians fosters shared understanding.

How well do you feel current training programs prepare you for the variety of situations you encounter? (Rate on a scale of 1 to 5)

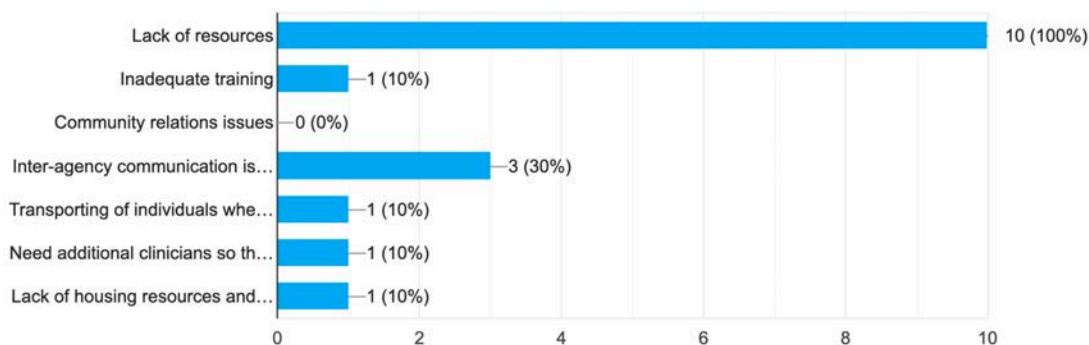
10 responses



2. Resource Constraints:

- Lack of access to Emergency Receiving Facilities (ERFs) for youth and older adults remains a significant challenge.
- Rural areas face acute staffing shortages for clinicians and law enforcement, which hampers the implementation of full co-response models.
- Insufficient funding limits program expansion, follow-ups, and comprehensive community coverage.

What are the most significant challenges you face when responding to a call? (Select all that apply)
10 responses



3. Impact and Support:

- Co-responder programs significantly improve community mental health outcomes, divert individuals from jail, and strengthen relationships between law enforcement and clinicians.
- Participants experience personal and professional growth, including a deeper understanding of law enforcement and mental health dynamics.
- Peer-led support and opportunities for reflection (e.g., debriefs) are crucial for mitigating burnout.

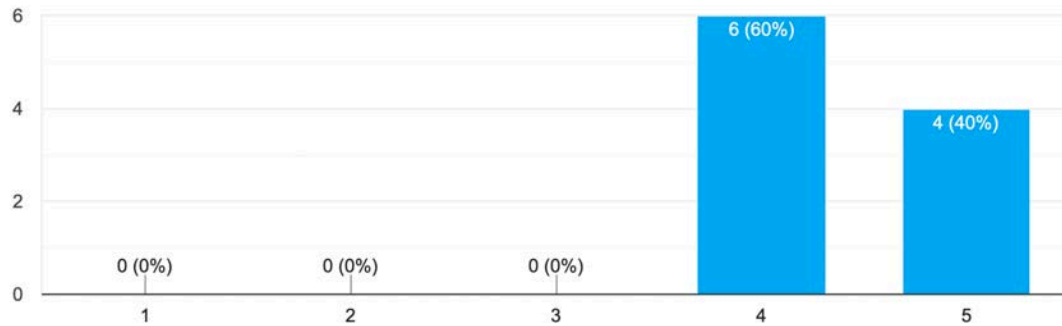
4. Interagency Collaboration:

- Successful collaboration requires ongoing rapport-building between stakeholders, clear communication channels, and understanding each other's roles.
- Data sharing among agencies and addressing myths about co-response programs help to increase law enforcement buy-in.

- Monthly task force meetings have been cited as effective for troubleshooting and aligning goals.

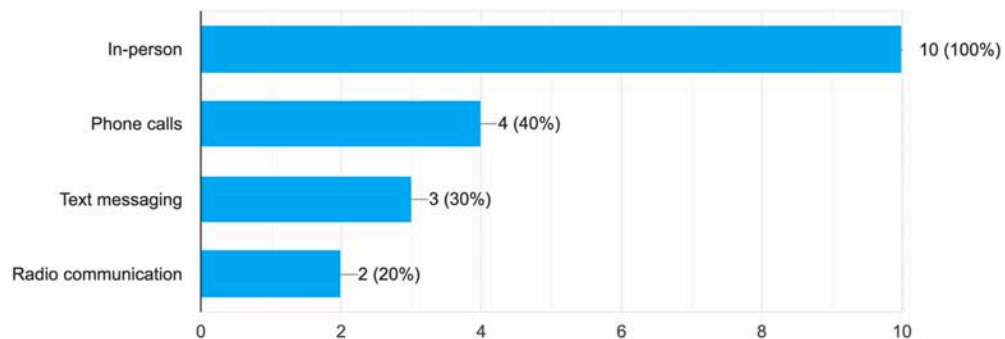
How would you describe the level of coordination and collaboration between mental health professionals and law enforcement officers in the field? (Rate on a scale of 1 to 5)

10 responses



What has been the most effective form of communication between agencies during a crisis?

10 responses



5. Opportunities for Program Enhancement:

- Programs can benefit from standardized state-wide training, streamlined data collection, and increased funding for critical resources like vehicles, expanded hours, and additional staff.
- Public education campaigns about co-responder programs could garner community support and pressure for greater funding.
- Greater integration with 911 and 988 systems can enhance response efficiency.

Common Themes from Listening Sessions

Co-Responder Site Listening Session Common Themes

1. Resource Limitations

A recurring theme was the significant lack of resources, such as funding, staffing, and infrastructure, necessary to sustain and expand Co-Responder programs. Participants highlighted challenges related to hiring qualified staff, especially in rural areas, and the difficulty of funding additional vehicles or 24/7 coverage.

- “This part of Georgia doesn't really have much... Money is an issue. Everybody wants a co-responder program. Nobody wants to pay the bill.” *(Co-Responder Site Listening Session Transcript, 30:24)*

2. Training and Preparedness Gaps

There was a strong consensus on the need for standardized training for both Co-Responders and law enforcement. Participants pointed out that current training practices were often insufficient, inconsistent, or nonexistent, making it difficult to prepare adequately for the variety of situations encountered in the field.

- “I created my own training... cherry picking here and there and finding things that I feel would be beneficial.” *(Co-Responder Site Listening Session Transcript, 44:18)*

3. Interagency Collaboration

Building effective relationships between mental health professionals and law enforcement was identified as essential for the success of the Co-Responder model. Participants emphasized that trust and mutual understanding were crucial for smooth operations and better outcomes during crisis interventions.

- “We developed a really clear standard operating procedure... The biggest impact was when we got the buy-in from our sheriff... it started flowing

over into the other officers.” (*Co-Responder Site Listening Session Transcript, 38:55*)

4. Impact on Community and Individuals

The session revealed positive impacts on both law enforcement and community members through improved crisis response. Co-Responder programs helped de-escalate potentially dangerous situations, built trust, and offered hope to those in mental health crises, shifting perceptions about law enforcement and mental health services.

- “They responded in a trauma-informed way... making it less traumatic for employees and customers.” (*Co-Responder Site Listening Session Transcript, 19:37*)

5. Need for Public Awareness and Support

Participants discussed how public awareness of Co-Responder programs is limited, which affects community engagement and funding opportunities. Some participants suggested that better public knowledge and advocacy could lead to increased support and resources.

- “I think there’s a huge area for growth because I don’t feel like the community has any idea... There are opportunities for... highlighting stories of co-responders via social media.” (*Co-Responder Site Listening Session Transcript, 53:50*)

Advisory Coalition and Advisory Board Listening Session Common Themes

1. Resource Limitations and Accessibility

A significant theme was the consistent struggle with insufficient resources and limited accessibility to facilities. This included challenges related to finding space in Behavioral Health Crisis Centers (BHCCs), hospitals that do not accept certain cases, and the burden placed on officers due to these limitations.

- “We’re pretty much out of resources... By the time we need to get someone into [the BHCC], there’s no space... It feels like we’re not being helpful.” *(Co-Responder Advisory Coalition and Board Listening Session Transcript, 16:29)*
- “With youth... the only facility close by is an hour and a half away, which is a huge hardship for families.” *(Co-Responder Advisory Coalition and Board Listening Session Transcript, 18:53)*

2. Training and Cultural Understanding

The need for specialized and comprehensive training was emphasized as crucial to the success of the co-responder model. Participants noted the differences in culture between behavioral health and law enforcement and called for more structured training to bridge these gaps.

- “Culture... We need to know the ins and outs of law enforcement. It’s such a different culture than behavioral health.” *(Co-Responder Advisory Coalition and Board Listening Session Transcript, 47:09)*
- “I’d love for us to have a co-response curriculum catered to our state.” *(Co-Responder Advisory Coalition and Board Listening Session Transcript, 49:41)*

3. Interagency Collaboration and Communication

Effective collaboration between law enforcement, healthcare providers, and other community services was highlighted as both a strength and an area needing

improvement. Organic collaborations, such as the interaction between 988 crisis services and local responders, were noted as positive developments.

- “An unexpected collaboration with 988 emerged, routing urgent calls to 911 for faster response from our co-responder team.” (*Co-Responder Advisory Coalition and Board Listening Session Transcript, 45:53*)

4. Impact on Community and Personal Experiences

The personal and professional growth experienced by co-responders and the positive impact on communities were significant themes. Participants shared stories about how their involvement in co-response work had deepened their appreciation for law enforcement and strengthened their sense of purpose.

- “My appreciation for law enforcement has gone up... Understanding that culture was a big thing.” (*Co-Responder Advisory Coalition and Board Listening Session Transcript, 56:03*)
- “Being able to bridge the gap and help those having the worst day of their life... It’s something I’m grateful for.” (*Co-Responder Advisory Coalition and Board Listening Session Transcript, 59:55*)

5. Challenges with Specific Populations

The session highlighted difficulties in serving specific groups, such as youth and individuals with autism or dementia. These cases often required specialized resources that were lacking, creating additional stress for co-responders and their teams.

- “Youth... placement options are very limited... We try to avoid involuntary situations when possible.” (*Co-Responder Advisory Coalition and Board Listening Session Transcript, 18:53*)
- “We’ve seen an increase around Autism Spectrum Disorder and Developmental Disabilities... That’s a different resource they need than a BHCC.” (*Co-Responder Advisory Coalition and Board Listening Session Transcript, 34:22*)

Law Enforcement Listening Session Common Themes

1. Resource Limitations and Gaps in Services

A prevalent theme was the lack of resources and significant service gaps, especially on the back-end after an initial crisis response. This impacted the ability of co-responder programs to provide continuous and effective support to those in need.

- “We only served 3,200 people last year out of 800,000 residents... We’re putting in the work on the front end, but there’s inadequate back-end support.” (*Law Enforcement Listening Session Transcript, 16:14*)

2. Training and Preparedness Needs

Participants emphasized the importance of training and preparedness for law enforcement and clinicians working in co-responder teams. There was a need for both extensive and practical, condensed training options that fit different department sizes and resources.

- “We just got approval for a 16-hour introductory course... It’s geared for teams working together in the field.” (*Law Enforcement Listening Session Transcript, 21:43*)
- “CIT training is great, but for rural areas, we need something shorter, like an eight-hour course that we can rotate through staff.” (*Law Enforcement Listening Session Transcript, 23:55*)

3. Interagency Collaboration

The session underscored how important strong collaboration between law enforcement and mental health professionals is for the success of co-responder programs. While there were positive interactions, challenges in staffing and long-term coordination were noted.

- “Our relationship with clinicians are invaluable... They’re well-received and provide a great resource.” (*Law Enforcement Listening Session Transcript, 18:40*)

- “While we’ve built good relationships, the lack of long-term treatment plans means we keep returning to the same cases.” (*Law Enforcement Listening Session Transcript, 28:28*)

4. Impact on Law Enforcement and Community

Participants discussed how involvement in the co-responder model impacted their professional and personal experiences, bringing both rewards and frustrations. The ability to support marginalized individuals was seen as fulfilling, despite challenges.

- “Starting co-response in 2019 has been some of the most challenging and rewarding work... Helping marginalized community members makes it worthwhile.” (*Law Enforcement Listening Session Transcript, 29:14*)
- “It’s rewarding to help, but frustrating when you don’t know what happens after the initial response.” (*Law Enforcement Listening Session Transcript, 30:52*)

5. Opportunities for Program Enhancement

Participants highlighted various opportunities to enhance co-responder programs, including expanding coverage, fair clinician compensation, and implementing structured follow-up processes to ensure long-term support.

- “To expand coverage, we need more clinicians and fair compensation for overtime... Current coverage gaps mean we only respond to 9% of calls.” (*Law Enforcement Listening Session Transcript, 31:58*)
- “A structured follow-up piece is necessary for long-term support... ensuring continuity without crossing HIPAA boundaries.” (*Law Enforcement Listening Session Transcript, 34:28*)

Conclusions

The implementation of co-responder programs in Georgia, guided by Senate Bill 403, represents a significant advancement in addressing behavioral health crises. However, current funding levels fall short of the vision outlined in the legislation. An increased investment is essential to expand co-responder programs, meet community needs, and ensure long-term sustainability.

The \$333,379 per-program budget recommendation provides a roadmap for success, enabling the staffing of three critical roles and supporting program infrastructure. The initial federally funded Co-Responder projects at \$89,706.00 were intended as pilot programs, were based on a model of a single clinician/*team*, and were not intended to fund a comprehensive Co-Responder *program* as defined in the SB 403-amended Georgia Code. Investing in these programs will yield measurable benefits, including reduced burdens on law enforcement, emergency rooms, and the justice system.

Indeed, available data is suggestive of co-response being an unusually cost-effective measure for addressing behavioral health crisis². Intuitively, money spent on comprehensive Co-Responder programs will result in savings for those community resources that individuals in crisis are appropriately diverted away from (including additional law enforcement time, emergency medical services, courts, jails, and higher levels of behavioral health care). And, the post-encounter linkage and follow-up that a fully staffed Co-Responder program can offer is intended to reduce future episodes of crisis by supporting an individual's long-term stability.

By expanding funding, fostering interagency collaboration, and implementing robust evaluation mechanisms, Georgia can build a comprehensive and sustainable co-response system. This effort will ensure every community has access to behavioral health professionals, reduce the prevalence of unnecessary incarcerations, and improve outcomes for individuals in crisis. Georgia has an opportunity to lead the nation in co-response innovation, addressing systemic gaps in behavioral health care while delivering tangible benefits for individuals, communities, and public systems alike.

The time to act is now.

² [Assessing the Impact of Co Responder Team Programs: A Review of Research | Office of Justice Programs \(ojp.gov\)](#)

DBHDD Guidance for Champions of Co-Responder Programming

To ensure the continued success and sustainability of Georgia's Co-Responder programs, the following recommendations build upon the Georgia Legislature's visionary leadership and align with the goals of Senate Bill 403 to improve crisis response and behavioral health outcomes statewide:

1. Invest in Workforce Development and Training

- Support tailored training programs designed for rural and urban communities, focusing on crisis de-escalation, law enforcement collaboration, and specialized interventions for youth and older adults.
- Champion cross-training initiatives where law enforcement and clinicians exchange expertise, fostering a unified approach to crisis response, and to reduce burnout and improve workforce retention.

2. Expand Behavioral Health Resources

- Advocate for the creation of additional emergency receiving facilities for underserved populations, such as youth and older adults, to address critical gaps in care.
- Secure funding to recruit qualified clinicians and expand Co-Responder coverage to evenings and weekends, ensuring round-the-clock availability.
- Support the proposed \$333,379 per-program budget to adequately staff three essential roles—clinician, peer support specialist, and case manager—while addressing prior underfunding.

3. Leverage Data to Demonstrate Impact

- Fund standardized data collection systems to track key program outcomes, including cost savings, reduced arrests, and improved community health metrics.
- Back independent evaluations to validate the cost-effectiveness of Co-Responder programs and provide compelling evidence to attract additional local and federal investment.

- Promote public outreach campaigns to showcase the transformative benefits of Co-Responder programs, strengthening community support.

4. Ensure Sustainable Funding and Scale Coverage

- Champion an annual allocation of \$10.5 million to expand Co-Responder services so that every law enforcement agency in Georgia has access to behavioral health professionals during crisis responses.
- Explore billing frameworks to create self-sustaining programs and encourage local governments to invest in Co-Responder programs by tailoring services to their community needs.

5. Stay Involved

- There are a number of events that will take place to support Co-Responders and their programs from across the state and the nation:
 - Co-Responder Day at the Capitol on February 19, 2025: Legislators are welcome to meet and hear from Co-Responders and learn more about Georgia's Co-Response model.
 - DBHDD's 1st annual Co-Responder Professional Development Conference will be held February 27-28 2025. This event will bring together Behavioral Health Professionals, Fire/EMS, and Law Enforcement to collaborate and learn and build connections. If you would like to know more about this event please contact DBHDD's communications team at public.affairs@dbhdd.ga.gov.
 - DBHDD staff will be presenting at the International Co-Responder Alliance and Highland Rivers Behavioral Health will host the 6th Annual National Co-Responder Conference in Atlanta, GA from June 1-4, 2025. ***More information about the National Co-Responder Conference be found here: <https://coresponderalliance.org/CoRCon>***

By championing these recommendations, you continue to lead Georgia toward a more efficient, compassionate, and cost-effective approach to behavioral health crises. Your commitment to fully funding and expanding Co-Responder programs will ensure long-term success, reduce burdens on law enforcement and emergency systems, and improve outcomes for individuals in crisis. Your leadership has laid the foundation for a transformative system—these steps will ensure it thrives for years to come.

Appendix A: History of Co-Responder Programs in Georgia

While the national conversation on Co-Responder programs gained momentum in recent years, Georgia has seen various initiatives emerge over the past two decades, demonstrating a gradual shift towards collaborative crisis response models. Here's a brief overview of this evolving landscape:

Early Seeds (1990s - 2010s):

- DeKalb CSB's program, founded in 1993, helped pioneer the Co-Responder approach in Georgia. Mental health professionals are embedded within the police department to directly assist individuals in crisis.
- 2007: The Georgia Crisis and Access Line (GCAL) becomes operational, offering statewide crisis intervention and referral services via phone. This becomes a crucial backbone for future Co-Responder partnerships.
- 2010s: Several community service boards pilot Mobile Crisis Response (MCR) Teams, pairing mental health clinicians with mobile crisis units. These teams respond directly to crisis calls, aiming to divert individuals from emergency rooms and jails.
- 2017: The Brookhaven Police Department partners with Behavioral Health Link (BHL) and Advantage CSB with Athens-Clarke County Police Department, embedding mental health professionals within their ranks. This marks a significant expansion of the Co-Responder model.

Growth and Formalization (2020s onwards):

- 2022: Several pilot programs launch across Georgia, including Macon-Bibb, Cobb County, and Valdosta. The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) forms a Co-Responder Advisory Board to guide program implementation and best practices. The Georgia legislature passed Senate Bill 403 which Governor Kemp signed on May 9, 2022. This bill is known as the Georgia Behavioral Health and Peace Officer Co-Responder Act.

The national number for suicide prevention and crisis, 988, was also launched in Georgia in 2022 as a resource. Georgians now have access to GCAL (1-800-715-4225) 24 hours a day, 7 days a week, and 365 days a year to help anyone in crisis, in addition to 988.

- As of December 2024, many state-funded Co-Responder programs are still mostly in the early stages of development across Georgia. However, their rapid growth and strong legislative support reflect a commitment to expanding this collaborative approach to crisis response.

Looking Ahead:

The future of Co-Responder programs in Georgia hinges on sustained funding, program evaluation, and community engagement. Addressing gaps in service availability, particularly in rural areas, and ensuring cultural competency within Co-Responder teams remain crucial challenges. Nevertheless, the momentum behind this model holds promise for a more effective and humane approach to responding to mental health crises in the state.

Appendix B: Senate Bill 403 Requirements

- Provision of a behavioral health professional working at the direction of a community service board who is licensed or certified in the state of Georgia to provide counseling services or to provide support services to individuals and their families regarding a behavioral health disorder to participate as a team member on the Co-Responder team.
- Designate a sufficient number of individuals to serve as community service board members to partner with law enforcement agencies within the service area, with on-call availability at all times.
- Establish a Co-Responder program to offer assistance or consultation to peace officers responding to emergency calls involving individuals with behavioral health crises.
- Behavioral health professional shall be available to accompany an officer team member in person or via virtual means or shall be available for consultation via telephone or telehealth during such emergency call.
- Identify and facilitate any necessary follow-up services for any individual transported for an emergency evaluation prior to being released when notified by an emergency receiving facility.
- Make available voluntary outpatient therapy to an individual following a behavioral health crisis.
- Retain a written list available for public inspection that identifies all law enforcement agencies within each county of their service area whose routine responsibilities include responding to emergency calls. This list will be created no later than August 1, 2022 and shall be updated immediately when additional departments assume routine responsibility for emergency response. This list shall be maintained with current information.
- Maintain a current, written list of emergency receiving facilities within your service area where an individual experiencing a behavioral health crisis can be transported by or at the direction of an officer or team member and provided to each law enforcement agency. This list will be provided by DBHDD on the agency website.

- Community service board team members shall receive training on the operations, policies, and procedures of the law enforcement agencies with which they partner.
- Establish a Co-Responder protocol committee for your service area to increase the availability, efficiency, and effectiveness of community response to behavioral health crises.
- Contact an individual who has had a response from the Co-Responder team as a result of a behavioral health crisis within 2 business days following the crisis.
- Transfer cases to the appropriate community service board area if an individual does not live in the service area of the Co-Responder team.
- Identify types of services and resources needed to support an individual's stability and to locate affordable sources for those services (to include but not limited to housing and job placement) and provide voluntary outpatient therapy as needed via the community service board. If an individual is incarcerated, the community service board can make recommendations for inclusion in a jail release plan.
- Provide a written recommendation to the appropriate law enforcement agency and jail or prison for consideration if an individual is identified to be treated more effectively within the behavioral health system rather than the criminal justice system.
- Provide evaluation, consultation and/or appropriate treatment when a referral from law enforcement has been accepted by the Department of Behavioral Health and Developmental Disabilities and assigned.
- Compile and maintain records of services provided by Co-Responder team(s) and community service board team members (community follow-ups and actions taken on behalf of incarcerated individuals together with reasonably available outcome data). Report all this data to DBHDD monthly.
- The department shall maintain a current, written list of emergency receiving facilities within each community service board area where an individual experiencing a behavioral health crisis may be transported by or at the direction of an officer or team member. The written list shall be maintained by each community service board and provided to each law enforcement agency

- The department shall establish a referral system, by which any law enforcement agency may request behavioral health consultation for an individual who is currently incarcerated, or frequently incarcerated, who it believes may be treated more effectively within the behavioral health system rather than the criminal justice system. The department shall assign the case to the appropriate community service board for evaluation and any appropriate treatment to be provided or facilitated by the community service board.
- No later than January 31, 2024, and annually thereafter, the department shall issue a written annual report regarding the Co-Responder program, which shall include statistics derived from all sources, including community service board documentation and reports. Data shall be presented per community service board, where available, and cumulatively. Such report shall be posted in a prominent location on the department's website.
- No later than July 15, 2023, and annually thereafter, the department shall submit to the board proposed budgets for Co-Responder programs for each community service board. The proposed budget for each community service board shall be based on each community service board's operational analysis and shall include the salaries of an adequate number of staff dedicated to the responsibilities of the Co-Responder program and shall delineate unique factors existing in the area served, such as the population and demographics.
- All training undertaken in accordance with this Code section shall be provided at the expense of the department and at no expense to any law enforcement agency, public safety agency, or community service board.

Appendix C: Covid Funded Co-Responder Program Status

Co-Responder Program	Update
River Edge	The co-responder program continues to be operational.
Gateway	“Our Co-Responder unit is doing well. Our Savannah Police BHU has grown, and we now have 4 officers and a therapy dog. We have a contract with the city, and they pay 60% of the salary for the clinician. Chatham county has also started a county wide BHU, and we have a contract that covers a psychiatrist riding with the officer. For Glynn County we have no funding, but the City of Brunswick has expressed interest but has not been able to fund a co-responder.”
Legacy	“Our Co-Responder program continues to be operational with partnerships with Lowndes Co Sheriff’s Department, Hahira Police Department and Valdosta Police Department. Kristin Goin, LPC, is our co-responder. She is currently working the CCP program for us and this is covering her salary for now. However, prior to the CCP and when the CCP ends, Legacy will continue to fully fund the program. We continue to share the need for funding resources during our co-responder protocol meetings and community meetings, when appropriate.”
New Horizons	“Our Muscogee County program operated for a year after the contract was ended and then it was stopped. We now only have a program in Harris County.”
Serenity	They have not operationalized their program as of yet.

Appendix D: Clayton Center

ADMINISTRATION
157 Smith Street
Jonesboro GA 30236
Phone: 770.478.2280
Fax: 770.477.9772

ADULT COUNSELING
&
ADULT DAY
PROGRAM
853 Battle Creek Road,
Jonesboro GA 30236
Phone: 770.478.1099
Fax: 770.478.8722

COMMUNITY
SUPPORT SERVICE &
DEVELOPMENTAL
DISABILITIES
217 Stockbridge Road
Jonesboro, GA 30236
Phone: 770.471.4617
Fax: 770.471.7817

CHILDREN,
YOUNG ADULTS &
FAMILY SERVICES
1396 Southlake Plaza
Drive, Morrow GA
30260
Phone: 770.473.2640
Fax: 770.473.2601

PAULA CRANE LIFE
ENRICHMENT
CENTER
1792 Mt. Zion Road
Morrow GA 30260
Phone: 770.960.2009
Fax: 770.960.2024


To whom it may concern,

Our co-responder program has had a few staffing setbacks that has prevented it from getting off the ground. In FY 2024 we were able to fill the position several times but have encountered issues with maintaining the needed licensed staff position to get the Co-responder program off the ground. We've had a total of 5 different attempts to fill the position but encountered several barriers to stabilize the position past orientation training.

We have not had any potential candidates since our last hire but we did meet with the Clayton County Police Dept on 11/4/2024 to establish a new game plan to get this program off the ground. During our meeting, it was decided that we were going to change the shift of the position to be more attractive to candidates and possibly add an additional shift later once the program is more established. Originally, we planned to go with a 2nd shift schedule of 2-10 pm or 3-11 pm that aligns better with the crisis call volume in Clayton County according to the police dept statistics, but this may be too aggressive of a goal to start with the current staffing and training limitations of our 8-5 pm adult MH clinic.

Sincerely,

Lanell Johnson, MS, LPC
Associate Clinical Director
Office (404)-573-3274

CLAYTON  CENTER

SERVING CLAYTON COUNTY SINCE 1971
Dr. Lee Adams, CEO
Behavioral Health ▪ Intellectual Developmental Disabilities ▪ Addictive Diseases

Appendix E: Pineland



June A. DiPolito
Executive Director

PINELAND MENTAL HEALTH, DEVELOPMENTAL DISABILITIES & ADDICTIVE DISEASES
P.O. Box 745; 5 West Allman St.; Statesboro, GA 30459; Phone: 912-764-6906; Fax: (912) 764-3252

Serving: Appling - Bulloch - Candler - Evans - Jeff Davis - Tattnall - Toombs - Wayne Counties

November 12, 2024

To whom it may concern:

Pineland BHDD has faced challenges in staffing for the co-response team lead position. As of November 2024, we've successfully on boarded a new, dedicated team lead. Our next steps include obtaining a Peer Specialists, meeting with the Bulloch County Sheriff's Office and the Statesboro Police Department to build our collaborative efforts. We are excited for our new team lead to help strengthen connections between our organization, law enforcement, and the community, especially for individuals in crisis.

Sincerely,

A handwritten signature in blue ink that reads "Scarlet Chancey, LPC, CPCS, CADCI, MATS, ACS".

Scarlet Chancey, LPC, CPCS, CADCI, MATS, ACS
Behavioral Health Director
Pineland BHDD

Pineland is accredited by ccrf for the following Behavioral Health Programs: Assertive Community Treatment - Case Management - Children and Adolescents - Community Based Rehabilitation - Community Housing - Crisis Stabilization - Detoxification - Employment Services - Outpatient Treatment - Prevention



AN EQUAL OPPORTUNITY EMPLOYER

Appendix F: Serenity



Serenity Behavioral Health Systems
3421 Mike Padgett Highway
Augusta, GA 30906-3815
Phone (706) 432-4800
Fax (706) 432-3794

To provide the highest quality Behavioral Health and Developmental Disabilities care in a professional, responsive and caring manner, which is valued by individuals, families, communities, and employees. We will assist all individuals in achieving a life of independence and maximum quality.

October 7, 2024

To the CO-Responder/GACSB team,

Serenity Behavioral Health Systems is not currently collecting data. We are working closely with our local Sheriff's department in Richmond County to implement the program and have it started in 2025. We are actively working on our MOUs, job descriptions and duties for the Co-Responder program.

Regards,

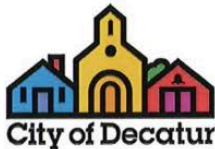
Karen Drumgoole-Paschal

Karen D. Paschal, LPC, CMAC, Director of Community Support Services

Serenity Behavioral Health Systems
Augusta, Georgia 30906
706-432-7941

Serving Columbia, Lincoln, McDuffie, Richmond, Taliaferro, Warren and Wilkes Counties

Appendix G: Claratel Letters of Support



Police Department
420 West Trinity Place
P.O. Box 220
Decatur, Georgia 30031
404-373-6551 ■ Fax 404-370-4117
info@decaturga.com ■ www.decaturga.com

November 6, 2024

City of Decatur Police Department
Chief Scott Richards
420 West Trinity Place
Decatur, Georgia 30030

I am Scott Richards and I am the Chief of Police for the City of Decatur Police Department. The City of Decatur is the county seat for DeKalb County, Georgia and encompasses approximately 4.5 square miles. The City of Decatur has a resident population of approximately twenty-eight (28) thousand residents.

The City of Decatur and the City of Decatur Police Department have benefited from the services that Claratel Behavioral Health has provided over the year. In August 2023, the City of Decatur partnered with Claratel Behavioral Health to establish a Co-Responder program. The Co-Responder program has been very successful for the City of Decatur as well as its visitors and residents.

The program allows the Co-Responder/Case Manager the ability to conduct behavioral health evaluations, crisis intervention, linkage to community resources case management and other "as needed" behavioral health services for individuals identified by the Decatur 911 Communications Center, Decatur Police Department officers and other City staff. The Co-Responder/Case Manager assists the department with data collection and assessment, training and education for officers, other City staff and community members and other duties as needed with the goal of limiting the need for police officer responses to individuals experiencing mental health crises. Police officers also have access to the Claratel Behavioral Health staff 24/7 call center.

The Co-Responder Program allows the City to direct the most effective resources to mental health service calls. The Co-Responder Program has resulted in multiple benefits including better and faster access to effective treatment, decreases in arrests and opportunities for follow-up after a mental health crisis.

We are grateful for the essential work of Claratel Behavioral Health and excited for our continued partnership. If you have any questions or need more information, please don't hesitate to contact me at (678) 553-6625 or by email at scott.richards@decaturga.com

Best Regards,

Scott Richards
Chief of Police

An Equal Opportunity Employer



DeKalb County Police Department
Office of the Chief
Mirtha V. Ramos

November 7, 2024

To Whom It May Concern:

The DeKalb County Police Department has had a co-responder program with Claratel Behavioral Healthcare Services since 1992 that has yielded extremely positive results. Officers in the DeKalb Police Mobile Crisis Unit (MCU) are paired with Claratel clinicians and just this this year have responded to over 2200 behavioral health crisis calls. The officers are trained in various crisis intervention training courses but pairing them with a clinician aids in immediate diagnosis and helps prevent unnecessary incarceration of individuals who need treatment as opposed to jail. Follow-up visits with a clinician also reduce the chance of recurrence and gives the effected person a resource they can use before or during an episode.

The co-responder program has been an integral part of the DeKalb Police Department daily operations. With MCU officers and clinicians responding to sometimes prolonged behavioral health crisis calls, the precinct patrol officers are freed up to focus on the other high priority calls they encounter. This program has proven to be a critical asset to the citizens of DeKalb County as it shows that the department and Claratel have made a serious commitment to de-escalate and treat, rather than having to use force for those who need medical treatment. It is our hope that the co-responder program can continue and potentially expand so that more people who may be dealing with mental health issues can be provided the resources they need.

Sincerely,

A blue ink signature of Mirtha V. Ramos is written over a circular official stamp.

Mirtha V. Ramos
Chief of Police



DUNWOODY POLICE DEPARTMENT

Michael W. Carlson *Chief of Police*

I am writing this letter to show our endorsement and support for the statewide Co-Responder Programs in Georgia. The addition of a certified clinician to our staff has been a tremendous support to our uniform patrol officers and citizens. The benefits of this program are numerous, and I will highlight a few of them here.

Increased Officer Awareness: The presence of our clinician has helped officers become more aware of what calls may involve a mental health crisis. The clinician has made himself available to speak with officers and educate them on how to handle these situations. He has also been able to make them aware of resources we have previously not had access to.

Positive Community Relations: Our clinician has been available to answer questions from our citizens through phone calls and emails. He has been proactive in assisting with the homeless and our citizens facing mental health crisis. Through these interactions we have been able to offer much needed services to those facing these tough situations.

Reduction in Recidivism: Because of the follow-ups and proactiveness of our clinician, we have seen a substantial reduction in repeated calls for service in this area. He can provide resources and information on our first contact with an individual, which reduces their need to call 911 repeatedly for assistance.

Increased Efficiency: The addition of the clinician has reduced the amount of wasted time a patrol officer spends waiting on ambulances and hospitals to assist in mental health cases. The clinician can make a more informed decision, provide committal orders, or direct patients to more appropriate resources in less time.

The partnership we have created with Claratel Behavioral Health has, undoubtedly, helped both our citizens and officers become more educated and equipped to handle persons in mental health crisis. They are committed to the safety of our citizens, officers, and the well-being and mental health of our community.

We are more than happy to provide any additional information or assistance that you may require to help support your organization. Adequate funding is critical in ensuring you can provide the much-needed services to your partners.

The community thanks you for your dedication to providing the best mental health services possible.

Sincerely,

Chief M. Carlson

4800 Ashford Dunwoody Road
Dunwoody, GA 30338

P 678.382.6900 F 770.396.4655
dunwoodypolice.com

"READY TO PROTECT, PROUD TO SERVE"

Appendix H: Highland Rivers



November 18, 2024

Good afternoon,

In regards to the DBHDD co-response funding, we have proposed partnering with the following counties; Paulding, Floyd, and Fannin.

HRBH requested that DBHDD change the geographic location of the funding because HRBH has a co-response team/grant (funded by OPB) that is already operational. DBHDD approved this request.

Floyd - we have had several meetings with their staff. Including several of our executive team members and CEO, discussing this with several of their Board members. Floyd was waiting on notification on whether or not they will be receiving grant funds, to help pay for their part of co-response. They were notified in late October 2024 that they were not chosen for the grant funds they applied for. Their Board has stated, without grants funds it will be very difficult for them to consider this as a part of their budget. Therefore, this appears to be a, No, unless they find funding.

Paulding - we have had several discussions, including members of our executive team and CEO. We have been informed that they are waiting to make a decision until after January 1, 2025, due to the new Sheriff being elected.

Fannin - we met with Board Chairman, Jamie Hensley, on October 28, 2024. He will be bringing our proposal to other Board members in Fannin county, and we'll be setting up another meeting. He stated this will also be a question on whether or not this can be placed into their budget.

Moreover, we have applied for a grant with SAMHSA to hold a Sequential Intercept Model (SIM) mapping, which we believe would be instrumental to facilitate in one of these communities, to help them understand the impact, and need for co-response.

Kind regards,

Steve Schmid - MS, LPC, NCC, CCTP-II, CIMHP
U.S. Army Veteran
Senior Director of Intensive Community & Veterans Services
Highland Rivers Behavioral Health
650 Joe Frank Harris Parkway
Cartersville, Georgia 30120

Cell: 706-773-7765
Email: stevenschmid@highlandrivers.org
www.highlandrivers.org

Appendix I: Listening Session Discussion Guide

FOCUS GROUPS/LISTENING SESSIONS FOR Co-Responder PROGRAM Listening Session Discussion Guide

SETTLING IN, CASUAL INTROS, LATE ARRIVALS, OPENING (5 mins)

- Thank you. Your time today helps us make sure that we are serving your best interests.
- It's a primary goal from DBHDD is that we listen to you, and also that you can see the impact of your feedback in the process.
- Feel free to discuss any element or issue openly. We can communicate feedback to the right people.
- This is also about helping you do your job better and how DBHDD Leadership can support that.
- This is not about debating the program. We're not a panel finding consensus, we're just learning together. It's OK to disagree.

GROUND RULES (5 mins)

- What you say will not be personally attributed to you. Speak what you really feel. Honest feedback is crucial.
- We will be taking detailed notes and writing notes constantly, and we may take things down word for word, but they will not be associated with your name or role unless you give us permission.
- After reviewing our notes and transcript, we may follow up to ask for your permission to quote you if something you have said crystalizes a sentiment that could easily help others contextualize a problem or opportunity.
- We may ask follow-up questions. Please don't think we are challenging anything you say, we may just be digging deeper.
- You all already know WAY more than we do about your communities and the work you do. Don't be afraid to educate us.
- This may feel a little structured, but it is a completely open discussion. Say what you like when you'd like.
- Everyone operates differently in a discussion. We all have lots of different personalities. And, each of you has something to offer to this discussion or you wouldn't have been invited. Do not hesitate to speak your thoughts, even if it contradicts the prevailing thought.
- Please don't interrupt other people, and we may ask you to hold your thoughts if we want to go back to someone else.
- Obviously, let's be respectful and productive. Let's think of challenges but also solutions.

INTRODUCTIONS AND VULNERABILITY (5 mins)

- Please say your name, where you work, what your role is... like the focus of your job... and a word you feel describes the Co-Responder model.

DISCUSSION (40 mins)

1. Changes from Year to Year:

- a. **Main Question:** What have been the biggest changes for your program that most stand out to you compared to last year
 - i. *Follow-Up:* What caused this change?
 - ii. *Follow-Up:* How will this change impact next year?

2. Experiences in the Field:

- a. **Main Question:** Can you share a memorable experience where the Co-Responder model made a significant difference in the outcome of a crisis situation?
 - i. *Follow-Up:* What do you think was the key factor in the success of that interaction?
 - ii. *Follow-Up:* How might this success story inform training or protocols?

3. Challenges and Obstacles:

- a. **Main Question:** What are the most significant challenges you face when responding to a call?
 - i. *Follow-Up:* Are these challenges due to resources, training, community relations, or inter-agency communication?
 - ii. *Follow-Up:* What support could be provided to help you overcome these challenges?

4. Interagency Collaboration:

- a. **Main Question:** How would you describe the level of coordination and collaboration between mental health professionals and law enforcement officers in the field?
 - i. *Follow-Up:* Are there any specific areas where you see the need for improvement in terms of collaboration?
 - ii. *Follow-Up:* What has been the most effective form of communication between agencies during a crisis?

5. Training and Preparedness:

- a. **Main Question:** How well do you feel current training programs prepare you for the variety of situations you encounter?
 - i. *Follow-Up:* Are there particular types of calls or situations where you feel more training is needed?

- ii. *Follow-Up:* How could training be adapted to better meet the needs of Co-Responders in the field?

6. Implementation:

- a. **Main Question:** Thinking about the different Co-Responder models, which one do you feel is more effective/easier to implement?
 - 1. Dispatch model (the clinician/staff is dispatched to the scene where the police are)
 - 2. Telehealth co-response model (law enforcement uses telehealth while on the scene)
 - 3. Full co-response (clinician rides with police to respond to calls)
- ii. *Follow-Up:* Are different models better suited for different areas around the state? If so, why?

7. Impact and Support:

- a. **Main Question:** How has working in a Co-Responder program impacted you personally and professionally?
 - i. *Follow-Up:* What kinds of support—emotional, professional, peer-led—do you find most beneficial?
 - ii. *Follow-Up:* Are there resources or support you need that you are not currently receiving?

8. Opportunities for Program Enhancement:

- a. **Main Question:** What opportunities do you see for enhancing the effectiveness of the Co-Responder programs in Georgia?
 - i. *Follow-Up:* Are there specific areas where increased funding could significantly improve outcomes?
 - ii. *Follow-Up:* How could community support be better leveraged to assist in your efforts?

Final Thoughts (5 mins)

Reflection and Suggestions:

- “Reflecting on our discussion, what are your overall thoughts on the Co-Responder program, and what additional suggestions do you have?”



D·B·H·D·D

Please reach out to DBHDD if you have questions or inquiries.



Call Us

Primary: (404) 657-2252



Contact Constituent Services

Contact Constituent Services Form

OR email DBHDDConstituentServices@dbhdd.ga.gov



Visit

200 Piedmont Ave, SE, West Tower
Atlanta, GA 30334



Learn More

DBHDD Co-Responder Program