

BE D·B·H·D·D

Co-Responder Data Entry Form Data Dictionary

Joyava Bell (judicial.services@dbhdd.ga.gov)



Table of Contents

General Overview

Structure of Data Collection

Person Level Demographics

Response Details

Response Outcome Details

Reminders and Summary

General Overview

Person Demographics

With whom did the co-responder team intervene?
What was their demeanor?

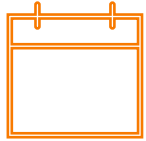
Response Event Characteristics

What spurred the response?
Who responded?
Was any force used?

Response Outcomes

How did the call end?
Was the person connected to services?
Was the person arrested?

Structure/Rules Around Data Collection

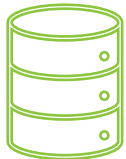


Collect data for every single encounter with a person – even if the team encounters the same person multiple times

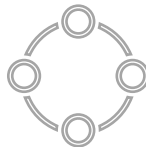


Fields required will change depending on:

- Client Demographics
- Call Outcomes



All fields on the screen will be required



Collecting identifiers from multiple systems to bring datasets together down the road:

- Client CID/Carelon ID
- Booking ID and Sheriff's Office ID
- Law Enforcement Computer Assisted Dispatch Record Numbers
- Law Enforcement Records Management System Numbers

Person-Level Demographics

* Required

Individual Information:

1. Individual Name: *

Enter your answer

This question is required.

2. CID Number (If Individual not registered with Carelon please enter NA) *

Enter your answer

This question is required.

3. Date of Birth: *

Please input date (M/d/yyyy)

This question is required.

4. Gender *

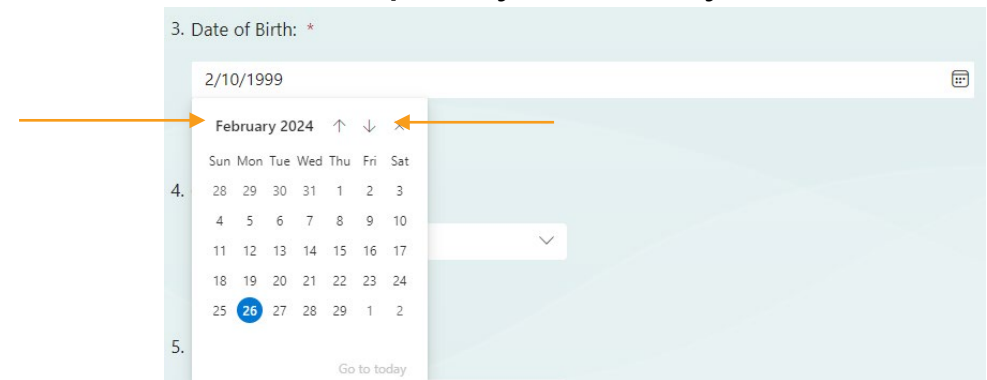
Select your answer

This question is required.

3. Male
Female
Trans - Male to Female
Trans - Female to Male
Nonbinary
Refused
4. Unknown

Select your answer

- If the person is registered with Carelon, please enter their name as it appears in that system.
- Find and enter the person's CID if they are registered in Carelon
- Use the **calendar icon** to enter the person's date of birth
 - To scroll through the years, click on the "month year" at the top of the calendar drop down and use the arrows to quickly find the year of birth



- **Gender** should be based on the way the person identifies – if possible

Person-Level Demographics (cont.)

5. Race *

Select your answer

6. Ethnicity: *

Hispanic

Not Hispanic

7. Individual Housing Status *

Crisis Residence

Homeless/Shelter

Institutional Setting

Living Independently

Living Independently with Others

Residential Care/Nursing Home

Residential Treatment Center

Don't Know

Other

- **Race** and **ethnicity** should also be based on the way the person identifies, if possible

5. Race *

Select your answer

- Caucasian
- African American
- Asian
- Multiracial
- Native American
- Native Hawaiian/Pacific Islander
- Refused
- Unknown

- Housing status should be based on the individual's situation at the time of co-response
- Depending on whether the individual is homeless, you will be prompted to enter their home address
 - Institutional Setting = hospital or other institutional placement, such as jail
 - Residential Care/Nursing home also includes community living arrangements and assisted living facilities
- **Other:** If the person's living arrangements don't fit into any of those categories, please tell us what they are

Person-level demographics (NOT Homeless)

8. Individual's Address:

Enter your answer

9. City: *

Enter your answer

10. Zip Code *

The value must be a number

- If the individual is living in an institutional setting, residential treatment, residential care, or crisis residence – enter the address for the facility
- **Otherwise**, enter the person's home address

Individual Demographic (Check all that applies): *

- Adult
- Juvenile
- Veteran
- Active/Former Public Safety

- Select all the remaining demographics characteristics that apply to the person:
 - Adult = 17+ (to align with the criminal justice definition)
 - Juvenile = 16 or younger

Response Details

8. Officer CIT Trained: *

Yes

No

CO-Responder Report Details

9. Person Completing Form *

Enter your answer

This question is required.

10. Title *

Select your answer

This question is required.

11. Date of Occurrence *

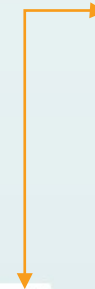
Please input date (M/d/yyyy)

This question is required.

12. Time of Occurrence: *

Enter your answer

This question is required.



- Did the officer responding to the call previously complete Crisis Intervention Training?
 - **If the Co-Responder team is responding as back-up**, this should be answered with respect to the initial officer on the scene, otherwise, this refers to the officer on the co-response team

- Enter the name of the person completing the form
- Enter the person's title from the dropdown
- Use the calendar icon to enter the incident response date
- Enter the time of the incident response, **please include AM or PM in your answer**

Response Details

13. Response End Time: *

Enter your answer

This question is required.

14. Please select the CSB (Community Service Board) *

Select your answer

This question is required.

15. Law Enforcement Report/Incident Number (If an Incident Report not filed please enter NA) *

Enter your answer

This question is required.

16. Computer Assisted Dispatch Record Number (If there is no CAD Record# please enter NA): *

Enter your answer

This question is required.

17. Law Enforcement Agency Name *

Select your answer

This question is required.

- Enter the time the co-response team left the scene or delivered the person to a treatment facility, **please include AM or PM in your response**
- Select the Community Service Board with which the clinician is affiliated
- **If the response resulted in a law enforcement incident report** – Enter the Incident Number from the law enforcement *records management system*
- **If the response was triggered by a call for service, OR if the law enforcement officer entered an incident in the Computer Assisted Dispatch System** – Enter the CAD record number
- Select the Co-Response Law Enforcement Agency Name

Response Details (cont.)

19. Reason(s) for Contact (Check all that applies) *

- Dispatch
- Repeat Call With 24 hours.
- Telehealth
- Self-initiated
- Welfare Check
- Call for backup from Dispatch/ Responding officer.
- Prior Contact

20. Behavior Prompting Response (Check all that applies) *

- DISORDERLY/DISRUPTIVE BEHAVIOR
- PUBLIC INTOXICATION THEFT/OTHER PROPERTY CRIME
- POSSESSION OR ACCESSIBILITY TO A FIREARM
- DOMESTIC DISTURBANCE/DOMESTIC VIOLENCE
- RUNAWAY/MISSING PERSON
- NEGLECT OF SELF
- NUISANCE (LOITERING, PANHANDLING, TRESPASS) DRUG-RELATED OFFENSE
- SUICIDE THREAT OR ATTEMPT
- THREATS OR VIOLENCE TO PERSONS
- USE OR BRANDISHING OF A WEAPON/FIREARM
- Other

- Select the reasons prompting contact with the individual
 - **Dispatch** – select only if dispatch sends the co-response team based on a call for service
 - **Telehealth** – if the Co-response team provides virtual back-up to another primary responder *or* if the co-response teams goes to a scene after an individual’s telehealth appointment with a CSB or other mental health provider
 - **Self-initiated** – if an individual *or their support system/family* call to request the co-response team
 - **Welfare Check** – if the co-response team is following up with an individual after a previous encounter, *or* if the individuals family/support system call requesting a welfare check on their loved one (even if it is an initial response)
 - **Call for backup from Dispatch/Responding Officer** – if another officer has already responded to the scene and calls for back-up from co-response. **Do not** select both this and “Dispatch”
 - **Prior contact** – if the co-response is conducting routine follow-up with an individual after prior involvement

- Select all the behaviors that prompted co-response

Response Details (cont.)

21. Type of demeanor observed (check all that apply): *

- CALM
- ANGRY
- ERRATIC
- VIOLENT
- IRRATIONAL
- THREATENING
- HIGHLY AGITATED
- HALLUCINATIONS
- INDICATIONS OF DEVELOPMENTAL DISABILITY
- VISIBLY UPSET
- BELLIGERENT
- CONFUSED
- DEPRESSED/SAD
- SCARED/FRIGHTENED
- UNCOOPERATIVE
- EVIDENCE OF DRUG/ALCOHOL USE
- DELUSIONS
- INDICATIONS OF MENTAL ILLNESS (i.e., DEPRESSION SCHIZOPHRENIA, ETC)
- Other

22. Did any one sustain Injury ? *

- Yes
- No

Back

Submit

- Check off all the modifiers that describe the individual's behavior during the co-response interaction
- Select whether anyone on scene sustained an injury
 - If the answer is "Yes" a series of questions will follow

Response Details (injuries sustained)

23. Who sustained an Injury?

- INDIVIDUAL
- CO-RESPONDER
- LAW ENFORCEMENT
- BYSTANDER

24. Injuries sustained during response (Check all that applies) *

- SPRAIN/STRAIN
- BITE
- BROKEN BONE
- GUNSHOT
- BRUISE/ABRASION
- LACERATION
- PUNCTURE
- INTERNAL INJURY
- Other

- Select all the people who may have sustained an injury on scene
 - **Individual** is the person exhibiting a behavioral health crisis about whom the call is placed
 - **Co-responder** is the clinician on the co-response team
 - **Law Enforcement** includes *either* the law enforcement partner on the co-response team, *or* another law enforcement officer on scene
 - **Bystander** includes any other person on the scene who sustained an injury

- Select the injuries that those who were injured sustained – this is any **injury sustained on scene**, not by specific people

Response Details (cont.)

23. Type of force used by officer (check all that applies. This Information should be provided by Law Enforcement)

- OFFICER PRESENCE/NO FORCE USED
- VERBAL DEESCALATION TECHNIQUES UTILIZED
- OPEN/EMPTY HAND TACTICS
- ELECTRONIC CONTROL WEAPON(S)
- CLOSED HAND TACTICS
- CHEMICAL AGENT
- PHYSICAL RESTRAINT DEVICES
- IMPACT WEAPONS (Batons, Flashlight, Collapsible baton)
- K-9 DEPLOYMENT
- DEADLY FORCE/FIREARM
- Other

- Select all the types of force that **any** responding law enforcement officer used during the interaction

Response Outcome (arrest or hospitalize)

25. Was FIRE/EMS Called? *

Yes

No

26. If transported to emergency receiving facility or medical admission selected above, what was the means of transportation: *

CO-RESPONDER TEAM

LAW ENFORCEMENT

AMBULANCE

FAMILY/FRIEND

PRIVATE TRANSPORTATION

Other

27. Hospital/ER Facility Name to which individual was transported: *

24. Disposition *

No Action/Resolved on Scene

1013

Voluntary Transport to Hospital/ERF

Mobile Crisis Dispatched

Arrest

Verbal Warning/Citation

25. Most Serious Booking Charge *

26. County Jail Name *

27. Booking Episode ID (If no information please enter NA): *

28. Sheriff's Office ID (If no information please enter NA): *

29. Referred to Jail in reach ? *

Yes

No

Not Available

- **Regardless** of whether Fire/EMS was transported the person, denote whether they were called to the scene
- **Select** all involved with transporting the person to care
- **Type in** where the person was taken

- Select the **most serious** charge for which person is booked (if booked on different charges)
- Booking Episode ID + Sheriff's Office ID should come from the **jail management system**

Response Outcome (all others)

24. Disposition *

- No Action/Resolved on Scene
- 1013
- Voluntary Transport to Hospital/ERF
- Mobile Crisis Dispatched
- Arrest
- Verbal Warning/Citation

25. Resource Information (Check all that Applies) *

- Community Transition Plan Completed
- MH/AODA Appointment Scheduled
- CSB Appointment Scheduled
- Clothing Resource Provided
- Employment Resource Provided
- Food Resource Provided
- Housing Resource Provided
- Referred to Mental Health Court
- CONTACT MADE WITH INDIVIDUAL'S PROVIDER (ACT, CST, ICM, ETC)
- REFERRAL TO ADULT OR CHILD PROTECTIVE SERVICES

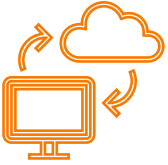
26. Was there a service needed to but was not available ? *

- Yes
- No

If the encounter disposition does not include transporting the person to either treatment or jail, please tell us about the resource referrals your team provided.

If the person required a service that was not available in your area, please indicate that as well.

Reminders and Summary

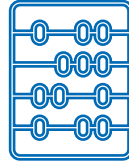


Depending on incident trajectory, you may need data from various systems:

- Carelon
- Law Enforcement Computer Assisted Dispatch
- Law Enforcement Records Management System
- Sheriff Jail Management System



Each encounter with the same person should be **logged** with a **new** submission



To the greatest extent possible, encounters should be entered in as they happen. Waiting to enter encounters till the end of the month or week may make the data gathering process overwhelming.



For questions about this data collection, contact:

Joyava Bell or Sonya Davidson
judicial.services@dbhdd.ga.gov



Get started with [collecting data!](#)

If the link above does not work, copy and paste this link to your browser:

<https://forms.office.com/g/fRaHSYYpiG>



BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D