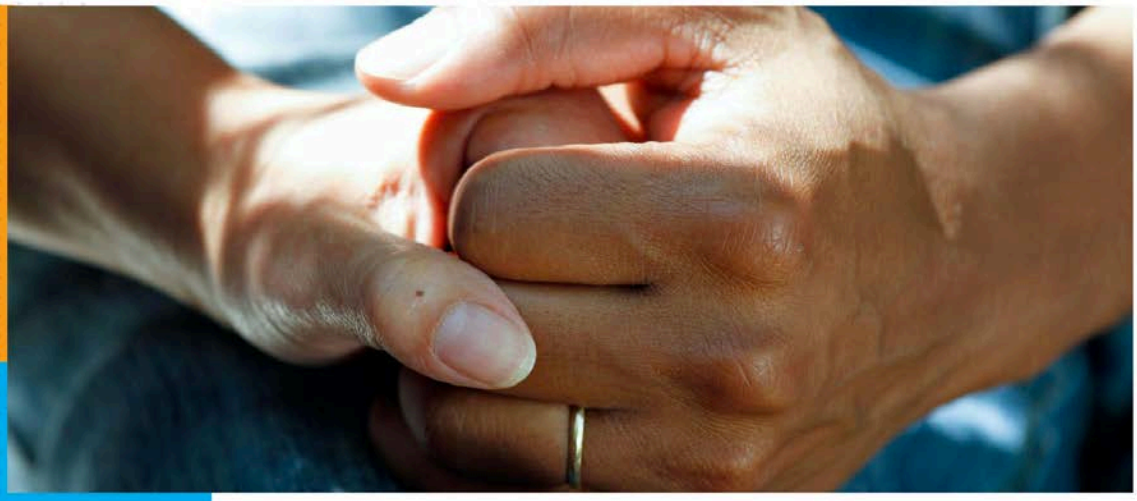
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Georgia Department of Behavioral Health & Developmental Disabilities

Co-Responder Program 2025 Annual Report

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Letter from the Commissioner

January 28, 2026

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

In accordance with Senate Bill 403, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) respectfully submits this Co-Responder Program 2025 Annual Report. DBHDD compiled this report from Community Service Board documentation, internal reports, and stakeholder listening sessions.

Key findings highlighted in this report include:

- Co-Responder programs are becoming more deeply embedded and relied upon across jurisdictions.
- Law enforcement and behavioral health stakeholders report improved crisis outcomes and stronger interagency collaboration.
- Demand for Co-Responder services has increased and now exceeds current workforce capacity in many regions, particularly rural areas.
- Flexible implementation models and scenario-based, interdisciplinary training are essential to statewide viability.
- Workforce well-being, retention, and data-informed program improvement are critical to long-term sustainability.

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,



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 for 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.

Data Highlights

Co-responses are most often initiated by 911 calls (33%) and law enforcement referrals (25%), reflecting strong collaboration between officers and mental health professionals. Follow-up visits (41%) highlight the ongoing support and outreach offered by the co-response model. Twenty-five percent of crises were resolved on-site, 59% of transports from the scene were involuntary; and Co-Responders facilitated 23% of those transports. The available data is limited but demonstrates the model's efficiency and compassion in crisis management.

Actionable Next Steps

- **Increased Program Investment:** Advocate for increased community programming and crisis centers that Co-Responders rely on and for increased funding to staff programs at an average annual budget of $333,379.
- **Expansion of Co-Responder Training:** Support the further development of cross-training programs to improve collaboration, recruitment, and retention.
- **Evaluate Cost-Savings and Impact:** An independent evaluation that generates evidence of cost-savings by law enforcement, criminal justice, and mental health systems to inform future investments of state and local funds.
- **Secure Sustainable, Scalable Funding:** Collaborate to encourage local investment of available funds towards the development of Co-Responder programs tailored to address community-specific needs.
- **Stay Involved:** DBHDD's 2nd Annual Co-Responders Conference will be held on February 25- 27th, 2026. The event brings together Behavioral Health Professionals, Fire/EMS, and Law Enforcement to collaborate, learn, and build connections; and the annual Co-Responders Day at the Capitol will be on February 19th, 2026.

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: Standardized Statewide Training**

  Solution: GPACT Co-Responder Training Program

  SB 403 laid out standards for Co-Responder programs in Georgia, including a mandate that all training shall be provided at the expense of DBHDD and at no expense to any law enforcement agency, public safety agency, or CSB. To meet the standard laid out in SB403, DBHDD applied for the Transformation Transfer Initiative (TTI) funding opportunity from the National Association of State Mental Health Program Directors (NASMHPD) for crisis care system improvements and expansion, including prevention and follow-up strategies. This funding opportunity enabled DBHDD to develop the Georgia Partnership in Action for Co-Responder Training ("GPACT") Curriculum. This new curriculum established a standardized training offered to all Co-Responder programs in Georgia.

  The inaugural GPACT training was conducted on November 18th, 2025, for 11 teams (22 Co-Responders). There will be a second offering of this training on February 25, 2026, during the 2nd Georgia Co-Responder Conference for up to 30 Teams (60 Co-Responders). The training is geared towards new Co-Responder programs, but provides uniform training standards statewide with a goal to ensure individuals in crisis receive similar levels of care and response at a minimum, regardless of location or Co-Responder type.

  DBHDD is continuously seeking opportunities to expand this training for more advanced teams and add modules to address more topics based on feedback and evaluation data gathered. There is also recognition that all teams may not have the ability to attend in-person and allow online

portions of the training and training for programs that do not have the traditional ride-along approach.

The goals of creating this training curriculum include:

- Completion of subject-specific training and the Train the Trainer program to increase the awareness, knowledge, and 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 Potential Impact: Unique Provider Staff trained on this Co-Responder curriculum (unduplicated) of up to 150 individuals.

- **Need: Flexible Implementation**

  Solution: Behavioral Health Professionals and Hybrid Approaches

  Senate Bill 403 defines a Co-Responder program as established through a partnership between a community service board and a law enforcement agency. The community service board member in a Co-Responder program is a behavioral health professional working at the direction of a community service board who is licensed or certified in this state to provide counseling services or to provide other support services to individuals and their families regarding a behavioral health disorder, and who is part of a Co-Responder team.

  This allows the flexibility to allow Co-Responders to be peers, case managers, associate licensed professionals, clinicians, and other certified behavioral health professionals. DBHDD recognized that the needs of local communities vary and that the flexibility to not standardize Co-Responder programs is important and necessary to ensure each team is reflective of the needs of each local community.

In addition, there has been the implementation of a hybrid approach that utilizes a clinician to provide co-response and jail in-reach. This hybrid approach allows for DBHDD to explore how this program can benefit smaller counties or cities that may have limited resources, high behavioral-health needs, and tight public safety budgets that do not allow funding for a full Co-Responder or jail in-reach program. Limited budgets can stretch further when public safety and healthcare resources are used more efficiently. With fewer community services, making contact before release dramatically improves linkage and engagement success, without requiring extra infrastructure.

Notable Quotes from Stakeholders:

- ***"This program helps us do the job the way it should be done."*** *(Law Enforcement Listening Session Transcript)*
- ***"I can't imagine going back to how things were before this model existed."*** *(Co-Responder Program Staff Listening Session)*
- ***"A year ago, we were still figuring out when to call them. Now it's just part of how we respond."****(Law Enforcement Listening Session)*
- ***"Last year it was really about just getting started and figuring things out. This year it feels more like, okay, now they really rely on us."*** *(Co-Responder Program Staff Listening Session)*
- ***"We're not spinning our wheels on the same calls over and over like we used to."*** *(Law Enforcement Listening Session)*
- ***"We're trying to build something that works whether you're in a rural county or a large metro area."*** *(AMES & ABT Global Listening Session)*
- ***"Learning from other Co-Responders who've done this work is some of the best training we get."*** *(Co-Responder Program Staff Listening Session)*

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 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 the legislature to support SB 403 was $89,706 per program, mirroring 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, who 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 suggest that 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.

- **Need: Clearer Statewide Protocols**

  Recommended Solution: Guidance of Protocols

  Many tools have been established, including legislation, to support law enforcement to transport individuals in behavioral health crises to appropriate treatment. Georgia law allows for multiple options to authorize the involuntary transport of an individual in crisis to a mental health stabilization at an Emergency Receiving Facility (ERF). Legislation created a new option in 2022 allowing law enforcement to consult with a licensed clinician to authorize the individuals' involuntary transport for psychiatric crisis care. There is a need for clear expectations and statewide consistency in the application of the legislation. DBHDD has received requests for guidance and discussion around these topics. Accordingly, DBHDD legal staff will present at the 2026 Georgia Co-Responder Conference on involuntary transports and legal compliance issues specifically relevant to Co-Responders.

- **Need: Improved Data, Outcomes Tracking, and Evaluation**

  Recommended Solution: Comprehensive Study of Co-Responder Programs

  ABT Global and Carl Vincent Institute on Government are both actively partnering with DBHDD to assess the effectiveness and impact of Co-Responder programs. The goal is to use data and outcomes to determine best practices, strengthen crisis response, and improve outcomes for individuals experiencing behavioral health crises. The evaluations will also incorporate qualitative feedback from officers, behavioral health professionals, and

individuals served to better understand program strengths and areas of improvement.

The Carl Vinson Institute of Government independently received grant funding to conduct a study on Co-Responder models across Georgia. Research will include case studies of Co-Responder models in rural Georgia and collaboration between law enforcement and mental health agencies. Additionally, researchers will identify best practices and identify lessons learned that may inform implementation and improvement of Co-Responder models in Georgia. This research will begin in early 2026 and is expected to last twelve to eighteen months.

ABT Global is proposing an evaluation plan that outlines a rigorous approach to assessing the impact of Georgia's Behavioral Health and Peace Officer Co-Responder Act on outcomes for individuals experiencing behavioral health crises. Rather than evaluating a single training program, the study focuses on the law itself by comparing behavioral health–related police calls in a Georgia border county subject to the Co-Responder Act with similar calls in a neighboring Alabama county that does not have a co-responder law. Using several years of police dispatch and incident data from before and after the law's passage, the evaluation will examine whether the Act is associated with changes in key outcomes, specifically arrests and involuntary psychiatric referrals. By leveraging this cross-state comparison, the study aims to isolate the effects of the legislation and generate evidence on whether statewide co-responder policies can help divert individuals in crisis away from the criminal justice system and toward appropriate behavioral health services.

Notable Quotes from Stakeholders:

- ***"We've gone from explaining what we do to managing expectations because they want us on almost every call now."*** *(Co-Responder Program Staff Listening Session)*

- ***"The biggest difference is that training is finally being built with some consistency instead of everyone just figuring it out on their own."*** *(Co-Responder Program Staff Listening Session)*

- ***"If people really understood the impact, I think funding conversations would look different."*** *(Co-Responder Program Staff Listening Session)*

- ***"These calls stick with you, and having support matters more than people realize."*** *(Law Enforcement Listening Session)*

- ***"If we had more coverage, especially after hours, it would be a game changer."*** *(Law Enforcement Listening Session)*

- ***"Our role is to translate those experiences into something that actually works in practice."*** *(AMES & ABT Global Listening Session)*

- ***"Support and clarity make a huge difference in how effective this [training] can be."*** *(AMES & ABT Global Listening Session)*

- ***"If we can tighten up the data, it helps everyone understand what's working."*** *(AMES & ABT Global Listening Session)*

Co-Responder Program Highlights

The following images capture key moments from the past year that reflect the ongoing work, partnerships, and progress of Co-Responder programs across Georgia. These visuals highlight training sessions, collaborative field efforts, and statewide convenings that support behavioral health crisis response. Together, they offer a snapshot of how Co-Responder programs are implemented in practice and the people and partnerships that make this work possible.



2025 Co-Responder Day at the Capitol

LC 112 2982

House Resolution 252

By: Representatives Cooper of the 45th, McCollum of the 30th, Hilton of the 48th, Silcox of the 53rd, and Dempsey of the 13th

A RESOLUTION

Commending the impact of the Georgia Depart
Developmental Disabilities (DBHDD), community
responders; and for other purposes.

WHEREAS, in 2022, the Georgia General Assembly
Georgia Behavioral Health and Peace Officer Co-Resp
for Co-Responder programs, which bring together law
health professionals to respond to mental health crisi

WHEREAS, Co-Responder programs have since
passion for assisting individuals in crisis, effectively
calls for service, diverting individuals from unnecess
to behavioral health services while enhancing publi

WHEREAS, the Georgia Department of Behaviora
(DBHDD) has played a key role in supporting t
Co-Responder teams through collaboration with fir
and behavioral health providers; and

H. R. 252
- 1 -

LC 112 2982

rams have contributed to better outcomes for individuals in crisis by
treatment, reducing strain on law enforcement resources, and
ion between public safety agencies and mental health professionals
crises within local communities throughout the State of Georgia;

and expanding these efforts will further strengthen Georgia's
h crises, redirect individuals from

H. R. 252
- 2 -

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES that the members of this body commend the Georgia Department of Behavioral Health and Developmental Disabilities and local Co-Responder programs for their role in responding to mental health crises as well as acknowledge the importance of their continued operation throughout the state.

BE IT FURTHER RESOLVED that the members of this body recognize February 19, 2025, as Co-Responder Day at the state capitol to highlight the ongoing efforts of these programs in enhancing crisis response and public safety.



2025 Co-Responder Day at the Capitol



The 2025 National Co-Responder Conference was held in Atlanta



Patch Board at the 1st Annual Co-Responder Team Professional Development Conference showing the reach of the programs statewide



The Co-Responder Advisory Council convened on November 20, 2025, at Community Service Board of Middle Georgia's main campus in Dublin

WALB NEWS 10 Your Hometown News Source!

Georgia Pines launches co-responder program in Colquitt County

Updated: May 20, 2025 at 4:00 PM EDT



Beginning in August, Colquitt County Schools, grades K-12, will have the option to participate in Georgia Pines' co-responder program.



Georgia Partnership in Action for Co-Responder Training (GPACT) Vetting Class at Kennesaw State University AMES Center

GEORGIA'S CO-RESPONDER PROGRAM

Georgia Department of Behavioral Health & Developmental Disabilities
DBHDD

A Smart, Safe Response to Behavioral Health Crises: Why It Matters to Superior Court Judges

Georgia's Co-Responder Program pairs law enforcement with behavioral health professionals to jointly respond to 911 calls involving individuals in a behavioral health crisis. Together, they de-escalate situations, connect individuals to treatment, and reduce unnecessary arrests and ER visits. In Georgia, SB 403 (2022) requires Community Service Boards (CSBs) to partner with law enforcement.



Why It Matters to Superior Court Judges

- **Reduces Repeat Felony Arrests:** Co-responders help address root causes of behaviors that otherwise escalate to Superior Court-level offenses.
- **Supports Accountability Courts:** Co-Responder follow-up can complement mental health and drug court interventions.
- **Improves Judicial Efficiency:** Keeps low-level behavioral health cases out of the system, helping courts focus on serious offenses.
- **Advances Public Safety:** Ensures people in crisis get help early, before issues escalate to violence or chronic system involvement.

Key Outcomes for 2024

- 33% of responses begin with 911 calls; 24% come from law enforcement referrals.
- 34% of cases include follow-up services.
- 25% of crises are resolved on scene; 55% of transports are voluntary.
- 22% of all transports were facilitated by co-responder teams.

Proven Benefits

- Decreased recidivism
- Reduced burden on ERs and jails
- Faster connections to outpatient care
- Strengthened trust between courts, police, and communities

3 Practical Actions Judges Can Take

1. **Use Co-Responder Records to Inform Bond and Pretrial Decisions**
   If available, request documentation or care updates from co-responder teams. These insights can inform risk assessments, especially when mental health is a factor.
2. **Encourage Referrals to Accountability Courts**
   Promote policies that connect co-responder-identified individuals to your circuit's mental health or drug court. Co-responder follow-ups improve engagement and compliance.
3. **Strengthen Community-Based Sentencing Options**
   Collaborate with local Community Service Boards (CSBs), accountability courts, and law enforcement to develop or enhance referral pathways for treatment alternatives to incarceration, especially when co-responder follow-up is available.

QUOTES FROM THE FIELD



"Instead of arresting individuals with mental health issues, our co-responder program has helped connect them to mental health services, treatment, or support systems. This has helped reduce the unnecessary involvement of individuals with mental illness in the criminal justice system."

CHIEF R. SCOTT FREEMAN, CONYERS POLICE DEPARTMENT

"Since starting the co-responder program, the decrease in repeated contacts with individuals in need of help has drastically declined. I attribute that to our team's ability to assist folks in the field, real-time, during the crisis and follow-up with ongoing case management so desperately needed by the individual."

CHIEF BILL GROGAN, NORCROSS POLICE DEPARTMENT



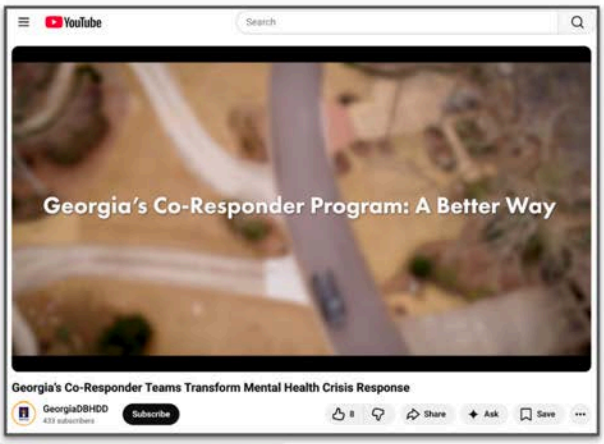
LEARN MORE

Read the Most Recent Co-Reponder Annual Report

Watch the Co-Responder Overview Video

Superior Court Judges Conference One Pager detailing how Co-Response reduces repeat felony arrests, supports accountability courts, improves judicial efficiency, and advances public safety



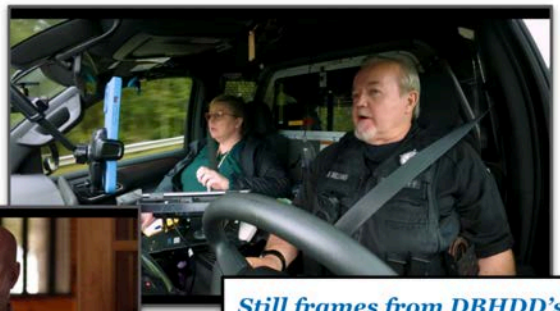




At the Co-Responder Conference in June, DBHDD debuted a video showcasing Georgia's Co-Responder Teams and how they are transform mental health crisis response

Scan the QR code to watch the video







Still frames from DBHDD's Co-Responder Video



Still frames from DBHDD's Co-Responder Video





Inaugural GPACT Class during the Behavioral Health and the Law Conference in November

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	**Serenity**[1] 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 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 provide 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 $10,705,884 and would provide programs to 44 law enforcement agencies. On June 12, 2025, 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	8,740,997
General Supplies	287,843
Transportation *(CSB specific - does not include LEA co-response vehicle)*	229,513
Technology	319,272
Training	166,195
Total Direct Costs	9,743,821
Administrative	962,063
Total CSB-Proposed Budget	10,705,884

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 is implementing a minimum data set (MDS) created by the CSB Association 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. 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. One state-funded program has not come online and is currently in the implementation phase. The program is making progress and will become operational upon identifying staff to fill the open position. Therefore, there are some data limitations with the sample size and potential variations in data collection methods.

We have included statistics derived from all sources, including CSB documentation and reports 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 Non-State Funded Co-Responder Programs

Non-state funded programs are not required to submit data to the state Minimum Data Set (MDS) since they are not funded by DBHDD.

We have included submitted data in the figures below. Non-disaggregated totals were not included. Columns with no numbers indicate that the data was not available. No data was provided for the MDS question of how individuals were transported to Emergency Receiving Facilities (ERF).

Please note: Highland Rivers includes 3 locations, Claratel includes 4 locations, View Point Health includes 3 locations, and Georgia Pines includes 2 locations.

Telehealth Responses

(Figure 2)



Highlights

- **Telehealth Utilization Is Concentrated in a Small Number of Programs**
  Telehealth was utilized 195 times across non-state funded programs, with View Point Health (61) and Bridge Health (40) accounting for nearly half of all encounters. This suggests that telehealth capacity and adoption vary significantly among these sites.

- **Overall Co-Response Volume Varies Widely by Provider**
  Several programs report relatively low telehealth engagement, while a small number of sites demonstrate consistent use. This uneven distribution indicates differences in operational capacity, technology access, or model design across these programs.

Co-Response Type

(Figure 3)

	Avita	Bridge Health	Highland Rivers	Advantage	River Edge	Claratel	View Point Health	Aspire	Georgia Pines	Legacy	Total
c. BHC - Other	18	1	19	9	2	10	0	0	2	5	66
Wellness Check	27	2	549	3	0	13	0	0	10	4	608
a. BHC - Law Enforcement	45	75	20	23	8	4	330	126	36	11	678
Follow - Up	122	40	259	16	14	305	866	213	143	82	2,060
Crisis Call	214	116	522	90	15	132	857	126	27	33	2,132
Total	426	234	1,369	141	39	464	2,053	465	218	135	5,544

(BHC = Behavioral Health Consultation)

Highlights

- **Crisis Calls Represent the Largest Share of Non-State Funded Activity**
  Crisis calls total 2,132 encounters, making them the most common co-response activity. View Point Health (857) and Highland Rivers (522) experienced the highest amount of crisis calls. This highlights the continued demand for real-time crisis intervention among non-state funded programs.

- **Follow-Up Calls Drive High Service Volume**
  Follow-up calls totaled 2,060 encounters statewide, with View Point Health (866), Claratel (305), and Highland Rivers (259) reporting the highest volumes, accounting for a substantial proportion of these interactions.

- **Behavioral Health Consultation with Law Enforcement and Wellness Checks Is Highly Concentrated**
  Law enforcement–related behavioral health consultations total 678 cases, with View Point Health (330) and Aspire (126) together accounting for more than two-thirds of all such encounters. This pattern suggests deeper integration with law enforcement in select non-funded regions. Wellness checks total 608 cases with Highland Rivers accounting for the majority (549).

Demographics

(Figure 4)

	Avita	Bridge Health	Highland Rivers	Advantage	River Edge	Claratel	View Point Health	Aspire	Georgia Pines	Legacy	Total
Adults w/dementia, memory loss, etc.	29	3	0	4	2	8	0	0	2	5	53
Juvenile	58	22	28	2	2	39	81	0	4	3	239
Total	87	25	28	6	4	47	81	0	6	8	292

Highlights

- **Juveniles Represent a Significant Share of Individuals Served**
  While funded sites track demographics across thirteen domains, non-funded sites only reported demographics for juveniles and adults with probable cognitive impairment. Juvenile encounters total 239, representing a substantial portion of the 292 individuals served. This contrasts with funded programs and suggests that non-funded sites may be responding more frequently to youth-related crises.

- **Adults with Cognitive or Memory-Related Conditions Are Emerging Area of Need**
  Adults experiencing dementia, memory loss, or similar conditions account for 53 encounters statewide, indicating more limited engagement with this population among non-funded programs. Demographic data about this specific group may be added to the state-funded site demographics in 2026. Based on the recent listening session, Co-Responder teams are seeing more requests for support with this population. Tracking this data over time will be critical.

Outcomes

(Figure 5)

	Avita	Bridge Health	Highland Rivers	Advantage	River Edge	Claratel	View Point Health	Aspire	Georgia Pines	Legacy	Total
Arrests	11	1	13	4	0	3	45	3	3	0	83
Referral to Community Resources	12	11	21	3	3	0	14	46	3	4	117
Refused Co-Responder Services	0	0	0	23	1	0	124	0	1	0	149
Referral to CSB Services	14	55	47	6	3	11	109	84	24	27	380
Emergency Room	43	98	121	16	4	77	408	1	6	13	787
Resolved on Scene	153	38	251	30	10	186	714	93	22	7	1,504
	233	203	453	82	21	277	1,414	227	59	51	3,020

Highlights

- **Most Encounters Are Resolved on Scene**
  Resolved-on-scene outcomes account for 1,504 cases, representing the largest outcome category. View Point Health (714) and Highland Rivers (251) contribute the highest volumes, suggesting a strong focus on stabilization without escalation.

- **Emergency Room Referrals Are Relatively High**
  A total of 787 individuals were referred to the emergency room, with View Point Health (408) and Highland Rivers (121) accounting for the majority. This may reflect higher acuity presentations or fewer diversion options in non-state funded settings.

- **CSB Referrals Remain a Key Pathway**
  Referrals to CSB services total 380, with View Point Health (109), Aspire (84), and Bridge Health (55) serving as the largest contributors.

Transports to Emergency Receiving Facilities (ERF)

(Figure 6)

	Avita	Bridge Health	Highland Rivers	Advantage	River Edge	Claratel	View Point Health	Aspire	Georgia Pines	Legacy	Total
Voluntary	6	18	14	18	2	36	7	5	16	1	123
Involuntary	66	27	75	24	6	11	14	33	0	28	284
Total	72	45	89	42	8	47	21	38	16	29	407

Highlights

- **Transport Activity Is Often Involuntary**
  Of the 407 total transports, 284 (70%) were involuntary. Highland Rivers (75) and Avita (66) indicated the highest activity. These sites have the highest transports overall, with transport-related activity occurring across multiple non-state funded sites.

- **Voluntary Transports are Highest at Claratel**
  Out of the 123 total voluntary transports, Claratel (36) reported nearly a third of such activity. Bridge Health and Advantage both had 18 voluntary transports, with Georgia Pines (16) reporting only voluntary transports.

Data for State-Funded Co-Responder Programs

Co-Response Program data provided by CSBs, where available, and presented cumulatively across the collected data points as required by SB 403.

Co-Response

(Figure 8)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Other	3	49	22	1	0	16	1	34	126
Prior Co-response Contact	10	39	21	28	1	18	2	33	152
Telehealth Utilized	43	25	6	115	8	0	4	9	180
Law Enforcement Referral	12	27	51	18	1	21	3	48	271
911 response	51	61	75	68	58	11	0	36	363
Total	119	201	175	230	68	66	10	160	1,092

Highlights

- **911 Response Is the Leading Point of Entry**
  With 363 encounters, 911 response accounts for the largest share of funded co-response activity. GA Pines–Mitchell (75), McIntosh Trail (68), and GA Pines–Colquitt (61) contribute the highest volumes, indicating that emergency calls continue to serve as the primary pathway into services across regions.

- **Law Enforcement Referrals Are Concentrated in a Few Regions**
  Law enforcement referrals total 271 cases, but they are not evenly distributed. GA Pines–Mitchell (51) and Unison (48) are the two largest contributors, together accounting for more than a third of all referrals, suggesting certain regions rely more heavily on law enforcement as a referral mechanism than others.

- **Telehealth Utilization Is Driven Primarily by McIntosh Trail**
  Telehealth was utilized 180 times overall, with McIntosh Trail alone accounting for 115 of those encounters, more than all other regions combined and reinforcing its uniquely high operational dependence on telehealth tools.

Co-Response Type

(Figure 9)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Behavioral Health Consultation (BHC)	18	0	0	0	0	0	0	0	18
c. BHC - Other	4	29	11	0	0	0	0	25	69
b. BHC - Family/Friend	0	36	12	38	0	0	1	3	90
Wellness Check	3	32	51	0	0	0	0	15	101
a. BHC - Law Enforcement	14	33	28	42	0	0	2	32	151
Crisis Call	30	55	75	55	59	48	0	30	352
Follow-Up	15	101	180	38	0	48	2	160	544
Total	84	286	357	173	59	96	5	265	1,325

Highlights

- **Follow-Up Is the Most Common Co-Response Activity**
  Follow-up interactions account for 544 total cases, making them the most frequently delivered service across regions. GA Pines–Mitchell (180), Unison (160), and GA Pines–Colquitt (101) are the largest contributors, highlighting strong regional emphasis on ongoing engagement after initial contact.

- **Crisis Calls Are the Second-Largest Activity Category**
  A total of 352 crisis calls were recorded, with GA Pines–Mitchell (75), Middle Flint (59), GA Pines–Colquitt (55), and McIntosh Trail (55) contributing substantially. This indicates that real-time crisis intervention remains a core operational demand within funded sites.

- **Law Enforcement Behavioral Health Consultations Vary by Region**
  Behavioral health consultation with law enforcement totals 151 cases, driven primarily by McIntosh Trail (42), GA Pines–Colquitt (33), and Unison (32). This pattern suggests that certain regions have stronger integration between behavioral health and law enforcement during co-response encounters.

Demographics

(Figure 10)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Total	122	299	361	243	121	108	6	259	1,529
Male	38	78	105	62	27	28	2	52	392
Black or African American	13	48	92	83	33	20	0	22	321
White	15	76	60	23	18	23	1	91	307
Female	28	53	58	47	27	20	2	65	300
Juvenile	12	18	20	17	5	9	0	18	99
Homeless	9	7	8	6	4	0	1	5	40
Hispanic or Latino	3	11	4	4	5	1	0	4	32
Asian	2	1	2	0	1	5	0	0	11
Multiracial	0	1	8	0	1	0	0	1	11
Veterans	2	2	2	1	0	2	0	0	9
Non-Binary/ Gender Fluid	0	4	2	0	0	0	0	0	6
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	1	1
American Indian or Alaska Native	0	0	0	0	0	0	0	0	0

Highlights

- **Adults Make Up the Majority of Individuals Served**
  The total number of individuals served is 1,529, with adults composing the overwhelming majority. Juvenile contacts total 99, showing that co-response teams primarily engage with the adult population across regions.

- **GA Pines Regions Reported the Highest Service Volume**
  GA Pines–Mitchell (361) and GA Pines–Colquitt (299) collectively account for 660 individuals — over 40% of all demographic encounters. This concentration highlights the higher call volume and broader service reach in these regions.

- **Racial Demographics Reflect Near Equal Representation**
  Black or African American individuals account for 321 encounters while White individuals account for 307. GA Pines–Mitchell (92) showed the highest Black/African American representation, while Unison (91) showed the highest White representation.

Outcomes

(Figure 11)

	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Arrests	0	2	0	4	0	0	0	3	9
Fire/EMS	1	7	4	3	0	0	0	0	15
Refused Co-Responder Services	4	6	2	0	4	0	0	8	24
Referral to Adult or Child Protective Services	5	5	9	3	0	0	0	3	25
BHCC	9	6	14	38	1	0	0	0	68
Emergency Room	6	17	13	16	11	0	0	20	83
Collateral Contact with active outpatient services	14	23	47	5	3	3	0	8	103
CSU	4	3	1	2	35	26	0	33	104
Referral to CSB Services	14	21	92	19	5	0	3	24	178
Referral to Community Resources	24	30	85	47	0	2	0	6	194
Resolved on Scene	12	66	117	27	0	22	1	19	264
Total	93	186	384	164	59	53	4	124	1,067

(BHCC = Behavioral Health Crisis Coordinator, CSU= Crisis Stabilization Unit, CSB = Community Services Board)

Highlights

- **Most Encounters Resolved on Scene or Referred to Community Resources**
  Resolved-on-scene outcomes account for 264 cases, while referrals to community resources total 194. GA Pines–Mitchell leads both categories, indicating a strong emphasis on stabilizing individuals without higher-acuity escalation.

- **CSB and BHCC Referrals Show Region-Specific Utilization**
  Providing contact with collateral with active outpatient services (103) and CSU referrals (104) are utilized at nearly the same total number. GA Pines–Mitchell leads in the use of collateral with active outpatient services (47) with Middle Flint most often using CSU referrals, showing various crisis stabilization pathways.

- **Emergency Room Referrals Are Moderate but Concentrated**
  A total of 83 individuals were referred to the ER. Unison (20), GA Pines–Colquitt (17), and McIntosh Trail (16) account for most of these referrals, suggesting regional differences in available diversion options or clinical presentation patterns.

Transports to Emergency Receiving Facilities (ERF)

(Figure 12)



	Advantage	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	Middle Flint	New Horizons	Pineland	Unison	Total
Voluntary	10	6	13	11	11	0	0	28	79
Involuntary	5	18	14	44	32	27	1	27	168
Total	15	24	27	55	43	27	1	55	247

Highlights

- **Transports Are Primarily Involuntary**
  Of the 247 total transports, 168 (68%) were involuntary. McIntosh Trail (44), Middle Flint (32), and Unison (27) represent the highest involuntary transport activity, indicating more acute clinical presentations in these regions.

- **Voluntary Transports Reported Less Frequently and Vary Widely**
  Of the 79 voluntary transports reported statewide, Unison (28), GA Pines–Mitchell (13), and McIntosh Trail and Middle Flint (both with 11 instances) contributed most. This pattern suggests that voluntary acceptance of transport still predominates in some areas.

- **McIntosh Trail and Unison Have the Highest Overall Transport Counts:**
  Both regions reported 55 total transports each, together representing nearly half of all ERF transports. This underscores higher transport demand or acuity levels within these service areas.

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	2	1	0	0	0	0	0	3
Other	0	0	13	0	0	0	0	0	13
Family	3	0	1	3	2	0	0	8	17
EMS	4	3	5	12	4	0	0	12	40
Co-Responder Team	0	1	0	0	2	0	0	37	40
Law Enforcement (not co-responder) - Sheriff's Department	0	20	6	0	15	27	0	8	76
Law Enforcement (not co-responder) - Police Department	8	12	3	41	24	0	0	0	88
Total	15	38	29	56	47	27	0	65	277

Highlights

- **Law Enforcement Remains the Primary Transport Method**
  Police Department (88) and Sheriff's Department (76) transports together account for 164 of the 277 total transports — nearly 60%. McIntosh Trail (41 PD transports) and New Horizons (27 Sheriff transports) show strong reliance on law enforcement involvement.

- **Co-Responder Teams Facilitate a Meaningful Portion of Transports**
  A total of 40 transports were completed directly by Co-Responder teams, with Unison (37) being the dominant contributor. This reflects regional differences in operational capacity or Co-Responder-led transport procedures.

- **EMS and Family Transports Are Less Common but Still Relevant**
  EMS transported 40 individuals, primarily from McIntosh Trail (12) and Unison (12). Family transports accounted for 17 cases, most notably in Unison (8) indicating occasional reliance on natural support networks when appropriate.

Stakeholder 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, and law enforcement, and curriculum designers and evaluators. 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 27-29, 2025.

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 D) 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

The 2025 listening sessions brought together Co-Responder clinicians, law enforcement officers, program leaders, and curriculum developers to share their experiences with implementing and refining Georgia's Co-Responder model. Across all groups, participants described significant growth in program capacity, deeper cross-agency collaboration, and clearer statewide expectations for training and implementation. They also highlighted persistent resource gaps, the need for standardized procedures, and the emotional and operational demands of crisis work.

The following Common Themes and Key Takeaways reflect insights shared consistently across stakeholder groups and represent notable trends emerging from the 2025 listening sessions.

Common Themes

1. **Rising Complexity of Behavioral Health Calls**

   Across regions, stakeholders reported increased calls involving older adults (especially dementia), juveniles, individuals with intellectual or developmental disabilities, and people with co-occurring medical issues. These cases frequently exceed available resources, leaving clinicians and officers to improvise solutions within system constraints.

2. **Persistent Resource Gaps and System Fragmentation**

   Participants described chronic shortages in Emergency Receiving Facilities (ERFs), youth beds, dementia placements, intellectual and developmental disabilities (IDD) supports, and after-hours crisis resources. Hospital criteria for admission remain inconsistent, EMS pushback on 1013 cases continues, and transport responsibilities vary widely across counties, creating stressful and time-consuming barriers.

3. Strengthened Collaboration Between Clinicians and Law Enforcement

Trust and rapport between embedded clinicians and officers have grown significantly. Both groups emphasized that co-response improves safety, reduces unnecessary arrests, and produces more humane, effective outcomes. Agencies with strong internal champions reported the greatest success.

4. Need for Standardized Statewide Training and Procedures

Stakeholders consistently reported a lack of standardized guidance on core topics, including risk assessment, 1013/2013 processes, ERF coordination, transport protocols, crisis documentation, and model-specific expectations. All groups expressed strong support for modular, online, and in-person blended training, with regular updates as the system evolves.

5. The Co-Responder Role Is Emotionally Demanding and Insufficiently Supported

Clinicians and officers both reported emotional fatigue from repeated exposure to trauma. Curriculum developers also described the weight of developing realistic scenarios. Participants stressed the need for structured professional support, peer consultation, and wellness resources.

6. Implementation Must Remain Flexible Across Counties

Rural, suburban, and urban areas require different Co-Responder models: embedded teams, dispatch models, telehealth co-response, or hybrid options. Stakeholders agree that statewide standardization should not eliminate necessary local flexibility.

7. Need for Improved Data, Outcomes Tracking, and Evaluation

All groups emphasized that demonstrating the program's impact with crisis diversion, reduced arrests, hospital utilization, repeat calls, and cost savings is essential for sustaining funding and expansion. Improved data systems and evaluation frameworks were top priorities.

8. Co-Responder Programs Are Transforming Crisis Response Culture

Law enforcement participants described co-response as the future of policing. Clinicians noted that being embedded in agencies increases empathy, mutual respect, and officers' willingness to seek mental health support. Curriculum developers expressed pride in shaping a foundational statewide system poised for long-term improvement.

Key Takeaways

1. A Need for Clearer Statewide Protocols

Stakeholders repeatedly called for uniform guidance on ERF workflows, medical clearance, transport roles, 1013 documentation, and system navigation. This lack of clarity contributes to delays, disagreements, and inconsistent outcomes.

2. Workforce Shortages Threaten Program Sustainability

Many agencies struggle to hire and retain clinicians, especially for evening and overnight shifts. Programs cannot achieve 24/7 coverage without more competitive compensation, realistic schedules, and expanded staffing.

3. Training Must Be Modular, Accessible, and Updated Regularly

Participants widely supported a blended model of online modules, in-person scenario work, and model-specific add-ons. Training should evolve annually to reflect new laws, best practices, and emerging needs (aging adults, IDD, medically complex cases).

4. Telehealth Is Expanding and Valuable, But Dependent on Trust

Telehealth co-response works well in rural areas, increasing officer confidence and after-hours support. However, its effectiveness relies heavily on strong relationships and clear policies.

5. Co-Response Enhances Safety, Trust, and Crisis Outcomes

Across all sessions, stakeholders agreed that co-response reduces trauma, prevents unnecessary arrests, improves family engagement, and leads to safer outcomes. Officers and clinicians described a changed workplace culture, improved morale, and better public interactions.

6. Emotional and Professional Support for Co-Responders Is Essential

Participants described the work as uniquely heavy and noted a lack of structured wellness supports. Peer consultation groups, debriefing protocols, and supervision were consistently recommended enhancements.

7. Expanded Data Infrastructure Will Support Legislative Advocacy

Strong outcome data will be critical for sustaining and expanding Co-Responder programs. Stakeholders emphasized the need for robust, standardized statewide data collection and analysis.

8. The 2025 Curriculum Is a Foundational Step, Not a Final Product

Curriculum developers and trainees agreed that this year marked a major milestone. However, they see the training as iterative—requiring ongoing refinement, future expansions, and continued cross-agency collaboration.

Common Themes from Listening Sessions

Co-Responder Program Staff (Clinicians & Program Leads) Listening Session

1. Changes From Last Year

Participants described a clear shift from the early program start-up toward refinement, noting stronger relationships with law enforcement, clearer role definitions, and increased confidence in responding to complex crises. Several clinicians emphasized movement from "proving the model" to managing demand and expectations as officers increasingly rely on Co-Responders. Others noted that the introduction of statewide training and curriculum development marked a major change from the prior year.

- ***"Last year it was really about just getting started and figuring things out. This year it feels more like, okay, now they really rely on us."*** *(Co-Responder Program Staff Listening Session Transcript, 06:42)*

- ***"We've gone from explaining what we do to managing expectations because they want us on almost every call now."*** *(Co-Responder Program Staff Listening Session Transcript, 08:15)*

- ***"The biggest difference is that training is finally being built with some consistency instead of everyone just figuring it out on their own."*** *(Co-Responder Program Staff Listening Session Transcript, 10:03)*

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2. Experiences in the Field

Clinicians described frequent exposure to high-acuity situations, including suicide risk, severe mental illness, and substance-related crises. Many emphasized the importance of time, being able to slow interactions, build rapport, and de-escalate situations that officers alone could not resolve.

Participants also highlighted the emotional intensity of the work and the value of follow-up in preventing repeat crises.

- ***"We can sit with someone for an hour if we need to, and that alone changes the whole outcome of the call."*** *(Co-Responder Program Staff Listening Session Transcript, 14:27)*

- ***"A lot of the impact comes after the call…that follow-up is where you really see change."*** *(Co-Responder Program Staff Listening Session Transcript, 16:02)*

- ***"You're seeing people on some of the worst days of their lives, and that takes a toll even when you love the work."*** *(Co-Responder Program Staff Listening Session Transcript, 17:49)*

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3. Challenges and Obstacles

Participants consistently identified staffing shortages, limited pay competitiveness, and burnout as major challenges. Rural programs described difficulty recruiting licensed clinicians and balancing large geographic coverage areas. Several clinicians also noted role confusion, with law enforcement sometimes expecting clinical services beyond the Co-Responder's scope.

- ***"It's hard to keep people when the pay doesn't match the intensity of what we're doing every day."*** *(Co-Responder Program Staff Listening Session Transcript, 22:18)*

- ***"In rural areas, you might be the only person covering multiple counties, and that's not sustainable long-term."*** *(Co-Responder Program Staff Listening Session Transcript, 24:01)*

- ***"Sometimes officers want us to fix things we just can't fix in one call."*** *(Co-Responder Program Staff Listening Session Transcript, 25:36)*

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4. Interagency Collaboration

Clinicians described generally positive collaboration with law enforcement, emphasizing trust built through consistency and shared experiences. Some noted variation across departments, with leadership support playing a key role. Participants also discussed the importance of shared language and mutual understanding of risk and safety.

- ***"Once officers see you show up and handle tough calls, the relationship changes completely."*** *(Co-Responder Program Staff Listening Session Transcript, 29:44)*

- ***"It really depends on the department leadership. When they support it, everything works better."*** *(Co-Responder Program Staff Listening Session Transcript, 31:12)*

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5. Training and Preparedness

Participants emphasized the need for more specialized, ongoing training tailored to co-response work. Many highlighted gaps between academic clinical training and real-world crisis response alongside law enforcement. Peer-to-peer learning and scenario-based training were frequently cited as especially valuable.

- ***"School doesn't prepare you for standing next to an officer on a volatile call."*** *(Co-Responder Program Staff Listening Session Transcript, 34:08)*

- ***"Learning from other Co-Responders who've done this work is some of the best training we get."*** *(Co-Responder Program Staff Listening Session Transcript, 35:41)*

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6. Implementation

Clinicians discussed variation in co-response models, noting that flexibility is essential due to geography, staffing, and resources. Many expressed support for allowing dispatch, telehealth, and full co-response models to coexist rather than enforcing a single approach statewide.

- ***"What works in a metro area just doesn't work the same way in a rural county."*** *(Co-Responder Program Staff Listening Session Transcript, 38:56)*

- ***"We need permission to adapt the model without feeling like we're doing it wrong."*** *(Co-Responder Program Staff Listening Session Transcript, 40:02)*

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7. Impact and Support

Participants described strong professional fulfillment but also emotional strain. Many emphasized the need for structured emotional support, supervision, and peer connection. Several noted that clinicians often prioritize officer well-being while lacking comparable support themselves.

- ***"I love the work, but there's a weight that comes with seeing this much crisis."*** *(Co-Responder Program Staff Listening Session Transcript, 43:18)*

- ***"We're really good at supporting officers, but clinicians need that same level of care."*** *(Co-Responder Program Staff Listening Session Transcript, 44:51)*

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8. Opportunities for Program Enhancement

Clinicians identified funding stability, expanded staffing, and standardized training as key opportunities. Many stressed the importance of educating policymakers and communities about program impact. Rural participants emphasized the need for scalable, alternative models.

- ***"If people really understood the impact, I think funding conversations would look different."*** *(Co-Responder Program Staff Listening Session Transcript, 47:36)*

- ***"Rural programs need options that fit reality, not just the ideal version of co-response."*** *(Co-Responder Program Staff Listening Session Transcript, 48:59)*

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9. Final Reflections

Participants expressed strong commitment to the Co-Responder model and optimism about its future, while acknowledging the risks of burnout and under-resourcing. Many emphasized that the work feels essential to humane crisis response.

- ***"I can't imagine going back to how things were before this model existed."*** *(Co-Responder Program Staff Listening Session Transcript, 51:12)*

Law Enforcement Listening Session

1. Changes From Last Year

Law enforcement participants described a noticeable shift in how behavioral health calls are handled compared to the prior year, emphasizing increased reliance on Co-Responders and greater confidence in their role. Officers noted that Co-Responders are now more routinely integrated into response protocols rather than viewed as an optional add-on. Several participants highlighted improved outcomes and fewer repeat calls as a key difference from previous years.

- ***"A year ago, we were still figuring out when to call them. Now it's just part of how we respond."****(Law Enforcement Listening Session Transcript, 05:11)*
- ***"We're not spinning our wheels on the same calls over and over like we used to."*** *(Law Enforcement Listening Session Transcript, 07:02)*

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2. Experiences in the Field

Officers shared experiences responding to high-risk behavioral health crises, including suicide ideation, severe mental illness, and substance-related incidents. Participants emphasized that Co-Responders allow officers to step back from roles they feel unprepared to fill, while still ensuring safety. Many described improved outcomes when clinicians take the lead in communication and de-escalation.

- ***"They can talk to people in a way we just aren't trained to, and it changes everything."*** *(Law Enforcement Listening Session Transcript, 11:38)*
- ***"It takes a lot of pressure off the officer to be everything at once."*** *(Law Enforcement Listening Session Transcript, 13:21)*

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3. Challenges and Obstacles

Participants identified the limited availability of Co-Responders, especially after hours, as a major challenge. Officers expressed frustration when demand exceeds capacity, particularly in rural or understaffed areas. Some noted lingering confusion about when Co-Responders are available or appropriate to request.

- ***"The biggest frustration is knowing how helpful they are but not always being able to get one."*** *(Law Enforcement Listening Session Transcript, 16:47)*

- ***"Coverage hours are still a challenge, especially nights and weekends."*** *(Law Enforcement Listening Session Transcript, 18:09)*

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4. Interagency Collaboration

Officers described generally strong collaboration with Co-Responders, particularly where relationships have been built over time. Participants emphasized that trust develops through repeated shared calls and consistent follow-through. Leadership support and shared training opportunities were cited as important enablers of collaboration.

- ***"Once you've been on a few tough calls together, that trust really sets in."*** *(Law Enforcement Listening Session Transcript, 21:34)*

- ***"When leadership supports it, the whole department buys in faster."*** *(Law Enforcement Listening Session Transcript, 22:58)*

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5. Training and Preparedness

Participants discussed the importance of training that helps officers understand mental health conditions, de-escalation strategies, and the Co-Responder's role. Officers emphasized that training works best when it is practical and scenario-based rather than purely theoretical.

- **"The training helps us slow things down and think differently about these calls."** *(Law Enforcement Listening Session Transcript, 26:19)*

- ***"Doing scenarios together makes it real…that's what sticks."*** *(Law Enforcement Listening Session Transcript, 27:44)*

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6. Implementation

Officers noted that different co-response models work better in different jurisdictions, depending on staffing, call volume, and geography. Participants expressed support for flexible implementation rather than rigid statewide requirements.

- ***"What works for a big department doesn't always work for a small one."*** *(Law Enforcement Listening Session Transcript, 30:52)*

- ***"Flexibility is key if you want departments to actually use the program."*** *(Law Enforcement Listening Session Transcript, 32:10)*

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7. Impact and Support

Officers described reduced stress, improved morale, and greater job satisfaction when Co-Responders are involved. Several participants highlighted the emotional toll of repeated crisis exposure and noted that Co-Responders help mitigate burnout by sharing responsibility.

- ***"It makes a difference knowing you're not handling these situations alone."*** *(Law Enforcement Listening Session Transcript, 35:47)*

- ***"These calls stick with you, and having support matters more than people realize."*** *(Law Enforcement Listening Session Transcript, 37:02)*

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8. Opportunities for Program Enhancement

Participants identified expanded staffing, longer coverage hours, and continued training as major opportunities for improvement. Officers also stressed the importance of communicating program success to policymakers and the public.

- ***"If we had more coverage, especially after hours, it would be a game changer."*** *(Law Enforcement Listening Session Transcript, 39:41)*

- ***"People need to see the results to understand why this matters."*** *(Law Enforcement Listening Session Transcript, 41:06)*

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9. Final Reflections

Participants expressed strong support for the Co-Responder model and described it as essential to humane policing. Officers emphasized that the program aligns with their desire to keep people out of jail when incarceration is not appropriate.

- ***"This program helps us do the job the way it should be done."*** *(Law Enforcement Listening Session Transcript, 43:58)*

AMES & ABT Global (Curriculum Developers & Evaluators) Listening Session

1. Changes From Last Year

Curriculum developers and evaluators described a significant shift from conceptual planning to active curriculum development and early implementation. Participants emphasized that the prior year focused on identifying needs and gaps, while this year centered on translating those findings into a structured, statewide training framework. Several noted increased clarity around DBHDD's expectations and the role of evaluation in informing future iterations.

- ***"Last year was about listening and gathering information. This year is really about building and testing something tangible."*** *(AMES & ABT Global Listening Session Transcript, 04:56)*

- ***"There's a lot more clarity now about what the state wants and how this training is supposed to function."*** *(AMES & ABT Global Listening Session Transcript, 06:31)*

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2. Experiences in the Field

While not directly responding to calls, participants described extensive engagement with Co-Responder leaders, clinicians, and law enforcement to ground the curriculum in real-world experiences. They highlighted the challenge of balancing consistency with flexibility across diverse program models and geographies. Several noted the importance of translating complex field realities into accessible training content.

- ***"What we kept hearing was how different these programs look depending on where they are."*** *(AMES & ABT Global Listening Session Transcript, 09:48)*

- ***"Our role is to translate those experiences into something that actually works in practice."*** *(AMES & ABT Global Listening Session Transcript, 11:02)*

3. Challenges and Obstacles

Participants described challenges related to scope, time constraints, and the breadth of material needed to adequately prepare Co-Responders. Several noted difficulty balancing foundational content with advanced topics while keeping training accessible to varied audiences. Evaluation challenges included limited baseline data and inconsistent metrics across programs.

- ***"There's always tension between how much you want to cover and what's realistic in a training environment."*** *(AMES & ABT Global Listening Session Transcript, 14:37)*

- ***"Evaluation is challenging when programs are at very different stages of development."*** *(AMES & ABT Global Listening Session Transcript, 16:05)*

4. Interagency Collaboration

Participants discussed the importance of collaboration between behavioral health, law enforcement, and state partners in shaping curriculum content. They noted that successful curriculum development depends on integrating perspectives across disciplines while navigating differing priorities and language.

- ***"You really see how important shared language is when you're trying to train across systems."*** *(AMES & ABT Global Listening Session Transcript, 18:42)*

- ***"The best feedback comes when clinicians and law enforcement are both at the table."*** *(AMES & ABT Global Listening Session Transcript, 20:11)*

5. Training and Preparedness

Participants emphasized the need for training that accommodates different roles, experience levels, and co-response models. They highlighted scenario-based

learning and modular design as strategies to support flexibility and scalability. Several noted the importance of preparing participants not only for crisis response but also for collaboration and communication.

- ***"We're trying to build something that works whether you're in a rural county or a large metro area."*** *(AMES & ABT Global Listening Session Transcript, 23:29)*

- ***"Preparedness isn't just about crisis skills, it's about how people work together."*** *(AMES & ABT Global Listening Session Transcript, 25:03)*

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6. Implementation

Curriculum developers discussed phased implementation, emphasizing piloting, feedback, and iteration. They noted that implementation must remain responsive to participant feedback and evolving program needs. Several emphasized that training rollout should align with broader system readiness.

- ***"We don't see this as one-and-done…it's something that should evolve."*** *(AMES & ABT Global Listening Session Transcript, 27:54)*

- ***"Implementation has to match where programs actually are, not where we wish they were."*** *(AMES & ABT Global Listening Session Transcript, 29:16)*

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7. Impact and Support

Participants described professional satisfaction in contributing to a statewide initiative with potential long-term impact. They also noted the importance of institutional support, clear communication, and sufficient resources to sustain both training and evaluation efforts.

- ***"It's rewarding to be part of something that could shape this work for years to come."*** *(AMES & ABT Global Listening Session Transcript, 31:42)*

- ***"Support and clarity make a huge difference in how effective this [training] can be."*** *(AMES & ABT Global Listening Session Transcript, 33:07)*

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8. Opportunities for Program Enhancement

Participants identified opportunities to strengthen data collection, standardize metrics, and better integrate evaluation findings into program improvement. They emphasized the importance of using data not only for accountability but also for learning and adaptation.

- ***"If we can tighten up the data, it helps everyone understand what's working."*** *(AMES & ABT Global Listening Session Transcript, 35:18)*

- ***"Evaluation shouldn't just report, it should guide improvement."*** *(AMES & ABT Global Listening Session Transcript, 36:44)*

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9. Final Reflections

Participants expressed optimism about the future of Co-Responder training in Georgia, while noting that continued investment, iteration, and stakeholder engagement will be essential. Several emphasized the importance of maintaining flexibility as programs evolve.

- ***"This feels like a strong foundation, but it's just the beginning."*** *(AMES & ABT Global Listening Session Transcript, 38:12)*

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.

Available data continues to suggest co-response to be a cost-effective measure for addressing behavioral health crises. 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.

There have been requests to expand the reach of currently funded Co-Responder teams to cover more shifts and the inclusion of more staff. This requires funding that is outside of the scope of current funding allotted for each team. DBHDD is committed to seeking external funding opportunities and approaches to support the expansion of this work, but ultimately it requires support from local cities and counties. Local support not only allows for more programs to be created, it allows for programs to move away from a one-size-fits-all model to more flexible and responsive systems tailored to the needs of the local community. DBHDD's goal is to work with communities to allocate resources gradually and strategically supported by data that demonstrates improved outcomes for law enforcement, providers, and all citizens of Georgia. Teams or programs can start small and expand as success is proven, allowing for county commissioners and local governments to identify what works before committing significant budget resources.

The GPACT curriculum marks a major milestone that has been accomplished in meeting the requirements of Senate Bill 403 by establishing a statewide standardized training for new Co-Responders. Georgia is one of very few states that has been able to accomplish this task. To sustain this training, train-the-trainer will be offered for law enforcement and behavioral health professionals interested in sharing these foundational practices and knowledge to novice Co-Responder teams.

The new focus on this curriculum is to expand it to ensure that it stays relevant and responsive to learning needs and demands of our local communities. To increase accessibility, DBHDD is seeking ways to include online modules that will enhance the curriculum. To reinforce existing knowledge and introduce any new policies or best practices, there is the consideration of refresher training.

All of these exciting things require additional funding. Successful implementation of these projects and program sustainability require financial support from multiple funding sources. Funding must be mobilized across multiple systems to create the lasting impact that is being created with Co-Responder programs, along with other criminal justice and behavioral health collaborative partnerships.

The time to act is now.

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:

1. Invest in Training and Workforce Development

- Capitalize on the increased reliance and understanding of Co-Responder to promote wider Crisis Intervention Training (CIT) adoption by law enforcement agencies.

- Recognize and support the critical, challenging, and unique work of behavioral health professionals on Co-Responder teams.

2. Expand Co-Responder Resources

- Secure funding to recruit and retain qualified behavioral health professionals and expand Co-Responder coverage to evenings and weekends, ensuring expanded availability.

3. Leverage Data to Demonstrate Impact

- Advocate for a unified data collection system to track key intersecting program outcomes, including cost savings, reduced arrests, and improved community health metrics (fewer ER visits, increased overall health, etc.)

- Support 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 (utilizing the promotional video), the yearly conference and Co-Responder Day at the Capitol to showcase the transformative benefits of Co-Responder programs, strengthening community support.

4. Ensure Sustainable Funding and Scale Coverage

- Champion an annual state appropriation 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:

    - **Co-Responder Day at the Capitol on February 19, 2026:** Legislators are welcome to meet and hear from Co-Responders and learn more about Georgia's Co-Response model.

    - **DBHDD's 2nd Annual Co-Responders Conference will be held on February 25- 27th, 2026.** The event brings together Behavioral Health Professionals, Fire/EMS, and Law Enforcement to collaborate, learn, and build connections.

    - If you would like to know more about these events please contact DBHDD's communications team at public.affairs@dbhdd.ga.gov.

    - If you want to **host your own Co-Responder informational or training session** at an existing community coalition, advocates, or law enforcement meeting, please reach out to CIT@dbhdd.ga.gov *(see Appendix C)*.

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. By taking these steps we can 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 2025, many state-funded Co-Responder programs are becoming embedded in communities across Georgia. To support this growth, DBHDD hosted its first Co-Responder conference and the 2025 national Co-Responder conference was held in Atlanta. DBHDD applied and received the Transformation Transfer Initiative (TTI) award and GPACT was launched and the inaugural class began in November 2025. This rapid growth reflects the needs for strong legislative support in order to expand 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, expanded staffing and incentives, and continued training 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: Commissioner Letter to Law Enforcement about Crisis Intervention Training



Georgia Department of Behavioral Health & Developmental Disabilities

Kevin Tanner, Commissioner

D·B·H·D·D

Office of the Commissioner

October 14, 2025

Dear Law Enforcement Partner,

I am proud to announce that DBHDD is now the leading state agency for Georgia's Crisis Intervention Team (CIT) program. DBHDD is working with internal and external partners to update the state's CIT program, which will result in a more effective training program and stronger community partnerships. Starting in May 2026, DBHDD will offer law enforcement modernized curriculum developed and administered by local experts, such as first responders, community providers, and individuals with lived experience.

In accordance with CIT International, Georgia's new CIT program will leverage partnerships between law enforcement, behavioral health professionals, individuals with lived experience, and other community partners to improve the community response for individuals experiencing a crisis related to a behavioral health, intellectual developmental disability, and/or autism spectrum disorder. The CIT program is based on the "Memphis Model" which has been shown to save lives, decrease the impact on the criminal justice system and decrease stigma.

Georgia's new CIT program boasts the Crisis Response and Intervention Training (CRIT) curriculum endorsed by CIT International. This 40-hour training course combines curriculum-based learning with site visits and applied scenario-based learning. DBHDD's CIT Steering Committee will supplement the CRIT curriculum with information specific to Georgia's unique resources.

We look forward to launching the revamped courses in May 2026. Plans are underway to add "CIT for Youth" and "CIT for 911" trainings after the rollout of the CIT program.

If you would like to obtain training prior to the rollout of DBHDD's CIT program, we also offer Mental Health First Aid for Law Enforcement/First Responders.

If you have questions about the new program or would like to request a class, please reach out to CIT@dbhdd.ga.gov.

Thank you for your partnership and patience as we implement the new CIT program.

Sincerely,

Kevin Tanner, Commissioner
Georgia Department of Behavioral Health and Developmental Disabilities

200 Piedmont Ave S.E. | Suite 1406, West Tower | Atlanta, Georgia 30334 | 404.463.7946 | dbhdd.georgia.gov

Appendix D: Listening Session Discussion Guide

Discussion Guide for Co-Responder Programs, Law Enforcement, and AMES & ABT Global Listening Sessions

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 crystallizes 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. *Co-Responder Programs and Law Enforcement:* 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?

    b. *AMES & ABT Global*: What have been the biggest changes in your work with the Co-Responder program that most stand out to you compared to last year?

2. **Experiences in the Field:**

    a. *Co-Responder Programs and Law Enforcement:* 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?

    b. *AMES & ABT Global*: *[If training has been completed]* I know the first live session is November 18th. And I know you all are conducting a pre-survey. From that, if you can share some feedback from what you're hearing?

3. **Challenges and Obstacles:**
    a. *Co-Responder Programs and Law Enforcement:* 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?

    b. *AMES & ABT Global*: What are the most significant challenges you face when developing the curriculum?

4. **Interagency Collaboration:**

a. *Co-Responder Programs and Law Enforcement:* 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?

b. *AMES & ABT Global*: How would you describe the level of coordination and collaboration in developing the curriculum?

5. **Training and Preparedness:**

a. *Co-Responder Programs and Law Enforcement:* 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?

b. *AMES & ABT Global*: I know you'll know more after this initial training, but in your ideal world, what is the level of training that you think folks working with Co-Responder Programs need?
    i. *Follow-Up:* Did you attend last year's conference? If so, what did you like and what needs improvement?
    ii. *Follow-Up:* What kind of online training or modules would be most helpful?

6. Implementation:

a. *Co-Responder Programs and Law Enforcement:* 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?

b. *AMES & ABT Global*: Will there be training for different models?

7. **Impact and Support:**

a. *Co-Responder Programs and Law Enforcement:* 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?

b. *AMES & ABT Global*: Will the training address supporting the well-being of Co-Responder personnel?

8. **Opportunities for Program Enhancement:**
    a. *Co-Responder Programs and Law Enforcement and AMES & ABT Global:* 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?"

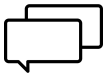
Thank you for your time.

D·B·H·D·D

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



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Primary: (404) 657-2252



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