

Georgia Department of Behavioral
Health & Developmental Disabilities

Co-Responder Program Annual Report



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Letter from the Commissioner

January 30, 2024

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

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

The report provides the following key items:

- Intended outcomes, programmatic oversight, and selection process for new Co-Responder Programs
- Co-Responder Program success measures and data per community service board, where available, and cumulatively across sites.
- Results from listening sessions with stakeholders.

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, Michael Polacek, at Michael.polacek@dbhdd.ga.gov.

Respectfully,



Commissioner Kevin Tanner
Department of Behavioral Health and Developmental Disabilities



Executive Summary

In the dynamic landscape of Georgia's mental health intervention, Senate Bill 403 is fueling a remarkable shift in crisis management:

- **Frontline Responses:** In 37.25% of cases, emergency situations are primarily addressed through 911 calls. Law enforcement referrals closely follow, exemplifying effective collaboration between officers and mental health professionals.
- **On the Ground:** Active Field Operations: A significant portion of interventions (32.42%) involves direct responses to crisis calls, complemented by crucial follow-up activities (29.79%). These interactions often include behavioral consultations, highlighting a focus on compassionate care in challenging situations.
- **Who's Being Helped:** Assistance is extended to a diverse group of individuals. Predominantly, males and the Black or African American and white communities are key recipients of aid, demonstrating an inclusive approach. The program also supports other demographics, including juveniles, and veterans, ensuring a wide-ranging impact.
- **Impacts and Outcomes:** In nearly 29% of cases, situations are diffused right where they start – on the scene, indicating effective immediate crisis management. The system's reliance on referrals creates a network of community support, emphasizing a holistic approach to crisis intervention. Notably, arrests are infrequent, with emerging data from Georgia sites showing that only 2.6% of encounters end in arrest, reflecting a preference for rehabilitative over punitive measures.
- **Choices in Crisis:** When it's time for emergency care, more than half walk in voluntarily – underscoring a system that values and respects personal agency in critical moments. For others, emergency interventions are less voluntary but remain a crucial aspect of the response strategy.
- **Journey to Help:** Law enforcement, particularly sheriff's departments, often play a pivotal role in transportation during emergencies. Additionally, Co-Responder teams, which represent a collaborative effort between different agencies, are also key contributors to this aspect of crisis management.



Introduction

In 2022, 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.

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.

This report was updated on 3/12/24.



Background: 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.

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- Current: As of December 2023, Co-Responder programs are still mostly in the early stages of development across Georgia. However, their rapid growth and strong legislative support reflect a commitment to expanding this collaborative approach to crisis response.

Looking Ahead:

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



The Atlanta Journal-Constitution

Gwinnett police's mental health team helped end Greyhound bus standoff

Department thankful for peaceful resolution to Tuesday's SWAT deployment on I-85



"The BHU Clinician was able to determine that the suspect was, in fact, experiencing a psychotic episode, possibly his first, and provided the officers with guidance and information on how to talk to the individual."

- Assistant Chief Smith
Gwinnett County Police Department

Credit: HYOSUB SHIN / AJC

Milestone: Covid-19 Supplemental Block Grant

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 would target 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:

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

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.

Below you will see a highlighted case study of medical assessments and hospital diversions that were completed by our Co-Responder programs that are partnered with Grady and Coweta Fire/EMS.

¹ Not currently operational.



Milestone: SB 403 and House Bills 1013 and 911

Senate Bill 403 requires each community service board to establish Co-Responder programs with interested local law enforcement partners (see Appendix A). 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.”*

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 \$89,786.00 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.

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 sub-committees 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.	What training is needed for Co-Responders in Georgia? A survey was sent to stakeholders to gather information on trainings that is already in place for co-response teams and trainings that are in need of development.	Define what successful diversion and engagement will look like for our programs. Discuss potential local and statewide challenges to reaching diversion and engagement goals and consider possible solutions.

Selection Process for New Co-Responder Sites

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

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

Of the thirteen received applications, twelve submitted budgets substantially over \$89,000.

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

Milestone: 10 New Co-Responder Programs

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.

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

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.

Presentation of the CSB Budget

Senate Bill 403's vision for Co-Responder programs was comprehensive, requiring them to eventually have behavioral health professional team members available 24/7 and providing follow-up services, including outpatient therapy. These requirements cannot be met with a single clinician. CSBs were therefore asked to submit budgets to DBHDD reflecting the costs of running a program meeting all the bill's requirements for each interested law enforcement agency partner. The total proposed cost to fulfill the promise of SB 403's vision came to \$15,418,814 and would provide programs to 44 law enforcement agencies. On June 29, 2023, 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	12,313,065
General Supplies	313,965
Transportation (CSB Specific)	518,794
Technology	338,009
Training	713,800
Total Direct Costs	14,197,636
Administrative	1,221,181
Total CSB-Proposed Budget	15,418,814


Intended Outcomes

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

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

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

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

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



Measuring Success

DBHDD has created and is implementing a minimum data set (MDS) for all statewide Co-Responder teams, to include basic demographic and dispositional data collected by the Co-Responder clinician to demonstrate efficacy of the program using the following data points:

- Co-Response
- Co-Response Type
- Demographics
- Outcomes
- Transports to Emergency Receiving Facilities (ERF)
- How were individuals transported to ERF

The first set of data is from the federally funded Co-Responder programs. These programs are not required to submit data to the state MDS since they are not funded by DBHDD. For those that did submit their data, we have included it in the figures below. Those who did not submit data were in the development phase (see Serenity and River Edge's letters in *Appendix B*). Future reports will provide a fuller picture of the co-responder programs as more sites come online and data collection methods are standardized. To help with this data collection in the future, funding for this type of evaluation is needed.

The second set of data is from new, SB 403-funded co-response programs per CSB, where available, and cumulatively across the collected data points. As mentioned earlier, not all programs have come online while others have only been operational for a few months. Therefore, there are some data limitations with the sample size and there are potential variations in data collection methods as sites get up-to-speed on the data collection process.

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

Data for Co-Responder Programs Not Receiving State Funding

A reminder: these federally-funded programs are not required to submit data to the state MDS since they are not funded by DBHDD. For those that did submit their data, we have included their data in the figures below. Note that non-disaggregated totals were not included. Those who did not submit data were in the development phase.

Within the data, we have combined Highland Rivers Cobb and Marietta locations and View Point Health’s data includes multiple sites: Chamblee, Conyers, Decatur, Dunwoody, Gwinnett, Lawrenceville and Norcross Police Departments as well as Rockdale County Sheriff’s Office.

Co-Response

(Figure 2)

	Aspire	Avita	Bridge Health	CSB of Middle Georgia	DeKalb CSB	Highland Rivers	Total
Law Enforcement Referral	114		3	11	878	61	1067
911 response	227	293	84	10		278	892
Other			101	1		1	103
Prior Co-response Contact			5			7	12
Telehealth Utilized							0

Highlights:

- The data indicates that law enforcement referrals are the predominant method for initiating contact, accounting for nearly 51% of the cases. This prevalence underscores the critical role that law enforcement plays in the pathway to services, which could reflect the extent of collaboration between service providers and police departments.
- 911 responses constitute about 43% of the total interactions. This substantial proportion highlights the urgency and the severity of situations that lead to the involvement of 911 services. The reliance on emergency response points to potential gaps in community-based resources that could preemptively address issues before they escalate to the point of emergency.
- The lack of utilization of telehealth might reflect a lack of resources, possible barriers to technology access. Understanding the reasons behind this could be pivotal considering the potential for telehealth to increase accessibility and reduce response times.

Co-Response Type

(Figure 3)

	Advantage	Aspire	Avita	Bridge Health	CSB of Middle Georgia	DeKalb CSB	Douglas CSB	Highland Rivers	View Point Health	Total
Follow - Up		890	62	28		986		1020	1118	4104
Crisis Call		341	293	122	3	207		299	1708	2973
c. BHC - Other					5		480	3		488
Behavioral Health Consultation (BHC)	159		267		1			17		444
a. BHC - Law Enforcement		227					108	6		341
b. BHC - Family/Friend					2	176		8		186
Wellness Check				9				2		11

Highlights:

- Follow-up as a priority in Co-Response represents the most substantial portion of co-response types. This suggests a strong commitment to ongoing engagement, where initial interventions are not the end of the service but rather a step in a continuum of care.
- The second most prominent category, "Crisis Call," underscores the critical role of co-response services in managing immediate crises. The high volume of crisis calls also points to the need for robust crisis intervention strategies within these services.
- The subcategories under Behavioral Health Consultation (BHC) highlight the collaborative efforts between behavioral health services and law enforcement. Such cooperation is essential in situations where individuals may be experiencing a mental health crisis, and the involvement of law enforcement is necessary. This integration can be instrumental in de-escalating potentially volatile situations and ensuring that individuals receive appropriate care.



Demographics

(Figure 4)

	Aspire	Avita	Bridge Health	DeKalb CSB	Highland Rivers	Total
Black or African American			3	920	38	961
Male			48	627	40	715
Female			48	537	45	630
Juvenile	56	53	33	160	11	313
White			94	175	31	300
Homeless				21	14	35
Hispanic or Latino					12	12
Veterans	2		7		2	11
Multiracial				5	2	7
Asian	1		1		2	4
Native Hawaiian or Other Pacific Islander				2		2
Non-Binary/ Gender Fluid					1	1
American Indian or Alaska Native						0

Highlights:

- Black or African American individuals interact with the service or system at a higher rate relative to their population size. This overwhelming majority calls for a deeper investigation into the factors contributing to this figure and suggests that interventions need to be tailored to address the specific needs and circumstances of this community.
- Males represent approximately 53%, and females 47% of the service users, indicating a relatively balanced gender distribution, with a slight male predominance.
- The representation of young people in the data, around 10%, is significant and points to the particular vulnerabilities of this group. The percentage highlights the importance of providing targeted support and resources to address the complex needs of young individuals, who often face barriers to accessing services.

Outcomes

(Figure 5)

	Aspire	Avita	Bridge Health	DeKalb CSB	Highland Rivers	View Point Health	Total
Referral to Community Resources	341		12	222		580	1155
Emergency Room		109	28	200	90	521	948
Resolved on Scene	234		16	8	125	314	697
Refused Co-Responder Services	8		7	44		341	400
Referral to CSB Services	333						333
Arrests	23	10	3	9	38	60	143
BHCC	107				28		135
CSU			21	28			49
Referral to Adult or Child Protective Services	3		0				3
Fire/EMS			2	0			2
Collateral Contact with active outpatient services							0

Highlights:

- Referrals to community resources are the most frequent outcome, with roughly 30% of cases resulting in individuals being connected to community resources, reflecting a strong reliance on local support networks and services.
- Referrals to emergency rooms account for approximately 25% of outcomes. The data underscores the necessity of having access to more intensive care options and the seamless integration of these services with initial response efforts.
- The outcome "Resolved on Scene" and "Referrals to CSB Services" account for approximately 27% of outcomes. This indicates that many situations are being dealt with immediately and on-site. It also reflects the capability of the responding teams to provide immediate solutions or support.



Transports to Emergency Receiving Facilities (ERF)

(Figure 6)

	Advantage	Aspire	Avita	Bridge Health	DeKalb CSB	Douglas CSB	Highland Rivers	View Point Health	Total
Involuntary	51	56	71	68	92	4	71	330	743
Voluntary		43		3	204		42	200	492

Highlights:

- Approximately 60% of all transports to emergency receiving facilities are done without the individual's consent. This significant majority indicates a critical need for services to intervene in situations where individuals may not be in a position to make decisions for themselves, perhaps due to acute mental health crises or other factors that impair judgment.
- Voluntary transports, which account for approximately 40% of the transports indicate a proactive approach by individuals in seeking help or a willingness to accept assistance when offered. The substantial proportion of voluntary transports demonstrates the trust in and accessibility of emergency services, as well as the potential effectiveness of outreach and engagement efforts.
- The data shows variances among organizations in the balance of involuntary versus voluntary transports. Some organizations may have policies or practices that lead to higher involuntary transport rates, while others might have more voluntary interactions. These differences could be influenced by the populations they serve, the training of staff, or the availability of community resources that allow individuals to seek help voluntarily.



How were individuals transported to ERF

(Figure 7)

	Aspire	Bridge Health	DeKalb CSB	Highland Rivers	Total
Co-Responder Team	2	54	309	48	413
Law Enforcement (not co-responder) - Police Department	80				80
EMS	9	18		42	69
Law Enforcement (not co-responder) - Sheriff's Department	7	9			16
Other		10			10
Family	2				2
Private Transportation					0

Highlights:

- Co-Responder Teams account for 70% of transports.
- Law enforcement's involvement through the police department represents approximately 14% of all transports when considering their primary role. This underscores the critical interface between public safety and mental health services, highlighting the need for effective collaboration between these entities.
- EMS is also a key player in transportation with their involvement in approximately 12% of the cases. The reliance on EMS underscores the acute medical needs present during many of these interventions, necessitating quick and professional medical attention.

Data for Co-Responder Programs Receiving State Funding

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

Co-Response

(Figure 8)

	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	New Horizons	Unison	Total
911 response	34	38	6	1	16	95
Law Enforcement Referral	23	17	10	6	10	66
Prior Co-response Contact	18	5	12	0	3	38
Other	16	5	5	1	4	31
Telehealth Utilized	5	5	12	0	3	25

Highlights:

- Top 3 entry points: 911 response (37.25%), law enforcement referral (25.84%), and other (12.15%).
- Telehealth and prior co-response contacts represent a smaller portion (9.80% and 14.90%, respectively).
- Overall: Law enforcement remains the primary pathway for co-response engagement, but alternative entry points like 911 calls are also significant.

Co-Response Type

(Figure 9)

	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	New Horizons	Unison	Total
Crisis Call	51	34	5	8	12	110
Follow - Up	15	62	9	3	12	101
a. BHC - Law Enforcement	4	3	2	7	24	40
Wellness Check	6	15	5	2	5	33
b. BHC - Family/Friend	10	0	10	1	0	21
Behavioral Health Consultation (BHC)	11	6	0	0	0	17
c. BHC - Other	10	2	0	0	5	17

Highlights:

Senate Bill 403 funded sites prioritize immediate crisis response and ongoing support, as demonstrated by the data on co-response types:

- Over 60% of interventions involve either crisis calls (32.42%) or follow-up visits (29.79%), highlighting a focus on addressing urgent needs and providing continued support.
- Behavioral health consultations (BHCs), while less frequent, offer targeted support in specific situations: Law enforcement involvement (11.77%) and Family/friend involvement (6.19%) emphasize the inclusion of close networks in the support process.
- Wellness checks (9.74%) indicate proactive outreach to individuals at potential risk.

Demographics

(Figure 10)

	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	New Horizons	Unison	Total
Male	53	33	7	3	16	112
Black or African American	33	26	19	3	6	87
White	27	20	2	5	23	77
Female	14	27	14	5	14	74
Homeless	8	10	3	0	0	21
Juvenile	1	1	4	1	5	12
Hispanic or Latino	5	1	0	0	0	6
Veterans	1	1	0	0	2	4
Multiracial	0	1	0	0	1	2
Non-Binary/ Gender Fluid	0	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0	0
Asian	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0

Highlights:

- Efforts predominantly serve males (28.35%) and the Black or African American community (21.98%), with white individuals receiving nearly a fifth of interventions (19.49%). Males represent approximately 60%, and females 40% of the service users, and notable attention is given to the homeless (5%), while services for juveniles are emerging.

Outcomes

(Figure 11)

	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	New Horizons	Unison	Total
Resolved on Scene	30	45	2	2	12	91
Referral to Community Resources	6	42	8	0	1	57
Referral to CSB Services	9	25	4	0	11	49
Emergency Room	15	5	2	0	3	25
CSU	4	8	0	3	9	24
BHCC	5	12	3	0	0	20
Collateral Contact with active outpatient services	3	12	0	1	4	20
Refused Co-Responder Services	5	5	2	3	1	16
Arrests	2	0	1	1	1	5
Referral to Adult or Child Protective Services	3	2	0	0	0	5
Fire/EMS	1	1	0	0	1	3

Highlights:

- Most Common Outcomes: Resolved on Scene (28.9%), Referral to Community Resources (18.1%), and Referral to CSB Services (15.6%).
- Least Common Outcomes: Arrests (1.6%), Fire/EMS (1%), and Referral to Adult or Child Protective Services (1.6%).
- Diversion from Emergency Systems: Over half of the outcomes (54.9%) involved resolution on scene, referral to community resources, or referral to CSB services, suggesting potential for reducing reliance on emergency rooms and law enforcement.

Transports to Emergency Receiving Facilities (ERF)

(Figure 12)

	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	New Horizons	Unison	Total
Voluntary	15	5	0	1	12	33
Involuntary	8	7	3	3	2	23

Highlights:

- Voluntary admissions lead at 58.97%, illustrating a preference or capability for individuals to seek help on their terms while 41.03% require involuntary admissions.



How were individuals transported to ERF

(Figure 13)

	GA Pines - Colquitt	GA Pines - Mitchell	McIntosh Trail	New Horizons	Unison	Total
Law Enforcement (not co-responder) - Sheriff's Department	9	12	0	1	1	23
Law Enforcement (not co-responder) - Police Department	9	0	3	2	0	14
Co-Responder Team	2	0	0	0	9	11
EMS	1	0	0	0	2	3
Family	2	0	0	0	1	3
Private Transportation	0	0	0	1	1	2
Other	0	0	0	0	1	1

Highlights:

- In transporting individuals to emergency receiving facilities, the majority (40.36%) are escorted by Sheriff's departments, highlighting their central role in crisis response.
- Police departments also play a key part, accounting for 24.56% of transports. Co-Responder teams, which include mental health professionals, are utilized in 19.30% of cases, reflecting a collaborative approach.
- Private transportation, family, and EMS collectively cover the remaining 14.03%, indicating that while less common, there is a mix of personal and emergency services involved in ensuring individuals receive the care they need.



Overall Takeaways about the SB 403 Emerging Data

In Georgia's evolving framework of mental health crisis management, propelled by Senate Bill 403, a multi-faceted approach is evident:

- **Response Dynamics:** A significant 37.25% of interventions begin with a 911 call, underscoring the traditional emergency response's role. Close behind are law enforcement referrals, reflecting a collaborative interface between public safety and mental health professionals.
- **Nature of Interventions:** Crisis calls (32.42%) and follow-ups (29.79%) constitute the bulk of the interventions, demonstrating a proactive and continuous engagement strategy. Behavioral health consultations, encompassing interactions with law enforcement, family, and friends, account for a substantial 22.98%, highlighting the integration of mental health expertise in diverse contexts.
- **Demographic Reach:** Predominantly serving males (28.35%) and the Black or African American community (21.98%) and also extending significant support to the white population (19.49%). The involvement with juveniles and veterans, though modest, points to the inclusivity of the program.
- **Outcomes:** A notable 28.92% of incidents are resolved at the scene, indicating effective on-site crisis management. Referrals to community resources and specialized services emphasize a comprehensive approach to long-term care and support. The low incidence of arrests (1.59%) aligns with a care-first philosophy.
- **Transport to Facilities:** More than half of the transports to emergency receiving facilities are voluntary (58.97%), showcasing a system that respects individual autonomy. Involuntary transports, constituting 41.03%, are indicative of the system's capability to handle acute cases.
- **Transportation Methods:** Law enforcement, predominantly Sheriff's departments, are integral in transport, suggesting a strong public safety collaboration. The involvement of Co-Responder teams in 19.30% of transports highlights the strong collaboration between law enforcement and mental health professionals.



Milestone: Amplifying Stakeholders Insights

The Approach and Process:

To round out and provide deeper insights to accompany the quantitative data we have from newly established and forming co-response 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, subject matter experts, the Co-Responder advisory board and the Co-Responder coalition. The goal was to harness the insights of those intimately involved in the Co-Responder program—a combination of mental health professionals and law enforcement—to cultivate a service model that is as effective as it is recognized and appreciated by the communities it serves. These stakeholders (Appendix D) were invited to participate in a series of 10 one-hour listening sessions From November 8 to 16, 2023.

The listening sessions unfolded over a structured yet open 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 in crisis situations.
- The challenges faced during calls and the multifaceted support needed to overcome them.
- The dynamics of interagency collaboration and communication efficiency during crises.
- The adequacy of current training and potential areas requiring enhanced 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, specifically chosen for their relevance and 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 E) 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 listening sessions for Georgia's Co-Response stakeholders brought diverse perspectives and insights. These discussions, across interviews with subject matter interviews, funded site leaders, Co-Responder advisory board, and the Co-Responder coalition revealed several key themes:

- **Effective Training and Collaboration:** Repeatedly mentioned across several summaries, emphasizing the need for joint training and understanding between law enforcement and mental health professionals for successful Co-Responder interventions.
- **Challenges in Staffing and Resources:** Frequently cited as a significant issue, particularly in terms of workforce shortages, staffing difficulties, and the need for sustainable funding and resources.
- **Integration of Law Enforcement and Mental Health Services:** A core theme, focusing on the Co-Responder model's ability to bridge the gap between these two essential services, enhancing crisis outcomes and reducing unnecessary incarcerations.
- **Community Support and Public Awareness:** Highlighted in multiple summaries, pointing to the necessity for community advocacy, support, and increased public awareness for the success and expansion of Co-Responder programs.
- **Program Sustainability and Expansion:** Often mentioned, with a focus on the need for consistent funding, resource allocation, and operational strategies to ensure the long-term sustainability and expansion of Co-Responder programs.



Key Themes from Each Listening Session

Advisory Board

Theme: Effectiveness and Challenges of Co-Responder Programs

Stakeholders Mentioned:

- Significant benefits in crisis situations, with notable cases of de-escalation and care provision.
- Importance of building strong relationships with law enforcement for successful collaboration.
- Challenges in resource availability, especially in rural areas, and the struggle in staffing the Co-Responder teams.

Stakeholders Agreed:

- Co-Responder programs play a crucial role in preventing incarcerations and managing mental health crises.
- The need for funding and more comprehensive support from state and local governments.
- The positive impact of the program on community safety and mental health management.

Key Quotes:

- *“It starts to feed into, okay, **how do we keep moving upstream?** What are other needs in the community? And those start to become apparent. So that's some of what has been, for us, kind of an outgrowth. (Co- Responder Advisory Board Meeting Transcript, Pos. 290-292)”*
- *“**It is a very recovery-focused model that we're able to take out into the community in partnership with law enforcement.**” (Co-Responder Advisory Board Meeting Transcript, Pos. 312)*
- *“I could probably sit here and tell you story after story after story. Occasionally I go do ride-alongs and it's just some of **the most uplifting time that I have in my role, is to see what the impact with people is.**” (Co-Responder Advisory Board Meeting Transcript, Pos. 316-320)*

- **“One of the best moments that I've ever seen is when we've had clients that say, ‘Hey, they do care. Oh my God, they don't want to take me to jail. They want me to get help.’ And seeing tears in their eyes, and one of our police officers...she was so happy that she could help.** When you see the movement change from defund them, get rid of them, to, hey, they are here to protect and serve, and they're gonna help serve with mental health. That was a huge win for us in our community.” (Co-Responder Advisory Board Meeting Transcript, Pos. 332-338)
- **“If we can keep people out of jails, out of the need for forensic interviews and out of the state hospitals...if we can do all of that from the bottom up, it benefits everyone...every citizen of the state of Georgia, no matter where you're at.”** (Co-Responder Advisory Board Meeting Transcript, Pos. 352)
- **“I mean, it's not a surprise it works. But we want to also share the burden of the whole benefit as well, which includes training on a state level, funding on a state level...our legislators and citizens need to know we need funding.”** (Co-Responder Advisory Board Meeting Transcript, Pos. 354)
- **“It's stopping people from going to jail, going to crisis units, going to the hospitals, the ERs. It'll save money in the long run.** You know, putting the money upfront here rather than spending it on hospitals that are \$600 a day.” (Co-Responder Advisory Board Meeting Transcript, Pos. 362)
- **“If you want to see it as a case study, Gwinnett County Police Department started with us, our first contract with them. They did it a la carte. They used it. And they quickly realized, ‘Oh my God, we get our officers back on the street.’ Gwinnett County Police Department said that they are saving \$80,000 a month by getting their officers back on the street and letting us work with behavioral health units. So, yeah, the proof's in the pudding...we're going to save the money by not having people just transported to the jail.** (Co-Responder Advisory Board Meeting Transcript, Pos. 368-372)
- **“I think also it's important to understand this is a state and local level collaboration. I think we've got to have those partners that state legislators and local politicians, county commissioners, and elected officials have got to be on the same page about what the impact can be for our communities with this.** Because sometimes we get caught in the middle of, ‘Oh, that's a state thing they're supposed to fund it. Oh, no, it's a county thing they're supposed to fund it.” (Co-Responder Advisory Board Meeting Transcript, Pos. 384-388)

- *There are a lot of communities that have absolutely no money to try to do anything like this with. And so it's a pretty big challenge. **I think that the next phase is we probably need to start looking at what options are scalable in rural small communities where you may not have the volume to support true co-response, but you still have things happening.** You still have individuals going into emergency departments. You still have calls that are actually happening. And we still need to do something at a community collaborative level. (Co-Responder Advisory Board Meeting Transcript, Pos. 394)*

Summary		
1. Co-Responder programs effectively manage crises, preventing unnecessary incarcerations.	2. Strong law enforcement relationships are crucial for Co-Responder success.	3. Challenges include staffing difficulties and limited resources, especially in rural areas.

Subject Matter Experts

Theme: Enhancing Co-Responder Models in Mental Health Crisis Intervention

Summary:

In an insightful interview with Senior Judge David Sweat, various aspects of Co-Responder models in addressing mental health crises were explored. Judge Sweat discussed the importance of collaboration between law enforcement, judicial systems, and mental health professionals. He emphasized the need for effective training and interagency coordination and highlighted the impact of these models on crisis situations.

Stakeholder mentioned:

- Judges and law enforcement officials' crucial role in effective crisis intervention systems.
- The necessity of comprehensive training for both law enforcement and mental health professionals.
- The importance of funding and resource allocation for sustaining these initiatives.

Stakeholder agreed:

- Co-Responder models significantly improve outcomes in crisis situations.
- Interagency collaboration is key to the success of these models.
- There's a need for ongoing data collection and research to inform and improve practices.

Key Quote:

- *We know that many of the individuals who have a Co-Responder encounter are individuals who suffer from severe, persistent mental illness and often co-occurring substance misuse disorder. **My hope is that the Co-Responder contact is the beginning of connecting these individuals to community services that can lead them on a path toward wellness.*** (Judge David Sweat - SB 403 Written Annual Report Interview, Pos. 64)
- *“When I talk with people about Co-Responder programs, I want them to understand all of the parts of Co-Responder efforts. **Crisis intervention is the beginning, but follow-up in the community and jail in-reach programs will diminish the likelihood for additional crises.**”* (Judge David Sweat - SB 403 Written Annual Report Interview, Pos. 120)
- *“I hope that judges can get a full understanding of what Co-Responders are, and how community service boards, partnering with Co-Responders, are diverting ‘familiar*

faces' away from their courtrooms.” (Judge David Sweat - SB 403 Written Annual Report Interview, Pos. 132)

- “Many judges feel that their role and responsibilities end at the courthouse steps. I think that more judges are realizing that they can use their position to gather law enforcement, behavioral health, and emergency responders to work collaboratively to improve crisis responses, interventions, and outcomes. **The judge is a neutral authority who can talk with county commissioners and city managers about supporting vital cross-systems responses.**” (Judge David Sweat - SB 403 Written Annual Report Interview, Pos. 172-174)
- **“In Athens-Clarke County, we gathered information about length of confinement, frequency of re-arrest, and likelihood of conviction from jail records. When cross-referenced to Advantage Behavioral Health Systems records, the data showed that 38% of the individuals in our jail had mental health and/or substance abuse issues. These individuals were staying in jail three times as long than those without a history of behavioral health treatment. They were 12 times more likely to be rearrested within a year. When we shared this data with our commissioners at a work session, and they understood the study, the commissioners had a new understanding of the problems in our community.”** (Judge David Sweat - SB 403 Written Annual Report Interview, Pos. 224-228)
- “I hope that Georgia will take a more holistic approach to individuals who experience crisis and have contact with the criminal justice system. **We know that one of the biggest barriers for these individuals is housing.** When individuals leave a behavioral health crisis center or detention facility, and they return to the woods to live, they're not going to get treatment. I've supervised individuals in accountability courts who lived in the woods or under the bridge. **A person can't think about making their appointment and getting their medication if they are unsure where they are going to sleep.**” (Judge David Sweat - SB 403 Written Annual Report Interview, Pos. 358-360)

Summary		
1. Co-Responder models bridge law enforcement and mental health services, enhancing crisis outcomes.	2. Effective training and interagency collaboration are pivotal for successful intervention.	3. Holistic approaches and sustainable funding are essential for long-term impact and improvement.



Subject Matter Experts

Theme: Challenges and Opportunities in Co-Responder Programs

Summary:

Katie McFarland, a licensed clinical social worker and director for justice services, shared her extensive experience with Co-Responder programs in crisis intervention. She emphasized the uniqueness of police culture and the learning curve for clinicians adapting to fieldwork alongside law enforcement. McFarland highlighted the importance of suitable training for clinicians in real-world situations and stressed the need for mental health support for those involved in crisis work. She also pointed out challenges in workforce development and the necessity of higher pay to attract qualified professionals for these demanding roles.

Stakeholder mentioned:

- Clinicians and police officers working in Co-Responder programs.
- Community members in crisis and the general public are impacted by these interventions.
- Local government officials and county governments funding these programs.

Stakeholder agreed:

- There is a significant gap in suitable field training for clinicians.
- Mental health support for clinicians and officers is critical due to the high-pressure environment.
- Workforce development and higher remuneration are essential to attract and retain talent.

Key Quotes:

- *“Our regular patrol officers just don't have the time...to deal with the folks and the **Co-Responders have time to spend on a call to talk, listen, develop a course of action and move ahead, potentially preventing the regular patrol officers from having to deal with it later on down the line.**” (Katie McFarland - SB 403 Written Annual Report Interview, Pos. 60)*
- *“**Use of force [training] was really eye-opening for me.** That is the training police get on how they decide what level of force to use in a call. It really changed my worldview of how things work. **With their split-second decision-making and how they handle different behaviors and situations.** It wasn't a training aimed at me, but helped me understand” (Katie McFarland - SB 403 Written Annual Report Interview, Pos. 140-146)*

- “Athens-Clarke teaches like a tactical de-escalation class. Again, it's much more police-focused, but **I thought it's really good for our clinicians to sit through it just to see what our officers are going through.** To see some of these types of calls that officers get called out on where people may have a weapon like a knife and they're holding up in an apartment making threats.” (Katie McFarland - SB 403 Written Annual Report Interview, Pos. 146)
- **“So once we put the clinician with their assigned officer, then they learn together because that's part of it. I say it's a dance. It's truly a dance and you have to learn your partner, and you step on toes in the beginning. And by the end, you've got it.”** (Katie McFarland - SB 403 Written Annual Report Interview, Pos. 162)
- **“My officer was very concerned about my safety. I knew he had my back. There was trust both ways.** When we made a decision about something, he could also help to explain to his co-workers why we did what we did or what we're doing.” (Katie McFarland - SB 403 Written Annual Report Interview, Pos. 178)
- **“I think that's something as we grow, we need some training for clinicians by clinicians.** The clinicians need their own time with their colleagues that are doing this work because there's not a lot of them around the state.” (Katie McFarland - SB 403 Written Annual Report Interview, Pos. 204)
- “We've even helped them to change language when they have an individual in crisis and they need assistance and an assessment. **This task force working together has developed relationships, strengthened relationships.**” (Katie McFarland - SB 403 Written Annual Report Interview, Pos. 316-318)
- **“Senate Bill 403 requires that protocol committee.** Quarterly we carve out some time at the end and we talked through some language difficulties and how we can work better and develop some systems around language across the boards. **And when they call, we're all speaking the same language and have the same expectations. I think the protocol committees can be useful.**” (Katie McFarland - SB 403 Written Annual Report Interview, Pos. 328-332)
- **“Training to me is big. I think everybody's looking for training and connection to help protect the mental health of the ones doing this work as they are going to be exposed to a lot.** We know law enforcement has high levels of trauma and post-traumatic stress and other sorts of things. (Katie McFarland - SB 403 Written Annual Report Interview, Pos. 340-344)



Summary		
1. Co-Responder roles demand adapted training for real-world crisis intervention.	2. Mental health support for responders is crucial due to exposure to high-stress situations.	3. Enhancing workforce development and compensation is key to sustaining Co-Responder programs.



Subject Matter Experts

Theme: The Vital Role of Co-Responder Programs and Challenges Faced

Summary:

Jesse Hambrick, Deputy Director for the Georgia Association of Community Service Boards, discussed the significance and challenges of Co-Responder programs. With more than 25 years of extensive professional and law enforcement experience, Jesse highlighted the necessity of collaboration between law enforcement and mental health professionals. Hambrick emphasized the need for customized training, addressing ideological differences, and effective communication strategies. He also noted the importance of community involvement and the development of a comprehensive, Georgia-specific report to advocate for Co-Responder programs.

Stakeholder mentioned:

- Law enforcement officers and mental health professionals involved in Co-Responder programs and the communities and individuals impacted by these programs.
- Policymakers and government officials are responsible for funding and supporting these initiatives.

Stakeholder agreed:

- There is a need for specialized training that brings together law enforcement and mental health professionals.
- Overcoming ideological differences is crucial for effective collaboration.
- Community support is vital for the success and advocacy of Co-Responder programs.

Key Quotes:

- ***“It doesn't stop with just co-response. It needs to be a complete wraparound of services from the crisis call to the end of their life. Hopefully, when they are 99 years old and they pass on to this next world, we've provided them that walk through the criminal justice system that kept them out of jail or prison and instead into services. That's my mentality.”*** (Jesse Hambrick - SB 403 Written Annual Report Interview, Pos. 68)
- ***“If you want to get down to the root of why co-response doesn't get started, it comes down to a difference in ideology that's got to be overcome. **The first thing would be, you have got to pick two people that can get along ideologically.**”*** (Jesse Hambrick - SB 403 Written Annual Report Interview, Pos. 84)

- **“You’ve got to show the dollar value and time you’re saving.** You’ve got to show that to be able to begin to move into the discussion of why co-response would be a benefit for law enforcement or behavioral health.” (Jesse Hambrick - SB 403 Written Annual Report Interview, Pos. 122)
- **“Law enforcement needs to know about the mental health world and the mental health world needs to know more about safety, security, the law, and how it works.”** (Jesse Hambrick - SB 403 Written Annual Report Interview, Pos. 180)
- **“There is no greater ally or advocate for a cause than the person that you helped get better.** There is none. And I truly believe that. If you want to find that person who will go beat doors down to drag an addict out and get them help. It’s another addict who’s been through that, who’s better now.” (Jesse Hambrick - SB 403 Written Annual Report Interview, Pos. 198)
- **“Realizing that I could be very good friends with someone who maybe served a prison sentence for being a drug dealer and was an addict, somebody that I would have been an arch enemy with in another life, now becomes your greatest advocate. When I began to realize that, I think that’s where the magic is at. That’s where it’s really impacted me the most.”** (Jesse Hambrick - SB 403 Written Annual Report Interview, Pos. 200)
- **“So until everyone truly gets behind co-response and says, ‘by God, we want it and we demand to have it!’...it’s just not going to have the steam that it could have without that.”** (Jesse Hambrick - SB 403 Written Annual Report Interview, Pos. 216-218)
- **“My passion is helping people and trying to bolster our law enforcement capabilities and providing better services for those that need it.** Our addicts who have struggled with mental health concerns and everything else are ending up in jail. **The jails are full of people who don’t need to be there. People need to be returned and brought back to their families [for support and treatment]. That’s the part that I’m passionate about.** (Jesse Hambrick - SB 403 Written Annual Report Interview, Pos. 222-224)

Summary		
1. Training and education are critical for the success of Co-Responder programs, requiring a balance of law enforcement and mental health expertise.	2. Ideological differences between law enforcement and mental health professionals present significant challenges to collaboration.	3. Community advocacy and support are essential for the success and expansion of Co-Responder programs.



Unison Co-Responder Program Interviews - Session 1

Theme: Early Successes and Challenges of the Unison Co-Responder Program

Stakeholders mentioned:

- The recent initiation of the program in October and its early successes, including life-saving interventions.
- Challenges in finding qualified staff, particularly licensed professionals, leading to reliance on a Certified Peer Specialist (CPS).
- Managing financial constraints and the limitations of a CPS in the Co-Responder role.

Stakeholders agreed:

- The necessity of working within financial and staffing limitations while striving for program effectiveness.
- Building a strong relationship with law enforcement, leading to increased demand for the Co-Responder's services.
- The importance of setting clear boundaries and expectations with law enforcement regarding the Co-Responder's role and capabilities.

Theme: Interagency Collaboration and Training for the Co-Responder Program

Stakeholders mentioned:

- Efforts to educate law enforcement about mental health and the limitations of the Co-Responder program.
- The development of a partnership with the Sheriff's Department and inclusion of the Co-Responder as part of their team.
- The necessity of ongoing training for Co-Responders to prepare them for a variety of situations.

Stakeholders agreed:

- Building trust and buy-in from law enforcement was critical for the program's early successes.
- The need for more structured and defined training programs specifically tailored for Co-Responders.
- Challenges in aligning the expectations of law enforcement with the actual capabilities and role of the Co-Responder.



Theme: Funding and Sustainability Concerns for the Future of the Program

Stakeholders mentioned:

- Concerns about the continuity of funding for the Co-Responder program beyond the initial grant period.
- The difficulty of sustaining a full Co-Responder team in a rural setting with limited local funding.

Stakeholders agreed:

- The paramount importance of securing stable funding to ensure the continuation and expansion of the program.
- The need to explore alternative funding sources and to demonstrate the program's effectiveness to potential funders.

Key Quotes:

- ***“Although we just started in October, we feel like we have some success stories already. We responded recently to a suicide caller incident, and we were able to get him to our crisis unit. And several days later, he sent her a message and just said, you saved my life, like, literally, you know, so we thought that was awesome to have just started out.”*** (Unison Co-Responder Listening Session 1 Transcript, Pos. 28-30)
- ***“It's so hard, especially if people have never been to services, to take that step to make that follow-up to initiate services. And so we've been surprised at the number that have followed up.”*** (Unison Co-Responder Listening Session 1 Transcript, Pos. 160)
- ***“We're very rural. We don't have the resources that a lot of these other programs have as far as even within the departments that they're working with. Our local sheriff's departments are barely getting by...so I just sometimes find it hard. It's very difficult for us to get fully licensed staff.”*** (Unison Co-Responder Listening Session 1 Transcript, Pos. 264-268)
- ***“...We told the Sheriff's Department, we were very committed to make this a success for them and for the community. And I think it has been surprising to me that so quickly we already have successful turnarounds and just starting and that happened within the first two or three weeks.”*** (Unison Co-Responder Listening Session 1 Transcript, Pos. 282)

- **“I think a definite challenge and concern for us is the money to support it ongoing.”**
(Unison Co-Responder Listening Session 1 Transcript, Pos. 44)
- **“I think a big challenge for us is to think about how we're going to sustain it financially. And I think also, although we've really educated **the Sheriff's Department, the more they get in there, the more they want it. They really want 24-7 coverage.**”** (Unison Co-Responder Listening Session 1 Transcript, Pos. 46)

Summary		
1. The Unison Co-Responder Program has achieved early successes, including life-saving interventions, despite challenges in staffing and financial constraints.	2. Effective collaboration with law enforcement and ongoing training is crucial for the program's success, with a focus on aligning expectations and capabilities.	3. Securing long-term funding is essential for the sustainability and expansion of the Co-Responder program, particularly in a rural setting with limited local resources.



Unison Co-Responder Program Interviews - Session 2

Theme: Experience and Impact of the Co-Responder Role

Stakeholders mentioned:

- The significant personal fulfillment and enthusiasm for the Co-Responder role.
- Experiences with different co-response models, including telehealth and full co-response, and their effectiveness.
- The importance of the Co-Responder in bridging gaps between law enforcement and mental health services.

Stakeholders agreed:

- The Co-Responder role has a meaningful impact on both personal job satisfaction and professional development.
- There is a notable improvement in managing crisis situations with the involvement of a Co-Responder.
- The Co-Responder program fosters better collaboration and understanding between mental health professionals and law enforcement.

Theme: Training and Operational Challenges

Stakeholders mentioned:

- Limitations due to being a Certified Peer Specialist and not being able to make clinical decisions.
- The desire for additional support and resources in the Co-Responder role.
- The need for a more comprehensive approach to training and skill development.

Stakeholders agreed:

- The current training is beneficial, but there is always room for additional learning and improvement.
- The importance of ongoing training to enhance the effectiveness of the Co-Responder program.
- The Co-Responder program requires a balance between formal training and practical, on-the-job learning.

Theme: Recommendations and Future Vision for the Program

Stakeholders mentioned:

- The necessity for expanded coverage, ideally 24/7, to better serve the community's needs.
- The challenge of working alone as the only Co-Responder and the desire for additional team members.
- The need for continued support from the state and other funding sources.

Stakeholders agreed:

- The Co-Responder program is highly beneficial and fulfills a crucial need in the community.
- There is a unanimous belief in the positive impact and necessity of the Co-Responder program.
- Expanding the program would greatly enhance its effectiveness and reach within the community.

Key Quote:

- ***“It's just a needed thing and it brings people together. It brings law enforcement and mental health together. You know, it helps the people that don't really need to go to jail, but are still calling 9-1-1, you know, that are in crisis. (Unison Co-Responder Listening Session 2 Transcript, Pos. 38)***

Summary		
1. The Co-Responder role offers significant personal and professional fulfillment, effectively bridging the gap between law enforcement and mental health services.	2. While current training is beneficial, there is a need for ongoing development and support, especially for critical decision-making in crisis situations.	3. Expansion of the Co-Responder program, including 24/7 coverage and additional team members, is vital for enhancing community services and support.



McIntosh Trail Co-Responder Program Interviews

Theme: Challenges and Impact of Co-Responder Program Implementation

Summary: In the McIntosh Trail Co-Responder Listening Session, the conversation centered around the implementation and daily operation challenges of the Co-Responder program. The dialogue highlighted issues such as navigating community resources, coordinating with medical facilities, and logistical hurdles like transportation. Participants also discussed the program's impact on their personal and professional lives, emphasizing the satisfaction derived from effectively assisting individuals in crisis and improving community-police relations.

Stakeholders Mentioned:

- Difficulties in coordinating with medical facilities due to inconsistent requirements.
- Lack of resources in the area and the necessity for better community resource partnerships.
- Transportation challenges and the need for better logistical support.

Stakeholders Agreed:

- The Co-Responder program is beneficial but faces operational challenges.
- Training for police officers on when to involve Co-Responders is crucial.
- The need for consistent and clear communication between medical facilities and Co-Responders.

Key Quotes:

- ***“I'm very passionate about the program. I think it'll help our officers tremendously and I have had nothing but good reviews from the officers about how it has impacted them personally and professionally.” (McIntosh Trail Co-Responder Listening Session Transcript, Pos. 136)***
- ***“The Co-Responder program is a much-needed entity in many police departments. No matter what the size of the department is and no matter what the community is that they serve. I've had several people reach out to me because I'm a clinician. They will call and I would have to just reassure them, hey, our officers are trained. And even though our officers are trained, parents who have adult children who have mental health issues do not wanna hear that. I mean, we're living in a time where just that reassurance is not enough for them. They want to know that there's a neutral third party That has their***

best interest at heart, and not that our officers don't because our officers are wonderful, but just that reassurance. Yes, your son or daughter may go to jail but they're going to get some resources they need so we can make sure that they're not in this predicament again. **And it's definitely about reducing recidivism and making sure that those who have some issues are not just stuck in that cycle, stuck in the system.**" (McIntosh Trail Co-Responder Listening Session Transcript, Pos. 146-150)

- **"I wish we had more, but to be honest, I think every department needs one [Co-Responder program]. I think that and I've been in law enforcement for 26 years.** (McIntosh Trail Co-Responder Listening Session Transcript, Pos. 152)

Summary		
1. Co-Responder program implementation reveals operational challenges and resource gaps.	2. The importance of training police officers to effectively integrate Co-Responders.	3. Positive impact on professionals, highlighting the fulfillment of assisting in crises.



Georgia Pines - Colquitt

Theme: The Significance of Co-Responder Programs in Crisis Situations

Stakeholders mentioned:

- The first successful intervention in a doctor's office.
- The importance of having a licensed therapist like Julio, with rich experience, on-site.
- The ability to de-escalate situations without hospitalization.

Stakeholders agreed:

- The Co-Responder model significantly reduces the need for police intervention.
- It saves time for law enforcement and healthcare facilities.
- The model facilitates more effective community-based mental health interventions.

Theme: Challenges and Opportunities for Training and Preparedness

Stakeholders mentioned:

- The need for better understanding between clinicians and law enforcement.
- The importance of familiarizing with each other's roles and limitations.
- The value of ride-alongs for clinicians to understand police work.

Stakeholders agreed:

- More cohesive and collaborative training is needed for effective co-response.
- Clinicians should have more exposure to police culture and legal aspects.
- Joint training sessions at a local level could be more beneficial than state level.

Theme: Funding and Resource Allocation for Co-Responder Programs

Stakeholders mentioned:

- Difficulty in maintaining the program without consistent state or local funding.
- The importance of the program's presence and success in reducing ER costs.
- The challenge of navigating unfunded mandates while trying to deliver promised services.

Stakeholders agreed:

- Sustainable funding is critical for the continuation and expansion of these programs.

- The need for joint funding from both state and local stakeholders.
- Better communication of the program's success in securing funding.

Key Quotes:

- **“And that one stands out to me because we were able to help the client. The client didn't end up in the hospital. There was no 1013, no arrest. It was more of an assessment and assistance. And the wonderful thing about that particular person is that after I engaged with her and I did a follow-up, she engaged with me. I still hear from her and she tells me that she's doing well.”** (Georgia Pines - Colquitt Co-Responder L_ Transcript, Pos. 146-150)
- **“What I've noticed that has been helpful is my immersion in their culture. So something as little as knowing the codes. You know, when they say 1044, I know that's what relates to me and what doesn't relate to me. So that's been helpful.”** (Georgia Pines - Colquitt Co-Responder Listening Session Transcript, Pos. 276)
- **“We went to a conference, and there were officers there and there were, and there were clinicians there. I think we need more of that. On the local level. Because there is a misconception as to what we can do and who we are, but we also have a misconception of what officers can do and who they are.”** (Georgia Pines - Colquitt Co-Responder Listening Session Transcript, Pos. 282)
- **“Talking about some of the resources and getting people in the same area, I think would be helpful. A regional kind of thing would be really good.”** (Georgia Pines - Colquitt Co-Responder Listening Session Transcript, Pos. 306)
- **“I think the law was created in a way that it doesn't take into account the lack of resources down here. So I'm a big fan of whatever works. Whether it's telehealth or whether it's dispatch or whether it's EMS. The ideal situation of the traditional Co-Responder may not be possible down here. So I think we need to be open. It's important to be open to the possibilities. Again, as long as we honor the spirit of the law, I think we need to be open as to what the resources are and if it's feasible to do a program in the way that they envisioned it.”** (Georgia Pines - Colquitt Co-Responder Listening Session Transcript, Pos. 320-322)
- **“One of the things that I've really, that I feel like has really been important is our clinician here at the police department. His sense of presence really makes a difference. And that to me, because see, he's not only available out there, but he's also**

available in here. And that helps because, you know, us police officers, we have mental health issues as well.” (Georgia Pines - Colquitt Co-Responder Listening Session Transcript, Pos. 330-332)

- **“So we were reducing the jail calls...we had zero arrests the first year out of three hundred and thirty-eight calls that we did. And so we're showing them the data. Hey, we're saving the county money. We're saving the officers time on scene.”** (Georgia Pines - Colquitt Co-Responder Listening Session Transcript, Pos. 402)
- **“So I think if this is going to continue, there has to be a mutual understanding of the importance of the state and the local municipalities to work together. I don't think the expectation could be that one or the other is going to fund this. I think it has to be a mutual agreement to make it work.”** (Georgia Pines - Colquitt Co-Responder Listening Session Transcript, Pos. 456-458)
- **“It amazes me how many clinicians do not know that this exists. When I describe it, some of them get extremely excited, ‘I didn't know this was a thing—I didn't know we could do this as clinicians.’ Granted, a lot of those people just talk and then go back to their offices. But I think there needs to be more exposure.** (Georgia Pines - Colquitt Co-Responder Listening Session Transcript, Pos. 466)
- **“I heard someone say that sometimes we need to be more vision-driven than we are budget-driven or money-driven. Now, again, I know that's easier said than done. But I believe part of it comes down to people seeing the need. And maybe that comes from reporting data, telling stories, but people really need to understand how important this is.”** (Georgia Pines - Colquitt Co-Responder Listening Session Transcript, Pos. 482)

Summary		
1. Successful interventions by Co-Responders significantly reduce police and hospital involvement in crisis situations.	2. Joint training and understanding between clinicians and law enforcement are crucial for the effectiveness of Co-Responder programs.	3. Consistent funding and resource allocation are vital for the sustainability and expansion of Co-Responder programs.



Georgia Pines - Mitchell

Theme: Challenges and Adaptability of the Mitchell County Co-Responder Program

Stakeholders mentioned:

- Implementation challenges due to staffing issues and varying support from the sheriff.
- The uniqueness of the program in Mitchell County, operating without traditional partner arrangements.
- Progress in community engagement and awareness through local events and meetings.

Stakeholders agreed:

- The evolving role and increasing demand for the Co-Responder as community awareness grows.
- The importance of the Co-Responder's previous experience in crisis units for effective client intervention.
- The necessity of consistent support and collaboration from law enforcement for program success.

Theme: Funding Concerns and Future Sustainability

Stakeholders mentioned:


- The uncertainty of program continuation due to potential budget cuts.
- Concerns about maintaining relationships with law enforcement if funding is not secured.
- The critical role of funding in sustaining and expanding the Co-Responder program.

Stakeholders agreed:

- The necessity for stable and consistent funding to ensure the effectiveness and growth of the program.
- The impact of funding limitations on the ability to fulfill promises made to law enforcement partners.

Key Quotes:

- ***“There’s one call. He was a veteran and struggled with PTSD, was really depressed, considering suicide, had an issue, with alcohol, and was fighting with the next-door neighbor. I was able to get him into treatment and he now has 60 days of sobriety. So if when somebody asks me what stands out, that’s why I do what I do. That’s why I***



want to be a Co-Responder. That's why. Because he would have been missed if we weren't in place and I wasn't able to get him into treatment." (Georgia Pines - Mitchell Co-Responder Listening Session Transcript, Pos. 34-38)

- "Now my officers go out and they're like, 'Okay, I think this person has X, Y, and Z, something's not right.' They no longer say, 'Hey, this person's crazy, can you come see him?' **Changing the way that law enforcement views mental health and substance abuse and collaborating through that relationship has been a big help.**" (Georgia Pines - Mitchell Co-Responder Listening Session Transcript, Pos. 66-68)
- "I've spoken to the rotary clubs in my County. Rotary has been, it's very welcoming. It's 'very, very glad you're here...we needed this.' A couple of months ago, **I answered a call with [my sheriff], and I was able to get that person to the hospital and get him back on his medications, and the sheriff looked at me and he said, 'Well, I'll be, this stuff works!'"** (Georgia Pines - Mitchell Co-Responder Listening Session Transcript, Pos. 76-86)
- "I'm present. I go to the sheriff's office, I go to the jail, I go to the different police departments...**I go where they are, and they get to see me. Boots on the ground. I don't just sit behind a desk and wait for a call. I'm out there in the community. I'm out there with the officers. I'm out there at the jail.** So when they see me, they know me now." (Georgia Pines - Mitchell Co-Responder Listening Session Transcript, Pos. 100-102)
- "I wanted the buy-in. I wanted them to know how important this is, and **I wanted them [police officers] to be able to recognize when I'm needed and when I'm not needed. That and that I was part of the team...**I may be a Co-Responder but I'm 100% on their team." (Georgia Pines - Mitchell Co-Responder Listening Session Transcript, Pos. 106)
- "**Personally, working in the Co-Responder model, I think has reignited my love of recovery and reignited my belief that hope is out there and that we do get well.** And professionally, it has done so much for me as a clinician, [seeing] the different psychosis symptoms, the different substances, the different attributes to suicide, things like that, things that I didn't know before doing this." (Georgia Pines - Mitchell Co-Responder Listening Session Transcript, Pos. 182)
- "**It goes back to resources, you know, and, and how do we make this better is more money.** I'm the only clinician in my area as far as co-response. I do think there's an area for growth and more clinicians and more officers and things, especially in South Georgia, but I think we just need the resources to be able to do that, but I do see it expanding." (Georgia Pines - Mitchell Co-Responder Listening Session Transcript, Pos. 220-222)



Summary		
1. Mitchell County's unique Co-Responder model faces challenges due to staffing and varying law enforcement support, yet shows progress in community engagement.	2. The program's success hinges on consistent collaboration and support from law enforcement, highlighting the co-responder's invaluable crisis intervention skills.	3. Sustainable funding is essential for the program's future, impacting its ability to meet commitments and expand its reach within the community.



Advisory Coalition

Theme: Challenges and Opportunities in Co-Responder Programs

The listening session revealed several challenges and opportunities faced by Co-Responder programs, which involve collaboration between law enforcement and behavioral health services. Key issues included workforce shortages, training needs, data sharing, and public awareness.

Stakeholders Mentioned:


- Workforce shortages, particularly in hiring additional clinicians.
- The need for uniform training across agencies.
- Difficulties in sharing data across different systems.
- Lack of public awareness about the Co-Responder programs.

Stakeholders Agreed:

- There is a significant need for standardized training for both law enforcement and clinicians.
- Shared data systems are crucial for effective collaboration.
- Greater public awareness is necessary to enhance the visibility and support for Co-Responder programs.

Key Quotes:

- ***“On this particular day, the voices told him that his brother was mad at him, and he decided to take his brother's gun and went into the yard between his house and an adjacent house. And in order to get rid of the bullets so that his brother could not use them against him. He fired multiple shots into the gravel between his house and the neighbors. This type of incident normally would have turned into an extended standoff involving SWAT teams and negotiators, which could have had a horrible outcome. Fortunately, we were close by and we have a lot of familiarity with this individual, we were able to get on scene make contact with him, and confirm that he was no longer armed.”*** (Co-Responder Coalition Listening Session Transcript, Pos. 20)
- ***“I'd say right now the biggest challenge we've got as far as expansion is we don't have any additional clinicians. Our teams are composed of a law enforcement officer and LPC (licensed professional counselor) and I've got two. And even though the postings for the additional positions have been up for probably years now, we don't think we've***



had a candidate in over two years. **This is a state-level system-wide conversation about the pay scale for mental health clinicians in the public sector. And if we don't have some serious discussions, we're stagnant.**" (Co-Responder Coalition Listening Session Transcript, Pos. 50)

- **"How can we make this a sustainable model as well as a model that is financially sound for the agencies that are providing the service?"** (Co-Responder Coalition Listening Session Transcript, Pos. 98)
- **"How can we get the services to be payable or reimbursed for the providers so we can aid in the recruitment and retention of clinicians?"** (Co-Responder Coalition Listening Session Transcript, Pos. 104)
- **"From what I can hear in the community, everybody is really excited about Co-Responders. And so we just want to get them up and running and keep them staffed. But the community is very excited about it."** (Co-Responder Coalition Listening Session Transcript, Pos. 114)
- **"I've become an ally for law enforcement, you know, and, and I speak cop and that helps when we have situations. So I think it's been great. And I think it's rippled even to the other agencies where we don't have Co-Responder programs. That Co-Responder protocol committee that's required per the Senate Bill is getting all of the law enforcement together at the table. And that's been really cool.** (Co-Responder Coalition Listening Session Transcript, Pos. 132)
- **"The community is excited about and wanting to learn more about it [co-responders program]. But I do think some of the details that are in recent House bills need some more clarification so that everyone will know how this work can be done. So we can be able to help the individuals in our community."** (Co-Responder Coalition Listening Session Transcript, Pos. 136)
- **"I think, you know, the law enforcement who partner with us should get like a big celebration or be out there and say, 'Hey, we have these things. This is great. You should know what we're doing!' We're partnering with everybody, and trying to get the word out about Co-Responders, because I mentioned it to some people but the general public doesn't know about it. They find out about it when we handle things and do things...despite all of that, we are still one of the best-kept secrets in the county."** (Co-Responder Coalition Listening Session Transcript, Pos. 150-152)



Summary		
1. Critical workforce shortages hinder the expansion of Co-Responder teams, especially in hiring clinicians.	2. Uniform, interagency training is essential for the effective operation of Co-Responder programs.	3. Increased public awareness and understanding of Co-Responder programs are needed to garner broader community support.

Key Themes Ranked

From summary tables across all interviews:

1. **Effective Training and Collaboration:** This theme appears consistently, emphasizing the importance of joint training and understanding between clinicians and law enforcement, as well as the need for ongoing development and support, especially in crisis situations.
2. **Challenges in Staffing and Resources:** This theme is highlighted frequently, discussing staffing difficulties, resource limitations, particularly in rural areas, and the need for better collaboration and alignment of expectations and capabilities.
3. **Sustainable Funding:** Repeatedly mentioned as a critical factor for the sustainability and expansion of Co-Responder programs, emphasizing the importance of securing long-term funding, especially in areas with limited local resources.
4. **Impact on Professionals:** This theme focuses on the personal and professional fulfillment of individuals working in Co-Responder roles, highlighting how these roles bridge the gap between law enforcement and mental health services
5. **Effective Crisis Intervention:** This theme is noted for illustrating how Co-Responder models lead to successful interventions in crisis situations, significantly reducing the need for police and hospital involvement



Challenges

Workforce challenges have become an obstacle across the board for behavioral health roles. Hiring challenges were greater for the federally funded clinician role because of the licensing requirement.

To address this, it was approved that clinicians could be associate licensed (meaning an individual completed all licensing requirements except for a number of hours) provided the candidate is being supervised by a licensed clinician, the CSB is providing oversight, and they are held strictly to the requirements within the BH Provider Manual. With this accommodation, it has still been difficult to fill these positions. There are safety concerns, the locations of the programs create a challenge for recruitment of qualified clinicians, and the role itself is nontraditional and requires a new approach to training.

Senate Bill 403 requires a behavioral health professional that can include a clinician, case manager, or peer. However, it provides the additional constraint that there must be a process put into place for encounters when a 1013 order (requiring evaluation by a licensed clinician) may be necessary if there is not a licensed clinician on the team. This has allowed for a larger pool of candidates; however, there are still challenges in filling the behavioral health professional role.

The initial federally funded Co-Responder projects at \$89,786.00 were intended as pilot programs, were based on a model of a single clinician/*team*, and were not intended to fund a comprehensive Co-Responder *program* as defined in the SB 403-amended Georgia Code.

Currently, five of the ten new Co-Responder programs have identified staff to fill the positions. Two of the identified staff are fully licensed. The remaining programs are still striving towards filling these positions before they can become operational and begin implementing Co-Responder efforts in their local communities.



DBHDD Recommendations


After 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, DBHDD recommends that \$238,235 be considered an appropriate standard budget for a Co-Responder program capable of complying with the goals of SB 403. This amount would allow for staffing a Co-Responder program with three CSB employee roles to partner with peace officer team members.

As of June 2023, DBHDD is aware of 44 law enforcement agencies wanting to partner with their local CSB to offer constituents Co-Responder services. At the recommended funding level, the total annual cost to meet SB 403 mandates would be approximately \$10.5M.

DBHDD's Office of Adult Mental Health reached this recommended standard budget by reviewing CSB-submitted proposed budgets (see Figure 2) and recognized costs for the salaries of three team members. While the officer and clinician are the only required roles for a co-response *team*, the amount of work to make a *program* successful and to ensure continuity of care for individuals will require additional team members.

The recommended funding would allow for a three-person team on the CSB side of each partnership. This team would consist of a clinician (licensed or associate), a peer support specialist, and a case manager. This budget would cover standard salary and fringe benefits. It would also cover estimated costs of post-encounter follow-ups, documentation, training, supplies, equipment, and administrative costs. Additional funding would be needed for programs to ensure 24/7 clinician availability (either by hiring additional full-time staff or utilizing other on-call clinician services), or if local demands required multiple co-response teams.

Although Georgia communities have fostered various models of co-response since 1993, it is difficult to accurately estimate the costs (or cost savings) of fully implementing statewide co-response as envisioned by SB 403. Robust evaluation of the cost-savings of Co-Responder models has not been done in Georgia or even nationwide.



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

An independent evaluation study of Georgia Co-Responder programs could require a substantial initial investment from the state legislature but would contribute to the long-term financial sustainability of co-response programs by producing critical data for encouraging local investment. Demonstrated areas of cost-savings at the local level could appropriately direct the reallocation of existing community funds towards Co-Responder programs. While the state legislature and DBHDD play critical roles in supporting statewide co-response, local funding would better allow CSB and law enforcement partnerships to be shaped by unique local needs rather than relying on statewide funding standards.

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



Conclusions

The new legislation around Co-Responder programs is a welcomed step forward for behavioral health efforts in Georgia. The funding allocated in FY22 fails to match the vision and intent of the legislature. The Co-Responder program standards included in Senate Bill 403 are well crafted for successfully partnering with law enforcement to support not only those individuals experiencing behavioral health crises but also our overburdened justice system and hospitals.


The intent to build and expand a statewide system of these programs is clear in Senate Bill 403 as well as House Bill 1013 and the Appropriations bill, as shown by the Appropriations bill doubling the number of programs that House Bill 1013 directed be funded. However, the amount that a successful Co-Responder program would cost was based on the amount initially dedicated to the federal pilot programs initiated before the passing of Senate Bill 403.


DBHDD agrees with the clear message received from our CSB partners that underfunding will limit their ability to match their Co-Responder efforts to those envisioned by Senate Bill 403. While the new law does allow for Co-Responder programs to provide limited services when funding is insufficient, DBHDD supports the legislature's intent to fully support statewide Co-Responder programs. Initial investments in increased program funding and an evaluation study will fill a genuine, immediate need and bring manifold benefits to Georgia's citizens and our behavioral health, law enforcement, justice, and healthcare systems. DBHDD views the ambitious vision of Senate Bill 403 as sustainable at the local level long-term with continued investments in the growth of statewide Co-Responder access. Georgia's CSBs and other organizations pioneering co-response should be proud of their existing accomplishments and DBHDD will continue to support them and report on their future growth and success.



APPENDIX A: 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 B: Serenity and River Edge Letters



Serenity Behavioral Health Systems

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

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

December 4, 2023,

To the CO-Responder/GACSB team,

Serenity Behavioral Health Systems is new and not currently collecting data. We are working closely with our local Sheriff's office to implement this program and get it up and running soon. We are actively looking for and researching alternative funding such as grants and/or allocations from local government to support this program.

Sincerely,

Karen Drumgoole-Paschal

Karen Drumgoole-Paschal, LPC, CMAC
Director of Community Support Services

Good afternoon Jesse,

The River Edge Behavioral Health Co-Responder program remains in the developmental stages with the Macon-Bibb Sheriff's Office. Therefore, we do not have appropriate data to submit at this time. We will advise you once we are fully operational and can provide meaningful data. If we can be of further assistance do not hesitate to contact me.



Wm. Tommy Barnes, MBA

Chief Operating Officer

175 Emery Hwy, Macon, GA 31206

p. 478-803-7645 f. 478-803-8514

WBarnes@river-edge.org • www.river-edge.org

APPENDIX C: View Point Health Letters of Support



Georgia Association of Community Service Boards Co-responder Report October 2023

The following report is submitted by View Point Health to the Georgia Association of Community Service Boards (GACSB) to promote the Co-responder work and help secure ongoing funding. This report includes three key items – (1) quotes and letters from Chiefs of Police Departments where View Point Health partners; (2) co-response narrative of a highly visible success story; and (3) data outcomes for the past fiscal year (FY2023).

Co-responder Quotes

From Chief Scott Freeman – Conyers Police Department

The Conyers Police Department (CPD) Co-Responder Program was implemented in 2021 to improve public safety and provide more effective responses to individuals experiencing mental or behavioral health crises. Since our implementation, we have yielded tremendous “success” and results, allowing us to keep those in a mental health crisis, as well as police officers, safer through the appropriate use of our co-responder program. Our Co-Responder program consists of two Qualified Mental Health Professionals (QMHP) available to respond to crisis incidents with police officers. Since implementing our co-responder program, the CPD has responded to 1,356 documented calls for service that were classified as having some level of mental or behavioral health component. As a result of our commitment to addressing mental or behavioral health issues through our co-responder program, we have realized the following goals, achievements, and successes:

Enhanced Crisis Intervention: Co-responders are part of our trained mental health professionals who can provide immediate support and intervention when responding to mental health-related calls. This has yielded more appropriate and compassionate responses to individuals in crisis and has allowed us to get people the help they need.

De-escalation: While all CPD officers are certified in CIT and have had PERF ICAT Training, our trained co-responders have helped de-escalate tense situations and have reduced the risk of violence or harm to individuals involved, including law enforcement officers.

Diversion from the Criminal Justice System: 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. Our co-responders work very closely with our courts and District Attorney's Office on mental or behavioral health incidents that do involve crimes.

Reduced Recidivism: By addressing the root causes of certain behaviors, our co-responder program has helped individuals access treatment and support, which has helped reduce their likelihood of reoffending or encountering law enforcement in the future. We have been highly successful in this area and have helped reduce repeat calls for service.

Community Policing and Trust: Our co-responder program has helped build trust between law enforcement agencies and the community. When community members see that law enforcement is taking a more compassionate and supportive approach to mental health crises, it has helped with community relations.

It's important to note that there are far greater benefits than the above. Our co-responder program has helped change the culture of the CPD into one where we train, use equipment, make decisions, and respond to calls for service with the guiding philosophy of "saving just one more life."



R. Scott Freeman, Ph.D.

Chief of Police

Conyers Police Department
1194 Scott Street
Conyers, GA 3012

From Chief Bill Grogan – Norcross Police Department

From: Bill Grogan <bgrogan@norcrosspd.com>
Sent: Tuesday, October 10, 2023 10:47:25 AM
To: Pej Mahdavi <Pej.Mahdavi@VPHealth.org>
Subject: RE: Co-Responder Funding

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 provide assistance to folks in the field, real-time, during the crisis and follow-up with ongoing case management so desperately needed by the individual. Follow-up involves making sure needed care continues, and does not just end when the crisis ends. Care can be medical, mental health, or behavioral as well as emergency housing, food, and clothing. The biggest challenge we face is funding the ongoing care required to continue a successful and direly needed co-responder program.

Attached is a letter from Assistant Chief Smith – Gwinnett County Police Department



Co-responder Narrative

On March 22, 2022, a call came in to Gwinnett County 911 of a Greyhound bus traveling northbound on I85 that has been hijacked on the Indian Trail on ramp. The call stated a gunman was on board the bus and had taken 40 citizens hostage. As a result, I-85 was shut down in both directions and Gwinnett County Police Department's SWAT Team was activated and responded to the incident. News media was, also, notified and started to report a "Hostage standoff on I-85."

GCPD requested that its Behavioral Health Unit (a two-person team consisting of Cpl. Tracey Reed and Pej Mahdavi, LCSW) respond to the scene and assist with the situation. GCPD had obtained info that the suspect was experiencing a mental health crisis but did have any further info. Upon arrival on the scene, the BHU Clinician was asked to sit with the hostage negotiators and provide guidance while they were talking to the suspect on the phone. The BHU Clinician was able to determine that the suspect was, in fact, experiencing a psychotic episode, possibly his first, and provided the officers with guidance and information on how to talk to the individual. In addition, BHU interviewed family members and collaterals and gathered information to develop a better understanding of the alleged hijacker and a possible motive. BHU was able to confirm the individual experienced a psychotic episode and was not trying to "hijack" the bus. The individual on the bus presented as extremely paranoid and hyper-religious and was fixated on "the end of the world coming up on us." The passengers on the bus were all able to leave on their own accord and no one was hurt. After a few hours of back-and-forth discussion and conversation with the individual on the bus, a plan was devised and he was taken into custody, safely, and transported to Gwinnett County Jail.

Prior to the establishment of the Gwinnett County Co-Responder Team the story would end here. The individual would mostly sit in jail until he went to court and faced charges for crimes he may not have intended to commit or understood he was committing. The chances of him getting link to treatment would be very slim and the root cause of this incident would never be addressed. Further, a young African American male would have his life forever tarnished with a felony and little to no hope of recovery.

In this situation, the BHU was able to continue working with this individual while he was in jail. The BHU officer informed the Jail mental health staff the symptoms the individual was presenting with so the individual could be properly assessed, and treatment would be started in the jail. The BHU clinician worked with the individual's mother to have the individual transition from the jail and directly admitted to View Point Health's Crisis Stabilization Unit. The individual stayed in the CSU for a little over a week and was able to receive treatment to address his symptoms and stabilize his mental health. The BHU was able to use the benefits of a police/mental health provider partnership to find the a program that would be the best fit for this individual. Given the fact that this was the individual's first episode of psychosis and he was only in his mid-20s he was referred and enrolled in VPH's Project LIGHT program. Project LIGHT was developed to identify and work specifically with individuals and families experiencing their first symptoms of psychosis. With Project LIGHT, the individual was able to receive mental health treatment in addition to guidance from case managers, certified peers, and clinicians on how to be successful in his recovery and achieve his goals. The partnership also, help the individual navigate ancillary challenges that arise when one encounters the criminal justice system. For example, the individual was able to retrieve his identification, social security card, and other vital documents to help him with employment and other resources. This act eliminated a major barrier to recovery and help the individual build trust in his mental health.



Today, this individual has been very successful in his recovery. He has not needed any hospitalizations or crisis stabilization. He has not had any encounters with the law. He has a job and is living with his father.



Co-responder Data Outcomes

For FY2023 (July 2022 – June 2023) – the Co-responder team responded to **4,186** calls. The disposition of each response is below. Overall, **97.7%** of individuals served and responded to were not arrested.

Response Disposition:

- 1013 (involuntary hospitalization): 476
- Already in services (re-engaged): 668
- Arrest: 98
- Linked to services: 1,738
- Declined services: 455
- Resolved on scene: 420
- Voluntary hospitalization: 331



Suwanee Police Department

Chief Cass Mooney

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Pej Mahdavi, LCSW,

I want to express my gratitude to Viewpoint Health and the Co-Responders (Clinicians) for what they do to assist the citizens of the City of Suwanee. The police officers have been collaborating closely with the clinicians in the co-responder program to provide diverse services to our citizens, including providing resources to people experiencing homelessness, providing resources for individuals, triaging individuals who express suicidal ideation, and assisting with various mental crises. The officers have expressed how well the co-responder program is working. They have been able to utilize the clinicians and the 24-hour on-call service to convince citizens in crisis to seek treatment in situations that could have resulted in an arrest in the past.

Having clinicians on hand to offer resources and defuse crisis situations has been beneficial. The Co-Responder program has helped people feel more secure around law enforcement officials to speak openly and honestly about their situation. In other circumstances, people might be more receptive to talking with someone without a law enforcement background because they may have had a bad encounter or fear of the police. The clinicians' calmer demeanor has aided in defusing a crisis more quickly than an officer working alone. The Suwanee Police Department has had immense success with this strategy within our community. They have resolved issues using their expertise while collaborating with community partners and the police department.

The clinicians have assisted individuals professionally and efficiently with positive results. These are some of the successes from the Co-Responder program through the third quarter of 2023. The clinicians in our Co-Responder program encountered forty-six homeless individuals and successfully helped seventeen with housing, with a 37% success rate. One hundred seventy-seven referrals were made through the Suwanee Police Department Behavior Health Unit, and the clinicians conducted 186 follow-ups. Of the 177 referrals entered for citizens in crisis, only 8% resulted in an arrest. This has impacted the officers' abilities to focus on more serious crime issues within our community. The Co-Responder program and the funding provided by the DBHDD has been an asset to segments of communities throughout the state that are very vulnerable and it is our recommendation that it continue.

Sincerely,

Chief Cass Mooney
Suwanee Police Department



WINNETT COUNTY
POLICE DEPARTMENT

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P.O. Box 602 | Lawrenceville, GA 30046-0602
770.513.5000
GwinnettCounty.com | GwinnettPolice.com

To: Georgia Association of Community Service Boards, Inc.

From: Assistant Chief C.A. Smith *CAS*
Uniform Division Commander
Gwinnett County Police Department

Subject: Support for Co-Responder Programs

Date: October 10, 2023

I hope this letter finds you in good health and high spirits. I am writing to support and endorse statewide Co-responder Programs in Georgia and to discuss the remarkable success and substantial benefits that the Behavioral Health Unit (BHU) has brought to the Gwinnett County community.

The BHU has been an invaluable addition to our law enforcement efforts, offering a dedicated team of trained professionals who specialize in addressing mental health and behavioral crises. I would like to highlight some of the key achievements and benefits that the BHU has brought to Gwinnett County:

Enhanced Community Safety: The BHU has played a pivotal role in enhancing community safety by effectively responding to mental health crises. Their specialized training has allowed them to de-escalate situations and provide the necessary assistance to individuals in need, reducing the potential for violent confrontations.

Reduction in Recidivism: The presence of the BHU has resulted in a reduction in the number of repeat incidents involving individuals with mental health issues. By connecting these individuals with appropriate resources and support, we have seen a positive impact on recidivism rates.

Positive Community Relations: The BHU's compassionate and empathetic approach to community members in crisis has fostered positive relations between law enforcement and the community. This has led to increased trust and cooperation from the public.

Cost-Efficiency: The BHU has also proven to be cost-effective by diverting individuals away from the criminal justice system and towards mental health and behavioral health services. This not only benefits the individuals involved but also reduces the burden on our justice system.



Training and Expertise: The BHU team's extensive training in crisis intervention and mental health awareness has had a ripple effect throughout our department. Officers across the force have benefitted from their expertise, resulting in improved handling of mental health-related incidents.

The success of BHU would not have been possible without your unwavering support and commitment to the well-being of our community. Our County Commissioners vision in establishing this unit and your ongoing support have been instrumental in its achievements.

I whole-heartedly provide support for your organization and the work that is done to provide services for mental illness, intellectual/developmental disabilities, and/or addictive diseases. There are 22 CSBs across Georgia with Boards of Directors appointed by the governing authorities of the counties within the CSB area. View Point Health has been a great partner in our organizations efforts to assist members within our community that may be suffering from mental illness and crises.

I would be more than happy to provide any additional information or assistance you may require in continuing your organizations mission of providing support to the CSB's in the form of policy and legislation. Ensuring that you and your organization have the support of large police agencies is crucial for efforts to be continued in the BHU arena. I realize that funding is a crucial aspect to ensure that you can continue to assist those in our community.

Thank you for your dedication to the safety and well-being of the Gwinnett County community. Your support of the Behavioral Health Unit is greatly appreciated, and we look forward to continuing our collaborative efforts to serve our community better.

Should you have any questions please feel free to contact me at 770-513-5225 or via email at chris.smith@gwinnettcountry.com

Sincerely,

Assistant Chief C.A. Smith
Gwinnett County Police Department
Uniform Division Commander



APPENDIX D: Co-Responder Stakeholders

Co-Responder Advisory Board Sub-Committee Members

Carol Caraballo – Director, Office of Adult Mental Health
Joy Bell – Forensics Manager
Dana McCrary – Director, Office of Recovery Transformation
Katherine Schiller – Behavioral Health Services Attorney
Hetal Patel – Region 1 Service Administrator
Gwen Craddieth – Region 3 Service Administrator
Sonya Davidson – Co-Responder Specialist
RJ Hurn – Georgia Pines CSB
Katie McFarland – Advantage BHS
Melanie Dallas – Highland Rivers
Lisa Montford – CSB of Middle Georgia
Jessica Bloodworth - Pathways
Chad Jones – View Point Health
Jesse Hambrick – CSB Association of Georgia
Judge David Sweat – Senior Judge of Superior Courts
Victoria Williams – Mental Health Clinician (Brookhaven Police Department)
Meagan Gillis – Mobile Crisis Regional Manager (Behavioral Health Link)
Jimmy Bennett – Region 2 Service Administrator
Darlene Lynch – Center for Victims of Torture
Della Hightower – Behavioral Health Link
Mallikarjuna Puttamareddy – Data Analyst



APPENDIX E: Listening Session Discussion Guide

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

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

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

GROUND RULES (5 mins)

- What you say will not be personally attributed to you. Speak what you really feel. Honest feedback is crucial.
- We will be taking detailed notes and writing notes constantly, and we may take things down word for word, but they will not be associated with your name or role unless you give us permission.
- After reviewing our notes and transcript, we may follow up to ask for your permission to quote you if something you have said 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. Experiences in the Field:

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

2. Challenges and Obstacles:

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

3. Interagency Collaboration:

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

4. Training and Preparedness:

- a. **Main Question:** How well do you feel current training programs prepare you for the variety of situations you encounter?
 - i. *Follow-Up:* Are there particular types of calls or situations where you feel more training is needed?
 - ii. *Follow-Up:* How could training be adapted to better meet the needs of Co-Responders in the field?



5. Implementation:

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

6. Impact and Support:

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

7. Opportunities for Program Enhancement:

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

Final Thoughts (5 mins)

Reflection and Suggestions:

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



D·B·H·D·D

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



Call Us

Primary: (404) 657-2252



Contact Constituent Services

[Contact Constituent Services Form](#)

OR email DBHDDConstituentServices@dbhdd.ga.gov



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Learn More

[DBHDD Co-Responder Program](#)