

Senate Bill 403

By: Senators Watson of the 1st, Albers of the 56th, Cowser of the 46th, Robertson of the 29th, Kirkpatrick of the 32nd and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 37 of the Official Code of Georgia Annotated, relating to mental health, so
2 as to enact the "Georgia Behavioral Health and Peace Officer Co-Responder Act"; to provide
3 for immunity for the transport of a patient to a facility; to provide for the establishment of
4 co-responder programs; to provide for co-responder teams composed of peace officers and
5 behavioral health professionals; to provide for training of co-responder team members; to
6 provide for dispatch of co-responder teams; to provide for co-responder protocol committees;
7 to provide for support services; to provide for review of publicly available arrest and
8 incarceration records of currently incarcerated individuals; to provide for incident reports and
9 a data base; to require an annual report regarding co-responder programs; to provide that
10 program requirements are contingent on available funding; to provide for annual budget
11 requests; to provide for limitations on liability; to provide for a short title; to provide for
12 legislative findings; to provide for related matters; to repeal conflicting laws; and for other
13 purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

S. B. 403

15 **SECTION 1.**

16 This Act shall be known and may be cited as the "Georgia Behavioral Health and Peace
17 Officer Co-Responder Act."

18 **SECTION 2.**

19 The General Assembly finds that:

20 (1) Demands on peace officers include responding to emergencies involving individuals
21 with a mental or emotional illness, developmental disability, or addictive disease, without
22 the benefit of a behavioral health specialist being present;

23 (2) The presence of a behavioral health specialist exponentially decreases the risk of
24 escalation;

25 (3) The absence of a behavioral health specialist may result in the arrest of individuals
26 whose conduct would be more effectively treated and stabilized in a behavioral health
27 setting rather than a jail or prison;

28 (4) Law enforcement agencies throughout Georgia frequently report that jails and prisons
29 are becoming revolving door behavioral health hospitals of last resort;

30 (5) Several law enforcement agencies in Georgia have established co-responder
31 programs and formed co-responder partnerships with local community service boards.
32 Community service boards provide support during emergency responses and provide
33 follow-up services to help stabilize the individual in crisis and prevent relapse;

34 (6) Combining the expertise of peace officers and behavioral health specialists to
35 de-escalate behavioral health crises prevents unnecessary incarceration of individuals
36 with a mental or emotional illness, developmental disability, or addictive disease and
37 instead links those in crisis to services that promote stability and reduce the likelihood of
38 recurrence, decreases the costs incurred by prisons and jails to incarcerate such
39 individuals, and increases the ability of peace officers outside of the co-responder teams
40 to focus on serious crimes; and

41 (7) It is in the best interest of the state to establish the framework for a state-wide
42 co-responder model to include emergency response co-responder teams and
43 post-emergency behavioral health services.

44 **SECTION 3.**

45 Title 37 of the Official Code of Georgia Annotated, relating to mental health, is amended by
46 revising Code Section 37-3-4, relating to immunity of hospitals, physicians, peace officers,
47 or other private or public hospital employees from liability for certain actions taken in good
48 faith, as follows:

49 "37-3-4.

50 Any hospital or any physician, psychologist, peace officer, attorney, or health official, or
51 any hospital official, agent, or other person employed by a private hospital or at a facility
52 operated by the state, by a political subdivision of the state, or by a hospital authority
53 created pursuant to Article 4 of Chapter 7 of Title 31, who acts in good faith in compliance
54 with the transport, admission, and discharge provisions of this chapter shall be immune
55 from civil or criminal liability for his or her actions in connection with the transport of a
56 patient to a physician or facility, the admission of a patient to a facility, or the discharge
57 of a patient from a facility; provided, however, that nothing in this Code section shall be
58 construed to relieve any hospital or any physician, psychologist, peace officer, attorney, or
59 health official, or any hospital official, agent, or other person employed by a private
60 hospital or at a facility operated by the state, by a political subdivision of the state, or by
61 a hospital authority created pursuant to Article 4 of Chapter 7 of Title 31, from liability for
62 failing to meet the applicable standard of care in the provision of treatment to a patient."

63 **SECTION 4.**

64 Said title is further amended by revising Code Section 37-7-5, relating to immunity from
65 liability for actions taken in good faith compliance with admission and discharge provisions
66 of chapter, as follows:

67 "37-7-5.

68 Any physician, psychologist, peace officer, attorney, or health official, or any hospital
69 official, agent, or other person employed by a private hospital or at a facility operated by
70 the state, by a political subdivision of the state, or by a hospital authority created pursuant
71 to Article 4 of Chapter 7 of Title 31, who acts in good faith in compliance with the
72 transport, admission, and discharge provisions of this chapter shall be immune from civil
73 or criminal liability for his actions in connection with the transport of a patient to a
74 physician or facility, the admission of a patient to a facility, or the discharge of a patient
75 from a facility."

76 **SECTION 5.**

77 Said title is further amended by adding a new chapter to read as follows:

78 "CHAPTER 11

79 37-11-1.

80 As used in this chapter, the term:

81 (1) 'Behavioral health crisis' means any circumstance when symptoms of a person's
82 behavioral health disorder put that person or others at risk for causing personal injury or
83 property damage.

84 (2) 'Behavioral health disorder' means a mental or emotional illness, developmental
85 disability, or addictive disease.

86 (3) 'Co-responder program' means a program established through a partnership between
87 a community service board and a law enforcement agency to utilize the combined
88 expertise of peace officers and behavioral health professionals on emergency calls
89 involving behavioral health crises to de-escalate situations and help link individuals with
90 behavioral health issues to appropriate services.

91 (4) 'Co-responder team' means a team established pursuant to a co-responder program,
92 composed of at least one officer team member and one community service board team
93 member.

94 (5) 'Communications officer' means and includes any person employed by a public safety
95 agency to receive, process, or transmit public safety information and dispatch law
96 enforcement officers, firefighters, medical personnel, or emergency management
97 personnel.

98 (6) 'Community service board team member' means a behavioral health professional
99 working at the direction of a community service board who is licensed or certified in this
100 state to provide counseling services or to provide other support services to individuals
101 and their families regarding a behavioral health disorder, and who is part of a
102 co-responder team.

103 (7) 'Law enforcement agency' means a governmental unit of one or more persons
104 employed full time or part time by the state, a state agency or department, or a political
105 subdivision of the state for the purpose of preventing and detecting crime and enforcing
106 state laws or local ordinances, employees of which unit are authorized to make arrests for
107 crimes while acting within the scope of their authority.

108 (8) 'Officer team member' means a peace officer who is part of a co-responder team.

109 (9) 'Public safety agency' means the state or local entity which receives emergency calls
110 placed through an emergency 9-1-1 system and dispatches fire-fighting, law enforcement,
111 emergency medical, or other emergency services.

112 37-11-2.

113 (a) Each community service board shall establish a co-responder program to offer
114 assistance or consultation to peace officers responding to emergency calls involving
115 individuals with behavioral health crises. Law enforcement agencies within a community
116 service board's service area may elect to partner with the community service board to
117 establish one or more co-responder teams.

118 (b) When a law enforcement agency that has entered into a co-responder partnership with
119 a community service board responds to an emergency call involving an individual with a
120 behavioral health crisis and a co-responder team is dispatched, a community service board
121 team member shall be available to accompany the officer team member in person or via
122 virtual means or shall be available for consultation via telephone or telehealth during such
123 emergency call. The officer team member may consider input from the community service
124 board team member in determining whether to refer an individual for behavioral health
125 treatment or other community support or to transport the individual for emergency
126 evaluation in accordance with Code Section 37-3-42 or 37-7-42, rather than making an
127 arrest.

128 (c) In the event that the officer team member transports the individual for emergency
129 evaluation in accordance with Code Section 37-3-42 or 37-7-42, the emergency receiving
130 facility shall notify the community service board, prior to the release of the individual
131 whether or not the individual is admitted for treatment, for purposes of identifying and
132 facilitating any necessary follow-up services for such individual to prevent relapse.

133 (d) Following an individual's behavioral health crisis, the community service board shall
134 make available voluntary outpatient therapy to eligible individuals pursuant to Code
135 Section 37-11-9.

136 (e) Transport conducted pursuant to this Code section shall occur in government-owned
137 vehicles configured for safe transport based on the individual's condition; provided,
138 however, that the officer team member may authorize alternative transportation by a

139 medical transport company or otherwise if deemed safe to do so based on the individual's
140 condition.

141 37-11-3.

142 Every county shall retain a written list available for public inspection that identifies all law
143 enforcement agencies within such county whose routine responsibilities include responding
144 to emergency calls. Such list shall be created no later than August 1, 2022, and shall be
145 updated immediately when additional departments assume routine responsibility for
146 emergency response and shall be maintained with current information.

147 37-11-4.

148 (a) Each community service board shall employ or contract with behavioral health
149 professionals who are licensed in this state to provide counseling services, or to provide
150 other support services to individuals and their families regarding a behavioral health
151 disorder, and whose responsibilities include participation as a community service board
152 team member on a co-responder team. The community service board shall designate a
153 sufficient number of individuals to serve as community service board team members to
154 partner with the law enforcement agencies located within the community service board's
155 service area, with on-call availability at all times.

156 (b) The department shall maintain a current, written list of emergency receiving facilities
157 within each community service board area where an individual experiencing a behavioral
158 health crisis may be transported by or at the direction of an officer or team member. The
159 department shall coordinate with each community service board in preparing the written
160 list of emergency receiving facilities. The written list shall be maintained by each
161 community service board and provided to each law enforcement agency.

162 37-11-5.

163 (a) A law enforcement agency that has entered into a co-responder partnership with a
164 community service board shall designate one or more peace officers to participate as officer
165 team members in a co-responder team.

166 (b) A law enforcement agency that has not entered into a co-responder partnership with
167 a community service board shall designate one peace officer to review behavioral health
168 incidents and to serve as the primary point of contact with the community service board.

169 (c) A law enforcement agency shall designate a peace officer who shall serve on the
170 co-responder protocol committee.

171 37-11-6.

172 (a) Officer team members may elect to receive crisis intervention team training as
173 approved by the Georgia Police Officer Standards and Training Council.

174 (b) All communications officers and other employees of public safety agencies who make
175 dispatch decisions shall receive educational training about identifying emergency calls
176 involving individuals in a behavioral health crisis and determining appropriate response
177 units.

178 (c) Community service board team members shall receive training on the operations,
179 policies, and procedures of the law enforcement agencies with which they partner.

180 (d) All training undertaken in accordance with this Code section shall be provided at the
181 expense of the department and at no expense to any law enforcement agency, public safety
182 agency, or community service board.

183 37-11-7.

184 When an emergency call involving an individual's behavioral health crisis is received by
185 a communications officer or public safety agency, and a civilian-only response team is not
186 appropriate or available, the communications officer shall notify the co-responder team in

187 the jurisdiction where the emergency is located, if practicable, regardless of whether other
188 peace officers are also dispatched. The co-responder team will work collaboratively to
189 de-escalate the situation; provided, however, that all final decisions shall be made by the
190 officer team member or his or her superiors.

191 37-11-8.

192 Each community service board shall establish a co-responder protocol committee for its
193 service area which shall work to increase the availability, efficiency, and effectiveness of
194 community response to behavioral health crises. The protocol committee shall address best
195 practices for issues which arise during the operation of co-responder teams. Such issues
196 include, but shall not be limited to, data collection, privacy protection, interagency
197 coordination, intragovernmental coordination, available treatment modalities, data sharing
198 and analysis, training, and community outreach. Implemented best practices should
199 increase public safety in the service area, improve outcomes for individuals experiencing
200 mental health crises, and enhance cooperation between law enforcement and behavioral
201 health specialists.

202 37-11-9.

203 Where a behavioral health crisis involves an individual who is on Medicaid or is uninsured
204 or underinsured, the community service board of the service area where the crisis occurred
205 shall contact the individual within two business days following the crisis, regardless of
206 whether that individual was incarcerated. If the individual resides in a different community
207 service board area, the case shall be transferred to the appropriate community service
208 board. The community service board handling the case shall work to identify the types of
209 services needed to support the individual's stability and to locate affordable sources for
210 those services, including housing and job placement. If the individual was incarcerated,
211 the community service board may make recommendations for inclusion in a jail release

212 plan. Following the behavioral health crisis, the community service board shall provide
213 voluntary outpatient therapy as needed.

214 37-11-10.

215 (a) Community service board team members may review publicly available arrest and
216 incarceration records and may request access to evaluate currently incarcerated individuals
217 for the purpose of identifying individuals who may be treated more effectively within the
218 behavioral health system rather than the criminal justice system. If such individuals are
219 identified, the community service board team member shall provide a written
220 recommendation to the appropriate law enforcement agency and jail or prison operator for
221 consideration. The law enforcement agency and jail or prison operator shall provide
222 community service board team members with access to requested nonrestricted records and
223 shall grant access to such records at mutually convenient times, for the purpose of
224 facilitating the community service board team member's analysis.

225 (b) The department shall establish a referral system, by which any law enforcement agency
226 may request behavioral health consultation for an individual who is currently incarcerated,
227 or frequently incarcerated, who it believes may be treated more effectively within the
228 behavioral health system rather than the criminal justice system. The department shall
229 assign the case to the appropriate community service board for evaluation and appropriate
230 treatment if warranted.

231 37-11-11.

232 (a) Law enforcement agency incident reports shall specify whether an incident arose from
233 a behavioral health crisis and whether a co-responder team was dispatched. Each law
234 enforcement agency shall maintain such incident reports and shall forward a copy thereof
235 to the department upon request. Additionally, community service boards shall document
236 each incident in which there was participation as part of a co-responder team, shall

237 maintain a data base or file thereof, and shall forward a copy thereof to the department,
238 upon request.

239 (b) The department shall compile the reports and documentation of all law enforcement
240 agencies and community service boards and shall establish, maintain, and keep current a
241 data base of all individuals in the state for whom a co-responder team was dispatched,
242 including the law enforcement agency that dispatched the team and the date of dispatch.
243 The data base shall be established for the purpose of assisting co-responder teams,
244 community service boards, and other peace officers in determining appropriate action
245 should an individual have a future behavioral health crisis, even if the individual has
246 changed locations within the state. The data base shall also be used for the purpose of
247 facilitating statistical analysis of the co-responder program. All records generated pursuant
248 to this chapter shall be prepared and maintained in accordance with the Health Insurance
249 Portability and Accountability Act of 1996, P.L. 104-191, the Substance Abuse and Mental
250 Health Services Administration, and all other applicable federal and state laws.

251 (c) The department shall issue a written annual report regarding the co-responder program,
252 which shall include statistics derived from the law enforcement agency incident reports and
253 community service board documentation. Data shall be presented per community service
254 board, where available, and cumulatively.

255 37-11-12.

256 (a) The requirements contained in this chapter shall be contingent upon the appropriation
257 of funds by the General Assembly or the availability of other funds.

258 (b) On an annual basis, the department shall submit to the board proposed budgets for
259 co-responder programs for each community service board. The proposed budget for each
260 community service board shall be based on each community service board's operational
261 analysis and shall include the salaries of an adequate number of staff dedicated to the

262 responsibilities of the co-responder program and shall delineate unique factors existing in
263 the area served, such as the population and demographics.

264 (c) In the event that full funding or staffing is not obtained by a community service board,
265 such board may work collaboratively with other entities, including but not limited to the
266 Georgia Association of Community Service Boards, to identify and apply for potential
267 sources of additional funding, identify and pursue additional recruiting options, and
268 identify the elements of the co-responder program that will be implemented given the
269 resources available, until full resources are obtained.

270 (d) The department may pursue funding for purposes of implementing the co-responder
271 program pursuant to this chapter, including without limitation from block grants, the
272 Substance Abuse and Mental Health Services Administration; the Coronavirus Aid, Relief,
273 and Economic Security Act of 2020, P.L. 116-136; the American Rescue Plan Act of 2021,
274 P.L. 117-2; and other grants.

275 37-11-13.

276 Any peace officer, law enforcement agency, community service board, community service
277 board team member, public safety agency, communications officer, or any employee or
278 contractor thereof, who acts in good faith in compliance with the provisions of this chapter
279 shall be immune from civil or criminal liability for his or her actions in connection with a
280 decision to dispatch or not dispatch a co-responder team, to incarcerate an individual, to
281 transport an individual to an emergency receiving facility, or not take an individual into
282 custody."

283 **SECTION 6.**

284 All laws and parts of laws in conflict with this Act are repealed.