

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

AS PASSED SENATE

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 records and data
9 reporting; 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 statutory construction; to
12 provide for a short title; to provide for legislative findings; to provide for related matters; to
13 repeal conflicting laws; and for other purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

S. B. 403

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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."

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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. The
63 immunity provided in this Code section in connection with the transport of a patient to a
64 physician or a facility shall apply only to injury or damages incurred by such patient or his
65 or her personal representative."

66

SECTION 4.

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

70 "37-7-5.

71 Any physician, psychologist, peace officer, attorney, or health official, or any hospital
72 official, agent, or other person employed by a private hospital or at a facility operated by
73 the state, by a political subdivision of the state, or by a hospital authority created pursuant
74 to Article 4 of Chapter 7 of Title 31, who acts in good faith in compliance with the
75 transport, admission, and discharge provisions of this chapter shall be immune from civil
76 or criminal liability for his actions in connection with the transport of a patient to a
77 physician or facility, the admission of a patient to a facility, or the discharge of a patient
78 from a facility. The immunity provided in this Code section in connection with the
79 transport of a patient to a physician or a facility shall apply only to injury or damages
80 incurred by such patient or his or her personal representative."

81

SECTION 5.

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

83

"CHAPTER 11

84 37-11-1.

85 As used in this chapter, the term:

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

- 89 (2) 'Behavioral health disorder' means a mental or emotional illness, developmental
90 disability, or addictive disease.
- 91 (3) 'Co-responder program' means a program established through a partnership between
92 a community service board and a law enforcement agency to utilize the combined
93 expertise of peace officers and behavioral health professionals on emergency calls
94 involving behavioral health crises to de-escalate situations and help link individuals with
95 behavioral health issues to appropriate services.
- 96 (4) 'Co-responder team' means a team established pursuant to a co-responder program,
97 composed of at least one officer team member and one community service board team
98 member.
- 99 (5) 'Communications officer' means and includes any person employed by a public safety
100 agency to receive, process, or transmit public safety information and dispatch law
101 enforcement officers, firefighters, medical personnel, or emergency management
102 personnel.
- 103 (6) 'Community service board team member' means a behavioral health professional
104 working at the direction of a community service board who is licensed or certified in this
105 state to provide counseling services or to provide other support services to individuals
106 and their families regarding a behavioral health disorder, and who is part of a
107 co-responder team.
- 108 (7) 'Law enforcement agency' means a governmental unit of one or more persons
109 employed full time or part time by the state, a state agency or department, or a political
110 subdivision of the state for the purpose of preventing and detecting crime and enforcing
111 state laws or local ordinances, employees of which unit are authorized to make arrests for
112 crimes while acting within the scope of their authority.
- 113 (8) 'Officer team member' means a peace officer who is part of a co-responder team.

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

117 37-11-2.

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

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

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

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

141 (e) Transport conducted pursuant to this Code section shall occur in government-owned
142 vehicles configured for safe transport based on the individual's condition; provided,
143 however, that the officer team member may authorize alternative transportation by a
144 medical transport company or otherwise if deemed safe to do so based on the individual's
145 condition.

146 37-11-3.

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

152 37-11-4.

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

161 (b) The department shall maintain a current, written list of emergency receiving facilities
162 within each community service board area where an individual experiencing a behavioral

163 health crisis may be transported by or at the direction of an officer or team member. The
164 written list shall be maintained by each community service board and provided to each law
165 enforcement agency.

166 37-11-5.

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

170 (b) A law enforcement agency that has not entered into a co-responder partnership with
171 a community service board shall designate one peace officer to serve as the primary point
172 of contact with the community service board.

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

175 37-11-6.

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

178 (b) All communications officers and other employees of public safety agencies who make
179 dispatch decisions shall receive educational training about identifying emergency calls
180 involving individuals in a behavioral health crisis and dispatching appropriate response
181 units.

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

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

187 37-11-7.

188 When an emergency call involving an individual's behavioral health crisis is received by
189 a communications officer or public safety agency, and a civilian-only response team is not
190 appropriate or available, the communications officer shall notify the co-responder team in
191 the jurisdiction where the emergency is located, if practicable, regardless of whether other
192 peace officers are also dispatched. The co-responder team will work collaboratively to
193 de-escalate the situation; provided, however, that all final decisions shall be made by the
194 officer team member or his or her superiors.

195 37-11-8.

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

206 37-11-9.

207 When a co-responder team responds to a behavioral health crisis, the community service
208 board of the service area where the crisis occurred shall contact the individual within two
209 business days following the crisis, regardless of whether that individual was incarcerated.
210 If the individual resides in a different community service board area, the case shall be
211 transferred to the appropriate community service board. The community service board

212 handling the case shall work to identify the types of services needed to support the
213 individual's stability and to locate affordable sources for those services, including housing
214 and job placement. If the individual was incarcerated, the community service board may
215 make recommendations for inclusion in a jail release plan. Following the behavioral health
216 crisis, the community service board shall provide voluntary outpatient therapy as needed.

217 37-11-10.

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

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

234 37-11-11.

235 (a) Each community service board shall compile and maintain records of the services
236 provided by co-responder teams and community service board team members, which shall

237 include community follow-ups and actions taken on behalf of incarcerated individuals
238 together with reasonably available outcome data. Community service boards shall report
239 data to the department in a form developed cooperatively by the community service boards.
240 (b) No later than January 31, 2024, and annually thereafter, the department shall issue a
241 written annual report regarding the co-responder program, which shall include statistics
242 derived from all sources, including community service board documentation and reports.
243 Data shall be presented per community service board, where available, and cumulatively.
244 Such report shall be posted in a prominent location on the department's website.

245 37-11-12.

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

248 (b) No later than July 15, 2023, and annually thereafter, the department shall submit to the
249 board proposed budgets for co-responder programs for each community service board. The
250 proposed budget for each community service board shall be based on each community
251 service board's operational analysis and shall include the salaries of an adequate number
252 of staff dedicated to the responsibilities of the co-responder program and shall delineate
253 unique factors existing in the area served, such as the population and demographics.

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

260 (d) The department may pursue funding for purposes of implementing the co-responder
261 program pursuant to this chapter, including without limitation from block grants, the
262 Substance Abuse and Mental Health Services Administration; the Coronavirus Aid, Relief,

263 and Economic Security Act of 2020, P.L. 116-136; the American Rescue Plan Act of 2021,
264 P.L. 117-2; and other grants.

265 37-11-13.

266 Any peace officer, law enforcement agency, community service board, community service
267 board team member, public safety agency, communications officer, or any employee or
268 contractor thereof, who acts in good faith in compliance with the provisions of this chapter
269 shall be immune from civil or criminal liability for his or her actions in connection with
270 any of the following decisions: to dispatch or not dispatch a co-responder team, to
271 incarcerate an individual, to transport an individual to an emergency receiving facility, or
272 not take an individual into custody.

273 37-11-14.

274 Nothing in this chapter shall be construed as creating an exclusive method for a law
275 enforcement agency to establish emergency response teams combining peace officers and
276 behavioral health specialists."

277

SECTION 6.

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