Senate Bill 403

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

AS PASSED

A BILL TO BE ENTITLED

AN ACT

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

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:
SECTION 1.
This Act shall be known and may be cited as the "Georgia Behavioral Health and Peace Officer Co-Responder Act."

SECTION 2.
The General Assembly finds that:

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

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

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

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

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

(6) Combining the expertise of peace officers and behavioral health specialists to de-escalate behavioral health crises prevents unnecessary incarceration of individuals with a mental or emotional illness, developmental disability, or addictive disease and instead links those in crisis to services that promote stability and reduce the likelihood of recurrence, decreases the costs incurred by prisons and jails to incarcerate such individuals, and increases the ability of peace officers outside of the co-responder teams to focus on serious crimes; and
(7) It is in the best interest of the state to establish the framework for a state-wide co-responder model to include emergency response co-responder teams and post-emergency behavioral health services.

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

"37-3-4. Any hospital or any physician, psychologist, peace officer, attorney, or health official, or any hospital official, agent, or other person employed by a private hospital or at a facility operated by the state, by a political subdivision of the state, or by a hospital authority created pursuant to Article 4 of Chapter 7 of Title 31, who acts in good faith in compliance with the transport, admission, and discharge provisions of this chapter shall be immune from civil or criminal liability for his or her actions in connection with the transport of a patient to a physician or facility, the admission of a patient to a facility, or the discharge of a patient from a facility; provided, however, that nothing in this Code section shall be construed to relieve any hospital or any physician, psychologist, peace officer, attorney, or health official, or any hospital official, agent, or other person employed by a private hospital or at a facility operated by the state, by a political subdivision of the state, or by a hospital authority created pursuant to Article 4 of Chapter 7 of Title 31, from liability for failing to meet the applicable standard of care in the provision of treatment to a patient. The immunity from civil liability provided in this Code section in connection with the transport of a patient to a physician or a facility shall apply only to injury or damages incurred by such patient or his or her personal representative."
SECTION 4.
Said title is further amended by revising Code Section 37-7-5, relating to immunity from liability for actions taken in good faith compliance with admission and discharge provisions of chapter, as follows:

"37-7-5.
Any physician, psychologist, peace officer, attorney, or health official, or any hospital official, agent, or other person employed by a private hospital or at a facility operated by the state, by a political subdivision of the state, or by a hospital authority created pursuant to Article 4 of Chapter 7 of Title 31, who acts in good faith in compliance with the transport, admission, and discharge provisions of this chapter shall be immune from civil or criminal liability for his actions in connection with the transport of a patient to a physician or facility, the admission of a patient to a facility, or the discharge of a patient from a facility. The immunity from civil liability provided in this Code section in connection with the transport of a patient to a physician or a facility shall apply only to injury or damages incurred by such patient or his or her personal representative."

SECTION 5.
Said title is further amended by adding a new chapter to read as follows:

"CHAPTER 11

37-11-1.
As used in this chapter, the term:

(1) 'Behavioral health crisis' means any circumstance when symptoms of a person's behavioral health disorder put that person or others at risk for causing personal injury or property damage."
(2) 'Behavioral health disorder' means a mental or emotional illness, developmental disability, or addictive disease.

(3) 'Co-responder program' means a program established through a partnership between a community service board 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.

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

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

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

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

(8) 'Officer team member' means a peace officer who is part of a co-responder team.
(9) 'Public safety agency' means the state or local entity which receives emergency calls placed through an emergency 9-1-1 system and dispatches fire-fighting, law enforcement, emergency medical, or other emergency services.

37-11-2.

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

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

(c) In the event that the officer team member transports the individual for emergency evaluation in accordance with Code Section 37-3-42 or 37-7-42, the emergency receiving facility shall notify the community service board, prior to the release of the individual whether or not the individual is admitted for treatment, for purposes of identifying and facilitating any necessary follow-up services for such individual to prevent relapse.
(d) Following an individual's behavioral health crisis, the community service board shall make available voluntary outpatient therapy to eligible individuals pursuant to Code Section 37-11-9.

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

37-11-3.

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

37-11-4.

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

(b) 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 receive emergency treatment or psychiatric evaluation.

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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.

37-11-5.
(a) A law enforcement agency that has entered into a co-responder partnership with a community service board shall designate one or more peace officers to participate as officer team members in a co-responder team.
(b) A law enforcement agency that has not entered into a co-responder partnership with a community service board shall designate one peace officer to serve as the primary point of contact with the community service board.
(c) A law enforcement agency shall designate a peace officer who shall serve on the co-responder protocol committee.

37-11-6.
(a) Officer team members may elect to receive crisis intervention team training as approved by the Georgia Police Officer Standards and Training Council.
(b) All communications officers and other employees of public safety agencies who make dispatch decisions shall receive educational training about identifying emergency calls involving individuals in a behavioral health crisis and dispatching appropriate response units.
(c) Community service board team members shall receive training on the operations, policies, and procedures of the law enforcement agencies with which they partner.
(d) 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.
When an emergency call involving an individual's behavioral health crisis is received by a communications officer or public safety agency, and a civilian-only response team is not appropriate or available, the communications officer shall notify the co-responder team in the jurisdiction where the emergency is located, if practicable, regardless of whether other peace officers are also dispatched. The co-responder team will work collaboratively to de-escalate the situation; provided, however, that all final decisions shall be made by the officer team member or his or her superiors.

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

When a co-responder team responds to a behavioral health crisis, the community service board of the service area where the crisis occurred shall contact the individual within two business days following the crisis, regardless of whether that individual was incarcerated. If the individual resides in a different community service board area, the case shall be transferred to the appropriate community service board. The community service board
handling the case shall work to identify the types of services needed to support the individual's stability and to locate affordable sources for those services, including housing and job placement. If the individual was incarcerated, the community service board may make recommendations for inclusion in a jail release plan. Following the behavioral health crisis, the community service board shall provide voluntary outpatient therapy as needed.

37-11-10.
(a) Community service board team members may review publicly available arrest and incarceration records and may request access to evaluate currently incarcerated individuals for the purpose of identifying individuals who may be treated more effectively within the behavioral health system rather than the criminal justice system. If such individuals are identified, the community service board team member shall provide a written recommendation to the appropriate law enforcement agency and jail or prison operator for consideration. The law enforcement agency and jail or prison operator shall provide community service board team members with access to requested nonrestricted records and shall grant access to such records at mutually convenient times, for the purpose of facilitating the community service board team member's analysis.
(b) 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.

37-11-11.
(a) Each community service board shall compile and maintain records of the services provided by co-responder teams and community service board team members, which shall
include community follow-ups and actions taken on behalf of incarcerated individuals
together with reasonably available outcome data. Community service boards shall report
data to the department in a form developed cooperatively by the community service boards.
(b) 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.

37-11-12.
(a) The requirements contained in this chapter shall be contingent upon the appropriation
of funds by the General Assembly or the availability of other funds.
(b) 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.
(c) In the event that full funding or staffing is not obtained by a community service board,
such board may work collaboratively with other entities, including but not limited to the
Georgia Association of Community Service Boards, to identify and apply for potential
sources of additional funding, identify and pursue additional recruiting options, and
identify the elements of the co-responder program that will be implemented given the
resources available, until full resources are obtained.
(d) The department may pursue funding for purposes of implementing the co-responder
program pursuant to this chapter, including without limitation from block grants, the
Substance Abuse and Mental Health Services Administration; the Coronavirus Aid, Relief,


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

37-11-14.

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

SECTION 6.

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