

SAMPLE LEGISLATION & PROCESS

# DEVELOPING A COMMUNITY- BASED EMERGENCY FIRST RESPONDERS (EFR) PROGRAM

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## This is the product of The Justice Collaborative Policing Task Force

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# Background Information on Civilian Emergency First Responders

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## INTRODUCTION

In the best of times, local communities struggle to meet the health needs of highly vulnerable people, including those who struggle with mental health or substance use disorder, poverty, or housing insecurity, or otherwise lack access to traditional health care resources. Because most communities do not have the kind of services necessary to assist someone experiencing a mental or behavioral health crisis, law enforcement has served as the default first responder. Police officers are not drug counselors, social workers, or health care professionals. They are trained to aggressively enforce criminal codes and thus their response to individuals experiencing a mental or behavioral health crisis or who otherwise appear agitated or upset all too often leads to the arrest and incarceration of these individuals. Particularly when a person is suffering from a mental or behavioral health crisis, police confrontations regularly involve force—and often deadly force. This not only depletes public safety resources, but also makes communities and officers less safe when law enforcement must take the place of trained experts.

Many vulnerable populations lack access to traditional health care resources. According to a 2016 report by the CDC, nearly 1 in 5 patients (17%) don't have a regular place to access health care. These individuals need solutions that will come to them. Communities should mobilize health care resources to identify and prevent health care crises for vulnerable populations. To that end, crisis response teams should remove law enforcement from their strategies and instead build teams with medical and crisis workers who respond to emergency calls that indicate mental and behavioral health issues.

Across the country, different jurisdictions have enacted policies that have addressed the problem in various ways; however, to date no jurisdiction has enacted all the pieces. Included in this packet are examples of what different jurisdictions have done.

A model program should ensure the following:

1. Responses to 911 calls for mental health and substance abuse crisis should be diverted to a non-law enforcement crisis response team. Another non-911 number should be made available that goes directly to the crisis response team.
  - a. The crisis response team should be composed of non-law enforcement mental health experts, including crisis-trained social workers.
  - b. The crisis response team should be trained on the use of narcan, and carry narcan with them.
  - c. 911 staff should receive mental health and substance use disorder training, and have clear guidance on when to direct the crisis response team to respond to a call.

- d. Emergency call centers should be staffed with mental health experts.
  - e. If there is a non-911 number, it should be widely and consistently publicized.
2. The crisis response team should respond to all calls for help involving mental health crises or indications, along with substance overdose, including:
- a. In hospitals, when a person is refusing physical restraints, medication, or their physical health is being put at risk. The crisis response team can then make the decision to call the police.
  - b. All domestic calls where the caller indicates the person is having a mental health crisis.
  - c. All calls indicating an overdose or potential overdose shall be responded to by the crisis response team and appropriate medical health providers.
  - d. Crisis response teams may request law enforcement support in cases where there is a clear and imminent threat to a person present at the scene.
3. Mobile Response Team
- a. The crisis response team should strive to prevent crises before they occur and engage with vulnerable populations to provide referrals for preventive care.
4. Crisis Response Team Oversight
- a. The crisis response team is managed by the city, county, or state outside of law enforcement.
  - b. The crisis response team will be responsible for collecting and producing data on call responses, including all calls responded to and outcomes.
  - c. Law enforcement will be responsible for collecting and producing data on any call response for which the decision was made not to transfer the response to the crisis response team.
5. Funding
- a. The crisis response team shall be fully funded by money diverted out of (not through) the police and/or sheriff department budget.
  - b. Appropriate law enforcement staff reductions should be made once the crisis response team is in place.
  - c. Localities should ensure that these teams are staffed by full-time employees and eventually become employees of the city or county. Volunteer teams, as is happening in some jurisdictions, may be a necessary first step but are not an adequate long-term solution to the problem.

# **EXAMPLES OF LOCAL PROGRAMS**

## **EUGENE, OREGON**

1. The Crisis Assistance Helping Out On The Streets (CAHOOTS) program, in Eugene, Oregon, is a mobile crisis intervention team that responds to calls related to behavioral health.
2. Teams consist of a medic and a crisis worker and provide “immediate stabilization in case of urgent medical need or psychological crisis, assessment, information, referral, advocacy and (in some cases) transportation to the next step in treatment.”

## **PORTLAND, OREGON**

1. Portland, Oregon’s Street Response is a joint effort of Portland Fire and Rescue, Portland Police Bureau, Portland Bureau of Emergency Management, and the Bureau of Emergency Communications, with outside support from Street Roots and Portland State University.
2. The pilot program was funded by Portland City Council in June 2019 and was set to start in March 2020. Its launch was delayed by COVID. In June 2020, the City Council funded a large expansion of the program, and it is set to launch in March 2021.
3. Portland Street Medicine embraces the objective of providing “ quality medical care to Portlanders who are facing unstable housing or are sleeping on the streets.” Consisting of a volunteer coalition of medical providers, social workers, care managers, and lay people, these teams go to unhoused or housing unstable populations to identify those in need and provide care.

## **DENVER, COLORADO**

1. Denver, Colorado’s Support Team Assisted Response is a “community response program modeled after CAHOOTS.”
2. The program is in its pilot phase and is currently being supported by funds generated from sales tax revenue in Denver. The STAR program addresses mental health and substance use calls.

## **CONTRA COSTA, CALIFORNIA**

1. Contra Costa’s “Mobile Crisis Response Team” visits clients and their families to prevent acute psychiatric crises from becoming emergencies that require law enforcement involvement or involuntary hospitalization.

## **AUSTIN, TEXAS**

1. Austin Expanded Mobile Crisis Outreach Team responds to 911 calls with mental health telehealth services if certain criteria are met (misdemeanor charge, non-violent, no outstanding warrants or immediate threat).

### **SALT LAKE CITY, UTAH**

1. Salt Lake County, Utah's Mobile Crisis Outreach Units can be dispatched by calling a hotline that serves Salt Lake County residents or by referrals from law enforcement. Teams include a licensed mental health professional and a Certified Peer Specialist. The teams conduct a psychiatric assessment, help stabilize the person, and refer them to appropriate community mental health resources.

### **WARREN COUNTY, IOWA**

1. Warren County, Iowa's mobile crisis response teams were designed to intervene before the police. The service helps alleviate the number of calls local law enforcement officials are receiving and provides people with an alternate route of care and will provide a follow-up after 24 hours.

## **UPCOMING PROGRAMS**

### **LOS ANGELES, CA**

### **OAKLAND, CA**

### **ROCHESTER, NY**

### **SAN FRANCISCO, CA** (Mental Health SF) and here



# **SAMPLE LEGISLATION AND LOCAL MOTION**

# TEMPLATE ORDINANCE: EMERGENCY NON-LAW ENFORCEMENT RESPONDERS

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*This template funding legislation is inspired by bills that have been introduced in CA, IL, and FL, as well as in consultation with experts who have studied effective community based responses to crises.*

### **Sec. 1. Findings: The [Legislature/Council/Governing Entity] finds and declares all of the following:**

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1. The complexities of emergency issues surrounding crises in mental health, intimate partner violence, community violence, substance abuse, and natural disasters can, at times, be addressed more safely, with greater impact, and more cost-effectively and efficiently with community organizations/non-law enforcement responders staffed by mental and behavioral health care specialists, social workers, or counselors, who often have deeper knowledge and understanding of the issues, trusted relationships with the people and communities involved, and specific knowledge and relationships surrounding the emergency.
2. Furthermore, young people of color, people with disabilities, people who are gender nonconforming, people who are formerly incarcerated, people with immigration status issues, and people who are unhoused or homeless, face significant barriers to engaging with law enforcement and other first responder personnel. Data demonstrates that these populations often do not reach out for needed help when dealing with crises in their communities because of their fear and challenges with engaging law enforcement, which puts lives and families at risk for continued harm and trauma. People who specialize in working with these populations, understanding their issues, and maintain deep relationships in their communities have a more successful track record of engaging and supporting them.
3. Government entities from the national to the local level have defunded systems of care, including health care and mental health care, over decades. Governments have not invested in systems that address many people's individual and community needs. We have come to rely on police officers to respond to calls for people who are in crisis, as well as for calls that should not and cannot be addressed by law enforcement. Such calls include, but are by no means limited to: complaints that people are unhoused and should be moved; complaints involving disputes between neighbors; complaints that a person looks "suspicious" or is doing something that the caller believes to be incorrect; or complaints regarding parking, and requests that cars be ticketed or towed.
4. Further, when people are experiencing distress or crisis, there are limited resources available to assist them through the crisis, including facilities where they can be transported to and cared for. In the absence of these facilities, people have been taken to county jails or hospital emergency rooms. Incarceration and emergency rooms are not only the most expensive responses to meet people's needs, they are often entirely inappropriate responses.

5. People in cities and counties throughout the state have recognized the need to expand innovative approaches to both emergencies and social problems and have created programs to do so.
6. These alternative approaches have strengthened non-law enforcement responses to emergencies and other needs in places throughout the [state/county/city] by deepening the involvement of peer counselors, preventing violence, deescalating volatile situations, protecting property and the environment, reducing law enforcement use of force, and ensuring the health and safety of communities while, at the same time, saving money by decreasing calls for law enforcement services and the sole reliance upon officers or the use of emergency hospitalization for situations that do not present a threat of physical harm to others.
7. Despite the innovative approaches led by community organizations and local governments the [state/county/city] does not have a policy, a set of protocols, or dedicated funding to support appropriate responses to calls for assistance or to create [the state/county/city's] own crisis and support team to address people's needs that do not require a police response.
8. This funding seeks to remedy those issues by articulating a policy framework and grant process to support innovative approaches to build capacity and to make grants [for community organizations or local governments] to support appropriate and humane responses to the multitude of people's needs.
9. It is the intention of this funding to reduce the over-reliance on armed law enforcement to respond to crises that do not require law enforcement. As a result, it is the intention that as local governments establish and scale up civilian crisis response systems, they should dramatically reduce their reliance on law enforcement and reduce those budgets accordingly.

## **Sec. 2. Program Requirements: Crisis Response**

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Funds should be provided to [local governments, departments within local governments, community-based organizations, non-profits, or a combination of these entities].

The core components of any program funded under this Act should include the following:

1. Crisis response teams must be entirely independent of law enforcement systems, including through their funding structure and oversight.
2. The local government who is either receiving the grant or dispersing the funds to a community based organization must have a clear set of restrictions in place, or be willing to adopt a clear set of restrictions, as to when law enforcement officers shall be summoned to respond to calls. These restrictions should ensure that emergency 911 calls are only routed to law enforcement officers when:

- a. There is a threat of immediate physical injury or death to another;
  - b. There was a violent crime committed and immediate investigation by law enforcement is required;
  - c. The civilian crisis response team calls for law enforcement; or
  - d. Sufficient other circumstances dictate that the only appropriate response to an unfolding situation requires an immediate response by law enforcement officers.
3. The crisis response team should respond to all calls for help involving mental health crises or indications of mental or behavioral health distress, along with substance overdose, including:
  - a. In hospitals, when a person is refusing physical restraints, medication, or any person's physical health is being put at risk;
  - b. All domestic calls where the caller indicates the person is having a mental health crisis;
  - c. All calls indicating an overdose or potential overdose.
4. A crisis response team that responds to calls involving mental or behavioral health issues must be staffed with mental health care experts or crisis-trained social workers. Calls indicating an overdose or potential overdose shall be responded to by the crisis team and the appropriate medical health response, such as an EMT.
5. Crisis response teams should be mobile and capable of providing on-site, on-demand services and transportation.
6. Crisis response teams must be equipped to provide referrals for community services or treatment.
7. The crisis response team should strive to prevent crises before they occur and engage with vulnerable populations to provide referrals for preventive care.
8. The crisis response team should strive to create the technical capacity to identify and engage with frequent users of the crisis system in order to determine what resources they need so as to reduce their use of emergency systems of care.
  - a. Any such information collected shall be subject to all privacy laws, including HIPAA, [other relevant state laws]
  - b. The fact that a person is a frequent user of the crisis system may not be used to deny services to that person.
9. Crisis response teams should also respond to calls that involve disputes between people or other calls that do not require law enforcement. Such calls include, but are not limited to:
  - a. responding to an unhoused person;
  - b. addressing behavior by somebody who is unhoused;

- c. calls regarding a “suspicious person” or other calls not indicating a present and immediate threat of violent behavior;
  - d. disputes between parties.
- 10. A local government should provide that their Emergency Response Communication Systems, such as 9-1-1, have staff trained to route calls to the appropriate response team.
- 11. Staff at the Emergency Response Communication Systems should receive mental health and substance use disorder training, and have clear guidance on when to direct the crisis response team to respond to a call.
- 12. If the grantee has authority to amend an existing Emergency Response Communication System or to create a separate Emergency Response Communication System, a non-9-1-1 number that goes directly to the crisis response team should be made available. If a non-911 number is created for the crisis response team, calls to 911 shall still be routed to crisis response teams in the appropriate situations as detailed here.
- 13. Data Collection and Reporting. The grantees, whether a local government entity or community-based organization, shall produce data to be provided on a yearly basis:
  - a. The number of calls responded to by the crisis response team;
  - b. The nature of the calls responded to by the crisis response team;
  - c. The number of individuals served by the crisis response team; and
  - d. The number of instances where the crisis response teams requested law enforcement back-up.
  - e. This data must be anonymized so as not to identify any individual who has used the system.
  - f. [Other information, i.e. race, gender, age of people served]
- 14. Any grantee must ensure that crisis response teams are managed outside of law enforcement. Grantees must ensure that an oversight committee is in place, ensure adequate training programs and protocols, and ensure that care is being provided appropriately.
  - a. Committees must include advocates from health and disability communities and must reflect the racial demographics of the jurisdiction.
  - b. The Committee should prepare annual reports to compile the data and assess the effectiveness of the program.
- 15. [If grant made to local government] Appropriate law enforcement staff reductions should be made within one year of the crisis response team’s operation.
  - a. Funding should instead be directed to supporting and maintaining the crisis response team or creating a non-law enforcement city department to run the crisis response teams.
  - b. Law enforcement must also track and report data for all calls as provided under subsection 13.

### Section 3. Funding for Referral Services

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3. Local governments and community-based organizations may also apply for funding for continued care for people in need in order to facilitate the operation of the crisis response team and to ensure that people who are in crisis receive appropriate care.

Such funding may include:

- a. Temporary day or overnight shelters for people who are experiencing homelessness.
- b. Technical assistance to identify and engage with frequent users of services.
- c. Mental health and substance use disorder facilities in order that the crisis response team has the ability to transport individuals in a problematic situation or in need of treatment to a safe facility.
- d. Temporary housing or supportive housing for individuals who are unhoused.
- e. Resources to ensure that schools and other programs that serve children, homeless youth, or other young adult populations are able to communicate with the crisis response team.
- f. A coordinated system of care for children and schools, including a wellness center for children, whether located at a school or other facility that serves children, homeless youth, or young adults, who are experiencing crisis or trauma.
- g. Technical and other assistance to ensure that there is a direct line of communication between the crisis response teams and hospitals, and to support the mental health services provided by these hospitals.

# LOS ANGELES CITY COUNCIL MOTION

MOTION AD HOC POLICE


Now is the time for a reconceptualization of how we operate as a City. If Los Angeles is to live up to its civic ideals, we must move forward to become a model city that addresses community safety in a constructive and proactive way. Budget cuts in social services have resulted in law enforcement taking on a greater role in dealing with homelessness, mental health and even COVID-19 related responses. We have gone from asking the police to be part of the solution, to being the only solution for problems they should not be called on to solve in the first place.

As the Country engages in a national conversation on the re-imagining of public safety, the City of Los Angeles should look to be a leader (like it has in the past) and act boldly to structurally change how it delivers services to its residents, particularly those who have been historically marginalized and neglected. In order to properly service the most vulnerable, the City of Los Angeles should look to advance non-law enforcement solutions in circumstances that are non-criminal.

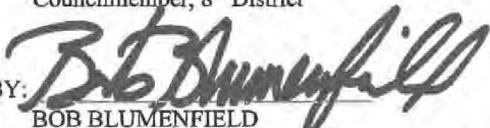
The first step the City of Los Angeles can take to re-imagine public safety is to develop a systematic crisis-response plan to directly connect people in need to City, County or community-based service providers and replace law enforcement presence in non-violent, non-criminal situations with a range of unarmed service providers including medical professionals, mental health workers, homeless outreach workers and other unarmed professionals with specialized training.

**I THEREFORE MOVE**, that the City Council instruct the Chief Legislative Analyst and the City Administrative Officer, with assistance from the Los Angeles Police Department and LAHSA and in cooperation with the Los Angeles County Department of Mental Health and other relevant government service providers, to develop an unarmed model of crisis response that would divert non-violent calls for service (mental health crisis, substance abuse, neighbor disputes etc.) away from LAPD to the appropriate non-law enforcement agencies.

**I FURTHER MOVE** that the City Council instruct the Chief Legislative Analyst to analyze and report back on programs such as CAHOOTS in Eugene, Oregon as well other models of crisis intervention.

PRESENTED BY:   
HERB J. WESSON Jr.  
Councilmember, 10<sup>th</sup> District

PRESENTED BY:   
NURY MARTINEZ  
Councilwoman, 6<sup>th</sup> District

PRESENTED BY:   
MARQUEECE HARRIS-DAWSON (verbal)  
Councilmember, 8<sup>th</sup> District

PRESENTED BY:   
CURREN D. PRICE Jr.  
Councilmember, 9<sup>th</sup> District

PRESENTED BY:   
BOB BLUMENFIELD  
Councilmember, 3<sup>rd</sup> District

SECONDED BY:  

JUN 16 2020

ORIGINAL



AD HOC COMMITTEE ON POLICE REFORM REPORT relative to developing an unarmed model of crisis response.

Recommendations for Council action, as initiated by Motion (Wesson - Martinez - Harris-Dawson - Price - Blumenfield - O'Farrell):

1. INSTRUCT the Chief Legislative Analyst (CLA) and the City Administrative Officer (CAO), with assistance from the Los Angeles Police Department (LAPD) and the Los Angeles Housing Services Authority (LAHSA) and in cooperation with the Los Angeles County Department of Mental Health and other relevant government service providers, to develop an unarmed model of crisis response that would divert non-violent calls for service (mental health crisis, substance abuse, neighbor disputes etc.) away from LAPD to the appropriate non-law enforcement agencies.
2. INSTRUCT the CLA to analyze and report back on programs utilized both domestically and internationally such as CAHOOTS in Eugene, Oregon as well other models of crisis intervention.

Fiscal Impact Statement: Neither the CAO nor the CLA has completed a financial analysis of this report.

Community Impact Statement: None submitted.

Summary:

On June 24, 2020, your Committee considered a Motion (Wesson - Martinez et al.) relative to developing an unarmed model of crisis response. According to the Motion, budget cuts in social services have resulted in law enforcement taking on a greater role in dealing with homelessness, mental health and even COVID-19 related responses. Los Angeles has gone from asking the police to be part of the solution, to being the only solution for problems they should not be called on to solve in the first place. As Los Angeles County engages in a national conversation on the re-imaging of public safety, the City of Los Angeles should look to be a leader and act boldly to structurally change how it delivers services to its residents, particularly those who have been historically marginalized and neglected. In order to properly service the most vulnerable, the City of Los Angeles should look to advance non-law enforcement solutions in circumstances that are non-criminal. The first step the City of Los Angeles can take to re-imagine public safety is to develop a systematic crisis- response plan to directly connect people in need to City, County or community-based service providers and replace law enforcement presence in non-violent, non-criminal situations with a range of unarmed service providers including medical professionals, mental health workers, homeless outreach workers and other unarmed professionals with specialized training. After consideration and having provided an opportunity for public comment, the Committee moved to recommend approval of the Motion as amended and detailed in the above recommendations. This matter is now submitted to Council for its consideration.

Respectfully Submitted,



# **EXAMPLE OF STATE FUNDING LEGISLATION (THE C.R.I.S.E.S. ACT IN CALIFORNIA)**



## Assemblymember Sydney Kamlager, District 54

### AB 2054 - Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S.) Act

#### IN BRIEF

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AB 2054 will establish the Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S.) Act pilot program which will promote community-based responses to local emergency situations.

#### BACKGROUND & PROBLEM

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In many cities across the state, community organizations successfully are responding to emergency situations involving unhoused people, people experiencing a mental health crisis, people exposed to intimate partner or community violence, people experiencing substance abuse, and people impacted by natural or climate disasters.

Despite the positive impact and cost savings of community-oriented responses to emergencies, California has done little to support and scale these efforts. Instead, law enforcement officers respond to emergencies that would be better suited to address by community organizations. These organizations have trained peer support experts, mental health providers or crisis counselors.

For example, the San Francisco Police Commission recently approved a resolution encouraging city officials to find alternatives to a police response to homelessness. Furthermore, the San Francisco Police Department estimates that up to 80% of calls for service in the city are for people in mental crisis and that police officers bring close to 4,000 people per year to psychiatric facilities.

Many law enforcement officers serve as the means of transport to an emergency room, jail, or psychiatric facility, and in the case of natural or climate disasters are serving evacuation orders or working at shelters, but police are not mental health or crisis counselors or service providers with a track record of successfully working with vulnerable people. While law enforcement officers may be well-intentioned, police presence escalates situations by causing fear in the person experiencing crisis, who is subject to both the risk or arrest and the police use of force. There are significant, unnecessary costs associated with officers as first-responders for mental health crises,

and for instances of intimate partner violence, among other situations that arise in our communities.

In worst case scenarios, officers use force in response to a person in crisis, resulting in unnecessary and unjust deaths and serious bodily injury to those who simply need the care and support of trained professionals.

#### SOLUTION

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AB 2054 establishes the C.R.I.S.E.S. Act pilot grant program, promoting community-based responses to local emergency situations, including, but not limited to, situations related to:

- Public Health Crisis
- People Experiencing Homelessness
- Mental Health Crisis
- Intimate Partner Violence
- Community Violence
- Substance Use
- Natural Disasters

AB 2054 will be a step forward to provide stability, safety, and culturally informed and appropriate responses to immediate emergency situations as well as in the follow-up to those emergencies by involving community organizations with a deeper knowledge of the emergency.

#### SPONSORS

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Alliance for Boys and Men of Color  
ACLU of California  
Anti Police-Terror Project  
Berkeley Free Clinic  
East Bay Community Law Center  
Justice Teams Network  
Oakland Power Projects  
PolicyLink  
Public Health Advocates  
Stop Terrorism Oppression by Police Coalition  
UDW/AFSCME Local 3930  
Youth Justice Coalition

#### FOR MORE INFORMATION

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Howard Quan  
916-319-2054 or [Howard.quan@asm.ca.gov](mailto:Howard.quan@asm.ca.gov)

**Assembly Bill No. 2054**

\_\_\_\_\_

Passed the Assembly August 30, 2020

\_\_\_\_\_  
*Chief Clerk of the Assembly*

\_\_\_\_\_

Passed the Senate August 28, 2020

\_\_\_\_\_  
*Secretary of the Senate*

\_\_\_\_\_

This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2020, at \_\_\_\_\_ o'clock \_\_\_\_M.

\_\_\_\_\_  
*Private Secretary of the Governor*

## CHAPTER \_\_\_\_\_

An act to add and repeal Article 8.5 (commencing with Section 8601) of Chapter 7 of Division 1 of Title 2 of the Government Code, relating to emergency services.

## LEGISLATIVE COUNSEL'S DIGEST

AB 2054, Kamlager. Emergency services: community response: grant program.

Existing law creates the Office of Emergency Services within the office of the Governor. The office is responsible for the state's emergency and disaster response services for natural, technological, or man-made disasters and emergencies. Existing law requires the office to establish by rule and regulation various classes of disaster service workers, the scope of the duties of each class, and to adopt rules and regulations for the registration of each class of these workers. Existing law requires the office to work with advocacy groups representing the deaf and hard of hearing for the purpose of improving accessibility to emergency information and services for the populations that they serve. Existing law requires the office to develop a plan for state and local utilization of volunteers during a state of emergency.

This bill would, until January 1, 2024, enact the Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act for the purpose of creating, implementing, and evaluating the C.R.I.S.E.S. Act Grant Pilot Program, which the act would establish. The bill would require the Office of Emergency Services to establish rules and regulations for the act with the goal of making grants to community organizations, over 3 years, for the purpose of expanding the participation of community organizations in emergency response for specified vulnerable populations. The bill would require that grantees receive a minimum award of \$250,000 per year. The bill would require a community organization receiving funds pursuant to the program to use the grant to stimulate and support involvement in emergency response activities that do not require a law enforcement officer, as specified. The bill would require the director of the office to

assemble staff and resources to carry out certain duties in support of the program.

The bill would require the office to support an 11-member C.R.I.S.E.S. Advisory Committee, selected by the Governor, the Chair of the Senate Rules Committee, and the Speaker of the Assembly, as specified, to be inclusive of community organizations with a proven history of leadership and partnership on emergency response. The committee would establish grant application criteria and parameters for eligible community organizations, review and decide upon grant proposals, ensure grants are adhering to standards, and make recommendations to the office, among other things.

The bill would establish the Community Response Initiative to Strengthen Emergency Systems Act Fund in the State Treasury in support of the program, to be administered by the director. The bill would require that the act be implemented only if appropriate funding is made available to the office, which would make a determination to this effect, to be published on its internet website. The bill would provide that if the appropriation was not made, the office would bear no responsibility for implementing the act. The bill would make findings and declarations in regard to innovative approaches to emergency responses.

*The people of the State of California do enact as follows:*

SECTION 1. This act shall be known, and may be cited, as the Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act.

SEC. 2. The Legislature finds and declares all of the following:

(a) The complexities of emergency issues surrounding crises in mental health, intimate partner violence, community violence, substance abuse, and natural disasters can, at times, be addressed more safely, with greater impact, and more cost-effectively and efficiently with community organizations, which often have deeper knowledge and understanding of the issues, trusted relationships with the people and communities involved, and specific knowledge and relationships surrounding the emergency.

(b) Furthermore, young people of color, people with disabilities, people who are gender nonconforming, people who are formerly incarcerated, people with immigration status issues, and people

who are unhoused or homeless, face significant barriers to engaging with law enforcement and other first responder personnel. Data demonstrates that these populations often do not reach out for needed help when dealing with crises in their communities because of their fear and challenges with engaging law enforcement, which puts lives and families at risk for continued harm and trauma. Community organizations that specialize in working with these populations, understanding their issues, and maintaining deep relationships in their communities have a more successful track record of engaging and supporting them.

(c) Elected officials and philanthropic and community organizations have recognized the need to create alternatives to law enforcement and expand innovative approaches to emergencies and have established programs to do so in school districts, cities, and counties throughout the state.

(d) These alternative approaches have strengthened the response to emergencies in places throughout the state by deepening impact, preventing violence, deescalating volatile situations, protecting property and the environment, reducing law enforcement use of force, and ensuring the health and safety of communities while, at the same time, saving money by decreasing calls for service and the sole reliance upon first responders for emergency situations.

(e) Despite the innovative approaches led by community organizations, the state does not have a policy, a set of protocols, or dedicated funding to support community organizations' involvement in addressing emergencies.

(f) This act seeks to remedy those issues by articulating a policy framework and budget request to support innovative approaches to build capacity in, and to make grants for, community organizations to support emergency response.

SEC. 3. Article 8.5 (commencing with Section 8601) is added to Chapter 7 of Division 1 of Title 2 of the Government Code, to read:

Article 8.5. Community Response Initiative to Strengthen  
Emergency Systems Act

8601. (a) The Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act is hereby established, as a three-year program, for the purposes of creating,



implementing, and evaluating the C.R.I.S.E.S. Act Grant Pilot Program in accordance with this article.

(b) For purposes of this article:

(1) “Act” means the Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act.

(2) “Committee” means the C.R.I.S.E.S. Advisory Committee, as described in Section 8602.

(3) “Community organization” means a public or private nonprofit organization, or organization fiscally sponsored by a nonprofit, of demonstrated effectiveness that is representative of significant segments of a community and provides educational, direct, or related services to individuals in the community.

(4) “Director” means the Director of Emergency Services.

(5) “Law enforcement agency” means any police department, sheriff’s department, district attorney, county probation department, transit agency police department, school district police department, highway patrol, the police department of any campus of the University of California, the California State University, or a community college, the Department of the California Highway Patrol, and the Department of Justice.

(6) “Law enforcement officer” means an officer, deputy, employee, or agent of a law enforcement agency.

(7) “Office” means the Office of Emergency Services.

(8) “Program” means the C.R.I.S.E.S. Act Grant Pilot Program.

(c) The C.R.I.S.E.S. Act Grant Pilot Program is hereby established. The office shall establish rules and regulations for the act with the goal of making grants to community organizations. Grantees shall receive a minimum award of two hundred fifty thousand dollars (\$250,000) per year. The program shall create and strengthen community-based alternatives to law enforcement in response to crisis situations not related to a fire department or emergency medical service response in communities where there is a history and pattern of racial profiling, law enforcement violence, gaps in law enforcement service, or where vulnerable populations live, including people of color, elderly people, people with disabilities, people who are gender nonconforming, people who are likely to face disproportionate police contact, people who are formerly incarcerated, people with immigration status issues, people who are unhoused, people facing mental health crises, people involved in intimate partner violence, vulnerable youth,

people likely to be engaged in community violence, people challenged by substance abuse, and people living in areas that are environmentally insecure with vulnerable populations and subject to natural or climate disasters or public health emergencies.

(d) A community organization receiving assistance pursuant to the program shall use the grant to stimulate and support involvement in emergency response activities that do not require a law enforcement officer, for activities including, but not limited to, all of the following:

- (1) Project planning and community engagement.
- (2) Project implementation.
- (3) Staffing, subject to the requirement that grantees adhere to all applicable laws relating to scope of practice, licensure, and certification.
- (4) Facilities, subject to the requirement that the facility is to be utilized by the grantee, which may extend beyond the term of the program.
- (5) Operational costs, including, but not limited to, startup or expansion, marketing, language translation, and transportation costs.
- (6) Consulting services.
- (7) Training.
- (8) Program and project evaluation, including, but not limited to, evaluation of program and project efficacy, staff performance, and service delivery.

(e) The director shall assemble staff, resources, and, if necessary, engage consultants with technical expertise, to carry out the following duties and responsibilities:

- (1) Following appointment of the advisory committee, provide organizing, staffing, and facilitation support, including, but not limited to, outreach and engagement, cooperatively creating meeting agendas, providing recordkeeping and facilitation support, reimbursements for travel and participation in advisory committee meetings and activities, and detailed information on rules, regulations, and relevant deadlines.
- (2) With the guidance of the advisory committee, develop the program, with grants to be issued no later than January 1, 2022.
- (3) Provide technical assistance to prospective applicants, solicit and review all grant proposals, and support the advisory



committee's review and scoring of proposals, as well as preparing proposals for final approval by the advisory committee.

(4) Publish and maintain an internet website to report details relevant to the advisory committee for the public to view, including, but not limited to, advisory committee meeting agendas, minutes, vote counts, committee member information, photos, and video.

(5) Consult with local emergency services personnel and community-based or grassroots organizations for input and potential approaches on issues related to emergency response.

(6) Assist the advisory committee in carrying out its work and perform other duties as directed by the advisory committee.

(f) (1) The office shall issue a public report, to be posted on its internet website six months following the end of the program, on the programmatic and fiscal savings associated with the program, key conclusions, populations served and the benefits conferred or realized, and resulting policy recommendations to provide guidance to the Legislature and Governor in fully implementing and scaling a permanent program.

(2) The report required by this subdivision shall be submitted in compliance with Section 9795.

8602. (a) The office shall support an 11-member C.R.I.S.E.S. Advisory Committee, selected pursuant to subdivision (b), that shall be inclusive of community organizations with a proven history of leadership and partnership on emergency response, for the three-year period of the program.

(b) The committee shall be selected by the Governor, Chair of the Senate Committee on Rules, and Speaker of the Assembly as described in this subdivision. Racial, gender, and ethnic diversity, and representation of communities described in subdivision (c) of Section 8601, shall be considered for all appointments. The members shall serve at the pleasure of the appointing entities.

(1) The Governor shall select:

(A) An emergency medical system professional.

(B) A survivor of an emergency or crisis.

(C) A representative from a community organization providing direct services to vulnerable populations.

(D) A public health professional.

(E) A representative of an advocacy or community organizing group serving vulnerable communities.

(2) The Chair of the Senate Committee on Rules shall select:

- (A) A survivor of an emergency or crisis.
  - (B) A representative from a community organization.
  - (C) A representative of an advocacy or community organizing group serving vulnerable communities.
- (3) The Speaker of the Assembly shall select:
- (A) A survivor of an emergency or crisis.
  - (B) A representative from a community organization providing direct services to vulnerable populations.
  - (C) A public health professional.
- (c) (1) The advisory committee shall establish grant application criteria and parameters for eligible community organizations, review and decide upon grant proposals, ensure grants are adhering to standards, and monitor progress, conclusions, and challenges. The committee shall make recommendations to the office on program development, implementation, and oversight on an ongoing basis. Scoring of grant proposals shall prioritize, and give preference to, projects in locations with a demonstrated need, as evidenced by metrics such as a high record of police use of force, a high volume of civilian complaints, and racial profiling, and community organizations that have a history of serving the populations described in subdivision (c) of Section 8601.
- (2) After an initial meeting, the committee shall meet a minimum of once per quarter. A majority of the appointed advisory committee shall constitute a quorum. Committee meetings shall be held in accordance with the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3).
8603. (a) The Community Response Initiative to Strengthen Emergency Systems Act Fund is hereby created in the State Treasury in support of the program that shall be administered by the director. Moneys deposited in the account, both public and private, upon appropriation by the Legislature, may be expended by the office for the purposes of this article.
- (b) This article shall be implemented only if appropriate funding is made available to the office. Upon finding that appropriate funding has been made available to implement the article, the office shall publish a notice stating this on its internet website. If the appropriation is not made, the office bears no responsibility for implementation of this article.

8604. This article shall remain in effect only until January 1, 2024, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2024, deletes or extends that date.

Approved \_\_\_\_\_, 2020

# **COMMUNITY EMERGENCY RESPONSE ACT**

(SENATOR VAN HOLLEN, REPRESENTATIVE BASS)

Title: To provide for a Community-Based Emergency and Non-Emergency Response Grant Program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

## SECTION 1. SHORT TITLE.

This Act may be cited as the “Community-Based Response Act”.

## SEC. 2. PURPOSES.

The purposes of this Act are—

(1) to provide an additional option beyond law enforcement for community-based emergency and non-emergency response for covered populations in need of help or support, in order to—

(A) target the best professional intervention to an individual in need of help or support; and

(B) avoid escalation of a crisis situation—

(i) that may not require a response from law enforcement; and

(ii) to which a law enforcement response can create increased risk of harm; and

(2) establishing a grant program to provide that additional response option by awarding funding to partnerships described in section 5(a).

## SEC. 3. DEFINITIONS.

In this Act:

(1) **COMMUNITY MENTAL HEALTH CENTER.**—The term “community mental health center” has the meaning given the term in section 1861 of the Social Security Act (42 U.S.C. 1395x).

(2) **COVERED COMMUNITY-BASED ORGANIZATION.**—The term “covered community-based organization” means an organization that meets the requirements of section 5(b).

(3) **COVERED POPULATION.**—The term “covered population” means—

(A) individuals who are racial or ethnic minorities or members of an Indian tribe;

(B) immigrants, including undocumented immigrants, immigrants who have recently entered the United States, and refugees;

(C) individuals with limited English proficiency, meaning their primary language for communication is not English and communication with emergency responders may be difficult;

(D) individuals who are age 60 or older and determined to be likely to be—

(i) vulnerable to abuse; or

- 1 (ii) experiencing health challenges;
- 2 (E) people with disabilities, as defined in section 3 of the Americans with  
3 Disabilities Act of 1990 (42 U.S.C. 12102);
- 4 (F) people in the LGBTQIA+ community;
- 5 (G) people who are likely to face disproportionate or discriminatory law  
6 enforcement contact;
- 7 (H) people who are or were involved in the criminal justice system;
- 8 (I) homeless persons, as defined in section 103 of the McKinney-Vento Homeless  
9 Assistance Act (42 U.S.C. 11302);
- 10 (J) people facing or with a history of mental or behavioral health crises or who need  
11 check-ins for health, safety, or substance use disorder reasons;
- 12 (K) people experiencing family violence or domestic violence under the laws of the  
13 jurisdiction involved, or dating violence;
- 14 (L) victims of child abuse and children exposed to violence;
- 15 (M) people who are likely to be engaged in or to experience violence in the  
16 community;
- 17 (N) people with, or recovering from, a substance use disorder;
- 18 (O) current and former foster youth;
- 19 (P) youth who are or were involved in the juvenile justice system;
- 20 (Q) victims of conduct described in section 1591 or 2251 of title 18, United States  
21 Code;
- 22 (R) people who engage in acts defined in paragraph (4) of section 103 of the  
23 Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102);
- 24 (S) adult survivors of sexual assault, as defined under the laws of the jurisdiction  
25 involved;
- 26 (T) victims of trafficking, as defined in section 103 of the Trafficking Victims  
27 Protection Act of 2000;
- 28 (U) out-of-school youth; and
- 29 (V) people in an acute crisis not covered under subparagraphs (A) through (U).
- 30 (4) DATING VIOLENCE.—The term “dating violence” has the meaning given the term in  
31 section 40002(a) of the Violence Against Women Act of 1994 (34 U.S.C. 12291(a)).
- 32 (5) IMMIGRATION TERMS.—
- 33 (A) IMMIGRANT.—The term “immigrant” means an alien who has entered the United  
34 States.
- 35 (B) UNDOCUMENTED IMMIGRANT.—The term “undocumented immigrant” means an  
36 alien who is unlawfully present in the United States.

- 1 (6) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms “Indian tribe” and “tribal  
2 organization” have the meanings given the terms in section 4 of the Indian Self-  
3 Determination and Education Assistance Act (25 U.S.C. 5304).
- 4 (7) INSTITUTION OF HIGHER EDUCATION.—The term “institution of higher education”  
5 means—
- 6 (A) such an institution as defined in section 101 of the Higher Education Act of  
7 1965 (20 U.S.C. 1001); and
- 8 (B) a tribally controlled college or university as defined in section 2 of the Tribally  
9 Controlled Colleges and Universities Assistance Act of 1978 (25 U.S.C. 1801).
- 10 (8) OUT-OF-SCHOOL YOUTH.—The term “out-of-school youth” means an individual who  
11 is—
- 12 (A) not attending any school (as defined under State law);
- 13 (B) not younger than age 16 or older than age 24; and
- 14 (C) one or more of the following:
- 15 (i) A young person who has dropped out of school.
- 16 (ii) A youth who is within the age of compulsory school attendance, but has not  
17 attended school for at least the most recent complete school year calendar quarter.
- 18 (iii) A recipient of a secondary school diploma or its recognized equivalent who  
19 is a low-income individual and is either basic skills deficient or an English  
20 language learner (as such 3 terms are defined in section 3 of the Workforce  
21 Innovation and Opportunity Act (29 U.S.C. 3102)).
- 22 (iv) An individual who is subject to the criminal justice system.
- 23 (v) An individual experience homelessness, a homeless child or youth, or a  
24 runaway.
- 25 (vi) An individual—
- 26 (I) who is in foster care, who has aged out of the foster care system, or  
27 who has attained 16 years of age and left foster care for kinship guardianship  
28 or adoption;
- 29 (II) who is a child eligible for assistance under section 477 of the Social  
30 Security Act (42 U.S.C. 677); or
- 31 (III) who is a child in an out-of-home placement.
- 32 (vii) An individual who is pregnant or parenting.
- 33 (viii) An individual with a disability (as defined in section 3 of the Workforce  
34 Innovation and Opportunity Act (29 U.S.C. 3102)).
- 35 (ix) A low-income individual (as defined in that section 3) who requires  
36 additional assistance to enter or complete an educational program or to secure or  
37 hold employment.
- 38 (9) SECRETARY.—The term “Secretary” means the Secretary of Health and Human



Services, after consultation with the Secretary of Housing and Urban Development and the Attorney General.

(10) SUBSTANCE USE DISORDER.—The term “substance use disorder” means such a disorder within the meaning of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.).

## SEC. 4. ESTABLISHMENT OF GRANT PROGRAM.

(a) In General.—The Secretary shall establish a Community-Based Emergency and Non-Emergency Response Grant Program to improve community-based emergency and non-emergency response for public safety and problem solving, and to promote the safety and well-being of the populations and communities served under the program by—

(1) identifying eligible organizations with demonstrated capacity for emergency and non-emergency response work, including violence interruption, community mediation, and crisis behavioral health response, who are capable of providing, and increasing the capacity of the localities to provide, emergency and non-emergency response for specified covered populations;

(2) developing a local infrastructure of systems and resources needed to develop, implement, and sustain effective interventions to protect the mental and physical well-being of members of the community, prevent violence, de-escalate volatile situations, ensure access to human services, protect property and the environment, reduce law enforcement use of force, and ensure the health and safety of communities, while decreasing the sole reliance on law enforcement for emergency and non-emergency situations;

(3) creating and strengthening formal and informal partnerships, for such purposes as providing solutions and committing resources to sustain and scale up successful models of community-based emergency and non-emergency response; and

(4) providing timely evaluation to clarify the outcomes and costs of the program, and the new interventions and service models provided through the program, for service recipients and law enforcement.

(b) Initiation Grants.—In carrying out the Program, the Secretary shall make initiation grants to not fewer than 40 eligible partnerships, including not fewer than 4 eligible partnerships that include Indian tribes or tribal organizations, of which not fewer than 2 shall be eligible partnerships led by an Indian tribe or tribal organization, to carry out projects to meet the objectives described in subsection (a). The Secretary shall make the grants for periods of 5 years. The Secretary shall make the grants to partnerships in geographically diverse areas, including urban and rural communities, and in communities with varying population sizes.

(c) Continuation Grants.—

(1) IN GENERAL.—In carrying out the Program, the Secretary shall make continuation grants to eligible partnerships who are recipients of the initiation grants and who are determined by the Secretary to be in good standing on completion of the grant period for those grants, to pay for the Federal share of the cost of carrying out projects to meet the objectives described in subsection (a). The Secretary shall make the grants for periods of 2 years.

- 1           (2) NON-FEDERAL SHARE.—The non-Federal share of the costs described in this  
2           subsection shall be 25 percent. The eligible partnership receiving such a grant shall provide  
3           the non-Federal share from State, tribal, local, or private sources.

## 4   SEC. 5. ELIGIBLE PARTNERSHIPS.

- 5           (a) In General.—To be eligible to receive a grant under this title Act, an entity shall be a  
6           partnership of—
- 7                (1)(A) a unit of local government (or its contractor), or Indian tribe or tribal organization,  
8                acting through an entity that is independent of any law enforcement agency; and
- 9                (B) a covered community-based organization; and
- 10           (2) if applicable, a nonprofit or public institution of higher education, community mental  
11           health center, or behavioral health organization.
- 12           (b) Community-based Organization.—A community-based organization referred to in  
13           subsection (a)(1) shall be a nonprofit community-based organization, a consortium of nonprofit  
14           community-based organizations, a national nonprofit organization acting as an intermediary for a  
15           community-based organization, or a community-based organization that has a fiscal sponsor that  
16           allows the organization to function as an organization that is described in section 501(c)(3) of the  
17           Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of that Code.

## 18   SEC. 6. GRANT APPLICATIONS.

- 19           (a) In General.—To be eligible to receive a grant under this Act for a project, a partnership  
20           shall submit an application (which, for a continuation grant, shall be an update of the  
21           partnership's initiation grant application) to the Secretary, at such time, in such manner, and  
22           containing such information as the Secretary may require, including—
- 23                (1) information that specifies in detail—
- 24                   (A) the covered populations that the partnership will target for services under this  
25                   Act;
- 26                   (B) the experience of the members of the partnership in successfully working in the  
27                   community to be served and partnering with the target populations, including—
- 28                        (i) for a partnership that includes an Indian tribe or tribal organization, an  
29                        understanding of tribal sovereignty; and
- 30                        (ii) for a partnership not described in clause (i), the partnership's understanding  
31                        of racial equity, systems of oppression, and the impact of structural racism on the  
32                        community and population to be served, the partnership's commitment to  
33                        promoting such equity, dismantling such systems, and reducing such impact, and  
34                        an established record of accomplishment in improving outcomes or preventing,  
35                        reducing, or eliminating inequities in that community;
- 36                   (C) how the grant funds will be used;
- 37                   (D) the expertise of the partnership, including its staff, in implementing the project  
38                   to provide the proposed services;
- 39                   (E) how the partnership will implement or develop evidence-based best practices,

1 including development of culturally-informed evidence-based best practices, in  
2 carrying out the project, including references to applicable research; and

3 (F) the partnership's plan for gathering feedback from service recipients about the  
4 quality of the services, including contacts and resources, provided through the project;  
5 and

6 (2) a memorandum of understanding that—

7 (A) identifies each partner (including each agency of the unit of local government or  
8 Indian tribe or tribal organization, as applicable, involved) and is signed by a  
9 representative of each partner in the partnership carrying out the project; and

10 (B) outlines—

11 (i) the partnership's engagement with the community, including members of  
12 the covered population, and the role the engagement played in developing the  
13 project;

14 (ii) the financial and programmatic commitment of each partner, and the  
15 specific role of a law enforcement agency if involved in a backup role;

16 (iii) the responsibilities of emergency dispatch operators, dispatchers, and  
17 partners in the national 911 system, in properly identifying calls in the community  
18 to be served necessitating a community-based emergency and non-emergency  
19 response and directing those calls to appropriate responders;

20 (iv) the responsibilities of information and referral systems for essential  
21 community services (accessed in most localities by dialing 211) and the National  
22 Suicide Prevention Hotline (to be accessed by dialing 988) for participating in  
23 efficiently routing direct callers to services;

24 (v) the responsibilities of each partner with respect to data collection and  
25 evaluation;

26 (vi) how each partner's existing (as of the date of submission of the  
27 application) vision, theory of change, theory of action, and activities align with  
28 those of the grant program set forth in this Act;

29 (vii) the governance structure proposed for the project, including a system for  
30 holding partners accountable;

31 (viii) how the eligible partners' governing boards or advisory boards, and  
32 emergency responders, are representative of the community to be served;

33 (ix) how a structure through which residents of the community and grassroots  
34 organizations will have an active role in the eligible partnership's  
35 decisionmaking;

36 (x) how the partnership anticipates that the project involved will decrease the  
37 responsibilities of local law enforcement, including responsibilities related to  
38 policing, arrests, and incarceration, and of other public safety entities;

39 (xi) any State or local laws that may be an impediment to implementation of the  
40 project; and

1 (xii) any other information the Secretary reasonably determines to be  
2 necessary.

3 (b) Priority.—In making grants under this Act, the Secretary shall give priority to—

4 (1) eligible partnerships that include covered community-based organizations with a  
5 documented record of effectively serving 1 or more covered populations; and

6 (2) eligible partnerships that include covered community-based organizations that are led  
7 by individuals who are members of the covered populations to be served.

## 8 SEC. 7. USE OF FUNDS.

9 (a) In General.—An eligible partnership that receives a grant under this Act for a project may  
10 use the grant funds for—

11 (1) project planning and community engagement;

12 (2) project implementation;

13 (3) staffing and recruitment;

14 (4) facilities;

15 (5) operational costs, including costs of startup or expansion activities, marketing,  
16 language translation, and transportation;

17 (6) engagement with technical assistance providers;

18 (7) consulting services;

19 (8) training;

20 (9) program and project evaluation, including evaluation of program and project efficacy,  
21 staff performance, and service delivery;

22 (10) programming and service interventions that include—

23 (A) activities that prioritize human service interventions, by entities other than law  
24 enforcement, over interventions by law enforcement; or

25 (B) activities that include triaging emergencies, through emergency dispatch  
26 operators, in a manner that results in referral to a wholly nonpolice entity; and

27 (11) programming and service interventions that may include—

28 (A) activities that include co-occurring law enforcement and human services  
29 activities, such as responses to calls about dating violence;

30 (B) activities that include followup by human services organizations after contact by  
31 law enforcement, such as community mediation, social services, or behavioral health  
32 services;

33 (C) training for emergency dispatch operators; and

34 (D) training for community members, or family members of people requiring  
35 emergency or non-emergency response, to facilitate comprehensive and clear  
36 communication with emergency dispatch operators to ensure that necessary

1 information is conveyed about when an intervention by a nonpolice human services  
2 organization is the most appropriate response.

3 (b) Funding Limitation.—None of the grant funds shall be provided to State, tribal, or local  
4 law enforcement agencies.

## 5 SEC. 8. TECHNICAL ASSISTANCE.

6 The Secretary shall arrange for a national technical assistance provider for organizations  
7 described in section 5, to provide technical assistance support and develop and disseminate best  
8 practices for projects carried out under this Act.

## 9 SEC. 9. ANNUAL REPORTING REQUIREMENTS.

10 Each recipient of a grant for a project under this section is required to submit an annual report  
11 to the Secretary that details—

- 12 (1) the specific uses of the grant funds;
- 13 (2) the number of individuals contacted through the project;
- 14 (3) the number of individuals connected with ongoing services or resources through the  
15 project, disaggregated by race, ethnicity, gender, sexual orientation and gender identity,  
16 disability status, and other characteristics;
- 17 (4) the quality of the contacts, services, and resources, as reported by the individuals  
18 contacted;
- 19 (5) any evidence of positive outcomes following the contacts or connections;
- 20 (6) any evidence of negative outcomes that may have occurred following the contacts or  
21 connections;
- 22 (7) the percentage of total emergency calls diverted from law enforcement to the grant  
23 recipient;
- 24 (8) the percentage of emergency calls diverted to the grant recipient that have been  
25 addressed;
- 26 (9) the extent to which the grant recipient is hiring or training individuals from within the  
27 covered population, and the recruitment, hiring, training, and retention practices for such  
28 individuals;
- 29 (10) any related reduction in the number of calls to law enforcement over the period of  
30 the project;
- 31 (11) any changes in the types of calls made to the 911 system, to the extent that it is  
32 practicable to report information on such changes;
- 33 (12) any increases in the number of calls to the 211 (or equivalent) systems for essential  
34 non-emergency community services or calls to the 988 National Suicide Prevention Hotline  
35 over the period of the project;
- 36 (13) any related reduction in the budget of the law enforcement agency that has  
37 jurisdiction over the community served by the eligible partnership over that period;

- 1           (14) any State or local laws that were an impediment to implementation of the project;  
2           and  
3           (15) any evidence of completed in-home, teletherapy, or in-community responses that  
4           included counseling, crisis response, family treatment, mediation, or other evidence-based  
5           interventions that addressed complex needs not able to be resolved by non-emergency calls  
6           alone.

## 7       SEC. 10. EVALUATION AND REPORT.

8       Not later than October 1, 2026, the Secretary shall—

- 9           (1) complete an evaluation detailing the implementation of, outcomes of, and best  
10          practices from the grant program carried out under this Act, including program-wide  
11          information on the factors described in paragraphs (2) through (15) of section 9; and  
12          (2) submit to Congress a report containing the evaluation.

## 13      SEC. 11. AUTHORIZATION OF APPROPRIATIONS.

14      There is authorized to be appropriated—

- 15          (1) to carry out initiation grants under this section, \$100,000,000 for each of fiscal years  
16          2021 through 2025; and  
17          (2) to carry out continuation grants under this section, \$75,000,000 for each of fiscal  
18          years 2026 and 2027.  
19

## Action Steps and Decision Points: From Idea To Implementation

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1. Pass ordinance or make motion that sets out the broad goal of a civilian-led and -operated program.
2. Identify who will be responsible for implementation.
  - a. Who will be on the Executive Working Group?
  - b. What subgroups will be created and what staff is needed to start the decision-making process?
3. Research and establish answers to or make decisions on the following logistical questions.
  - a. How are 911 calls and other calls for service currently routed to police, fire, ambulance or other systems?
  - b. Will the system use the 911 dispatch or a separate number?
  - c. What category of calls will get routed to civilian emergency first responders (EFR)?
  - d. How are calls referred to the EFR Team?
    - i. What technology will be used?
    - ii. How will it be provided to the EFR team and how will the EFR team communicate back?
  - e. Who will make the decision to route incoming calls to an EFR team?
  - f. Who staffs the EFR team?
    - i. Will a currently existing non-law enforcement city department house this program?
    - ii. Will a new department be created?
  - g. How will data be collected on calls responded to by EFR/Police/Fire/Ambulance?
  - h. How will the EFR program components be funded?
    - i. Technology
    - ii. Employment
    - iii. Training
    - iv. Oversight
    - v. Data collection
  - i. What systems need to be in place to start and operate (detailed logistics)?
    - i. Equipment/technology
    - ii. Training for all workers, e.g. EFR team members, dispatchers
    - iii. Contracts/legal counsel
  - j. How will continued implementation/improvement be monitored and evaluated?

## Example: How Portland, Oregon Moved from Idea to Implementation

This is how Portland, Oregon developed their pilot program for Portland Street Response, which began in one neighborhood as a pilot program.<sup>1</sup> In June 2020, the Council voted to expand Portland Street Response throughout the city and to expand its hours of operation.

The legislation began with a budget note and a directive to create a Public Safety and Operations Working Group to design and implement the program.

Major steps are highlighted in yellow (◆), implementation decisions and action steps are highlighted in green (■), and detailed logistics and the questions and answers for implementation are highlighted in orange (●).

- ◆ 1. There was a Budget Note from Commissioner Hardesty, approved by the council, to fund a pilot program, the Portland Street Response.
- ◆ 2. A Public Safety and Operations Working Group was formed to propose actions for a 3- year timeline.

**The purpose of the Public Safety Budget and Operations Working Group (PSWG) is to propose actions over a three-year timeline (FY 2020-2021 – FY 2022-2023) with the following results:**

- 1. Achieve ongoing, sustainable general fund savings of at least 2% within and across the public safety bureaus.
- 2. Follow Council's vision for Portland Street Response by developing a system of appropriately triaged non-emergency calls, which utilize first responders, skilled in prevention and behavioral health.
- 3. Increase trust and collaboration among the public safety bureaus, and community stakeholders, with short and long-term goals of providing effective, efficient, and integrated service to the community.
- 4. Make recommendations for effective coordination between the City's public safety operations, community non-profit organizations, Multnomah County, and other public agencies that provide an array of prevention and intervention services.

1. Reports and appendices created out of this process are available upon request.



- ◆ 3. The Executive Team for the Portland PSWG was comprised of
  - a. the Chief of Police
  - b. the Chief of Portland Fire and Rescue (PFR)
  - c. the Chief of Portland Bureau of Emergency Communications (BOEC)
  - d. the Chief of Portland Bureau of Emergency Management (PBEM)
  - e. the Chief Administrative Officer of City of Portland

A Staff Team was directed by the head of PBEM, and a Program Manager was recruited to guide the work.

- ◆ 4. The Community Engagement Work Group met and conducted research with stakeholders, including the police and the Bureau of Emergency Management, and generated a report with recommendations.

## PORTLAND STREET RESPONSE COMMUNITY ENGAGEMENT WORK GROUP FINAL REPORT

The Community Engagement Work Group's goal has been to ensure that community members are engaged and inform the creation of Portland Street Response from the onset of the program's development. The group has held numerous listening sessions and meetings, and distributed surveys to a variety of stakeholders throughout the city. The team also created and conducted a community logo design contest. Winners were announced November 15th and their submissions will be used to inspire the final design by a paid artist awarded by RFP.

The majority of designs received were from Street Roots. Our first priority was holding listening sessions that raised the voices of houseless individuals that are among the most impacted in our current first response system. We held four listening sessions with this community: one at Sisters of the Road, one at JOIN, one with the Homeless Youth Continuum, and one with Central City Concern. Our group also partnered with Portland State University's Homeless Research and Action Collaborative to create a survey targeting the houseless. Individuals from Right 2 Survive also lent their time and talent to this process and went out in the field to ensure that houseless individuals representing a large geographic area of the city were represented. The recommendations resulting from this effort are as follows:

- a. Portland Street Response needs to be separate from the Police
- b. Prioritize training in mental health, de-escalation, trauma, and listening
- c. Portland Street Response should not be armed or run warrant checks
- d. Uniforms should be recognizable and distinct from other first responders

- e. Referrals and transportation services would help the teams be effective
- f. Connect Portland Street Response with place where people can go
- g. Educate community members about emergency calls
- h. Treat people with compassion and dignity.
- i. Carry supplies such as food, water, and hygiene products.
- j. Include a peer support worker in program and value the lived experience of houselessness
- k. Create a culture that is respectful to LGBTQIA+ community and caters to their unique needs

An additional survey was developed and sent out the business community, neighborhood associations, and non-profits throughout the city to learn about their experiences with our current first response system and wishes for the Portland Street Response. Overwhelmingly, respondents indicated that they would like a new service to call that would not involve any of the current first responders in our system.

We held three listening sessions with rank and file police officers at North, Central, and East Precincts. The officers we spoke to asked many good questions about the program and shared a lot of good information with us about the kinds of scenarios they believe could be addressed by Portland Street Response. From these three groups we learned that they are often asked to move along houseless individuals from storefronts, and that a lot of time is spent fielding calls for “unwanted” persons. The officers we spoke to were largely supportive of transitioning these kinds of calls to Portland Street Response.

Members of the work group also spent an afternoon at the Bureau of Emergency Communications doing a “sit-along” listening to 9-1-1 calls and talking with dispatchers. Overwhelmingly employees believed that this new resource wouldn’t be difficult to incorporate into the work they’re currently doing, and that it would be a useful resource for citizens.

The Community Engagement Workgroup intends to continue working together on our next phase of community engagement – public education. We plan to help inform the community about the pilot’s launch as well as work on a public education campaign around when it’s most appropriate to call 9-1-1. The development of the Portland Street Response has put community first since its inception, which is why we also launched a logo design contest that closed on November 12th, 2019. Three winners will inform the vision behind the final logo design for the Portland Street Response. Winners of the logo design contest will receive \$250 each. A request for proposal is currently open to the community for a paid opportunity to create the art and branding for the new program.

- ◆ 5. At the end of this process with the community and stakeholders, an implementation plan with detailed logistics was made. The implementation plan was as follows:

## PORTLAND STREET RESPONSE IMPLEMENTATION PLAN

### MISSION

To provide a branch of first responders who are trained in behavioral health, crisis intervention and on-scene medical assistance; whereby enabling Portland Street Response to reduce Police, Fire, and EMS interactions with individuals who have not committed a crime, and who may be experiencing a mental health crisis or have an health concern that does not immediately threaten their life, or the lives of individuals around them.

### PROGRAM DESCRIPTION OVERVIEW

Portland Street Response is designed to serve as a third branch of the City of Portland's first responder system: Police, Fire, and Portland Street Response. The Bureau of Emergency Communications' (BOEC) role will be to dispatch Police, Fire, or AMR (ambulance service) if the call relates to saving a life, reporting a fire, or reporting a crime. For other non-life-threatening (but crisis-related) scenarios currently responded to by Police and Fire (such as behavioral

health issues and welfare checks) Portland Street Response will be dispatched as an unarmed, first responder team, trained in behavioral health and on-scene medical assistance.

Two primary benefits of creating this new branch of first responders for non-life-threatening but crisis-related calls are:

1. Enables the City of Portland to free up Police and Fire resources to attend to life saving and crime-related calls for help; and
2. Provides quick and compassionate response by trauma informed members trained in crisis management, emergency medicine, and behavioral health.

### PROPOSED MEASURABLE OUTCOMES

1. Reduce the number of non-warrant arrests that result during a 9-1-1 response.
2. Reduce the number of individuals transported to the emergency department for low acuity medical related issues that could instead be addressed in a pre-hospital care setting.
3. Reduce the number of behavioral health and lower acuity medical calls traditionally responded to by Police and Fire.

## ■ Legal Activities & Decisions

### ● CONTRACTS

An RFP will be issued for Crisis Worker positions.

### ● 4. ORDINANCE

An ordinance may need to be passed to create job classifications that do not currently exist, to be run out of Portland Fire & Rescue. This will be determined through appropriate legal and policy channels.

## ■ Logistics & Decisions

### ● 1. BUREAU OF EMERGENCY COMMUNICATION (BOEC) CALL PRIORITIZATION AND DISPATCH

#### **Q: What specific call codes will be dispatched to Portland Street Response?**

A: The call transition committee is recommending that BEOC not dispatch based on call types. Instead BOEC will dispatch by the criteria/scenario listed below:

We recommend that PSR respond when the person:

- a. has no known access to weapons
- b. is not suicidal
- c. is not violent towards others (physically combative, threatening violence, assaulting)

We recommend PSR respond to the following scenarios:

- a. Person outside needing a welfare check:
- b. person down, unchecked (condition unknown)
- c. person intoxicated or drug-affected
- d. person outside yelling
- e. Person outside needing referral to services that do not have access to a phone.
- f. Person outside needing a face-to-face mental health check when they cannot be transferred to the Multnomah County Crisis Line (MCCL) by phone.
- g. Co-response/mutual aid request from emergency responders (Police, Fire, EMS)
- h. Response requests from non public-safety entities (Project Respond, CHIERS, Multnomah County Crisis Line, etc.)
- i. Self-dispatch by PSR

**Q: Will Portland Street Response have a special code that will separate those calls (when querying the data) from Police, Fire, & AMR dispatched calls?**

A: Yes, BOEC will use a new “PSR” typecode for all Portland Street Response calls.

**Q: How and when will BOEC train their call takers of the new dispatch system?**

A: BOEC estimates needing 45 days to train all staff once the Pilot Program has been slated for implementation.

**Q: How will this new process of dispatching to Portland Street Response tie in with the new dispatch prioritization BOEC is currently working on implementing for Fire, but not Police?**

A: For the Pilot Program, ProQA, a new dispatch software currently being implemented, will not be directly associated with dispatching Portland Street Response to calls. In the future, ProQA has many prioritization options for call information which may allow BOEC to specifically refer and dispatch Portland Street Response based on specific criteria set in the ProQA software. Based on industry practices, we recommend that BOEC first reach operational compliance with ProQA before it is utilized to alter current fire or medical responses to dispatch Portland Street Response.

**Q: Portland Street Response will be connected to the Police dispatch system, but not Fire. How will Portland Street Response receive a dispatch that may have traditionally come through for Fire, but will now be dispatched to Portland Street Response?**

A: If Fire needs Portland Street Response to respond, the Fire dispatcher would send a “PSR” coded call to the Portland Street Response dispatcher.

**Q: Portland Street Response can also self-dispatch. How will that work and how will it get recorded by BOEC?**

A: We recommend that Portland Street Response self-dispatch either by voice or mobile data computer. If by voice, the dispatcher will create a call. If by mobile data computer, the computer creates a computer aided dispatch call. We anticipate that the computer in the vehicle will mirror what is currently in Fire vehicles.

**Q: How will Portland Street Response dispatch Police or Fire if their assistance is needed?**

A: The Portland Street Response dispatcher will coordinate that request either on the same talkgroup or coordinate with the Fire dispatcher.

**Q: How will BOEC decide to dispatch to Project Respond vs Portland Street Response?**

A: Project Respond will continue to co-respond when PPB requests assistance. Portland Street Response will be dispatched by BOEC as a first responder when the criteria outlined in Appendix A is met.

## ● 2. PILOT LOCATION

### **Q: What areas of town should Portland Street Response conduct a pilot?**

A: Portland Street Response will operate the pilot in Fire Management Area (FMA) 11 which is in the Lents neighborhood.

### **Q: Does Portland Street Response operate out of a station? Leased location? Always mobile?**

A: The Fire Emergency Medical Services Specialist will be based out of Fire Station 1 in downtown, and Fire will provide the vans. The team will remain mobile.

## ● 3. PILOT START DATE AND DURATION

### **Q: When can Portland Street Response feasibly initiate its pilot?**

A: The pilot will begin as soon as Council approves the report, but the vans won't hit the street until spring of 2020 in order to accommodate hiring, contracting, training, uniforms, etc.

### **Q: How long should Portland Street Response anticipate running a pilot program?**

A: One year.

## ● 4. PORTLAND STREET RESPONSE SHIFTS

### **Q: Will Portland Street Response operate on a 24/7 basis or less? Will this differ in the pilot vs long term?**

A: Portland Street Response will run Monday – Friday from 10am to 6pm. The long-term goal is for the program to run on a 24/7 basis. Appendix C shows Fire call volumes by day of the week and time of day. This information was used to inform the proposed shift recommendation which correlates with some of the busiest times of day. Please note that this may change as the pilot moves forward.

## ● 5. PORTLAND STREET RESPONSE STAFFING

### **Q: Who will serve on the Portland Street Response team?**

A: Portland Street Response will respond in two person teams. The first team will be staffed with an Emergency Medical Services Specialist currently employed in Portland Fire and Rescue and a contracted Crisis Worker. Future teams will consist of an Emergency Medical Responder with a background in crisis work, and either a Crisis Worker or Peer Support Specialist. While the program would be housed in Portland Fire and Rescue, there is no intention to require employees of this program to be fully trained fire fighters.

● 6. PORTLAND STREET RESPONSE INCIDENT TRACKING

**Q: Will Portland Street Response use its internal Fire Incident System (FIS) to chart incident reports?**

A: Yes, at this time we anticipate creating a customized incident form in Fire's incident system.

**Q: Meds is a software currently in use by AMR, who provides ambulance services in Portland, and currently being implemented by Portland Fire and Rescue. Will Portland Street Response use Meds to file electronic medical reports?**

A: Unsure. If yes, we will have AMR create a simplified form for EMR staff.

● 7. PORTLAND STREET RESPONSE REFERRALS

**Q: How will Portland Street Response make referrals for wrap-around services?**

A: Portland Street Response will utilize the Street Roots resource booklets, provide transports to referral agencies, and will utilize the Unite Us app funded through Kaiser Permanente. Unite Us is a social care coordination platform where providers across sectors can send and receive referrals.

**Q: Will Portland Street Response hand off cases to Project Respond, CHIERS, and Portland Street Medicine for follow-up?**

A: Yes. Appendix D provides a high-level process/systems map that was created by PF&R in response to the System Alignment and Mapping work group's Executive Summary. Appendix D covers three areas:

- a. Process map: Chronological steps of the process from dispatch to closing the case for all Portland Street Response calls
- b. Decision points: Decisions that will be considered along each step of the process by either BOEC or Portland Street Response that may result in collaborating with another organization or City agency.
- c. Community organization and City agency intersections: Specific points in the process at which Portland Street Response will co-respond, collaborate, or hand off cases to various community organizations and/or City agencies.

PF&R is currently reviewing Appendix D with the Chairs of the System Alignment and Mapping work group and anticipates a deeper look at these intersections.

● 8. PORTLAND STREET RESPONSE PROTOCOLS AND POLICIES

**Q: What protocols and policies are being prepared for the pilot?**

A:

- a. Safety protocols
- b. When to dispatch to Police, Fire, or AMR
- c. Training policies or protocols
- d. Making referrals and connections with outside community organizations
- e. When Portland Street Response will transport people
- f. What food and supplies Portland Street Response will provide
- g. How Portland Street Response will help store belongings if an individual requests transport and they are unable to bring all of their belongings

■ **COST ANALYSIS**

● 1. PORTLAND STREET RESPONSE PROGRAM COSTS

- a. Vehicle(s), maintenance, insurance and gas
- b. Mobile Data Computer, radios, and Computer Aided Dispatch System
- c. Uniforms
- d. Food, water, first aid supplies
- e. Branded materials (e.g. business cards, educational brochures, etc.)

● 2. PORTLAND STREET RESPONSE PERSONNEL

- a. Staff salary and benefits
- b. Training

■ **PILOT AND GO LIVE ACTIVITIES & DECISIONS**

● 1. BOEC (BUREAU OF EMERGENCY COMMUNICATIONS)

**Q: When will BOEC be prepared to feasibly initiate a pilot given the changes required to their process and system?**

A: Any time, but it will take 45 days from start to finish to train employees.



● 2. HARDWARE ASSESSMENT

**Q: Will the Portland Street Response team need iPads, Mobile Data Computers (MDC), radios, or any other hardware to complete their work? If so, how many for the pilot vs the full rollout?**

A: The Portland Street Response team will need 2 iPads, 1 MDC, and 1 radio. The pilot will help us determine how many are needed for future rollouts.

● 3. TRAINING

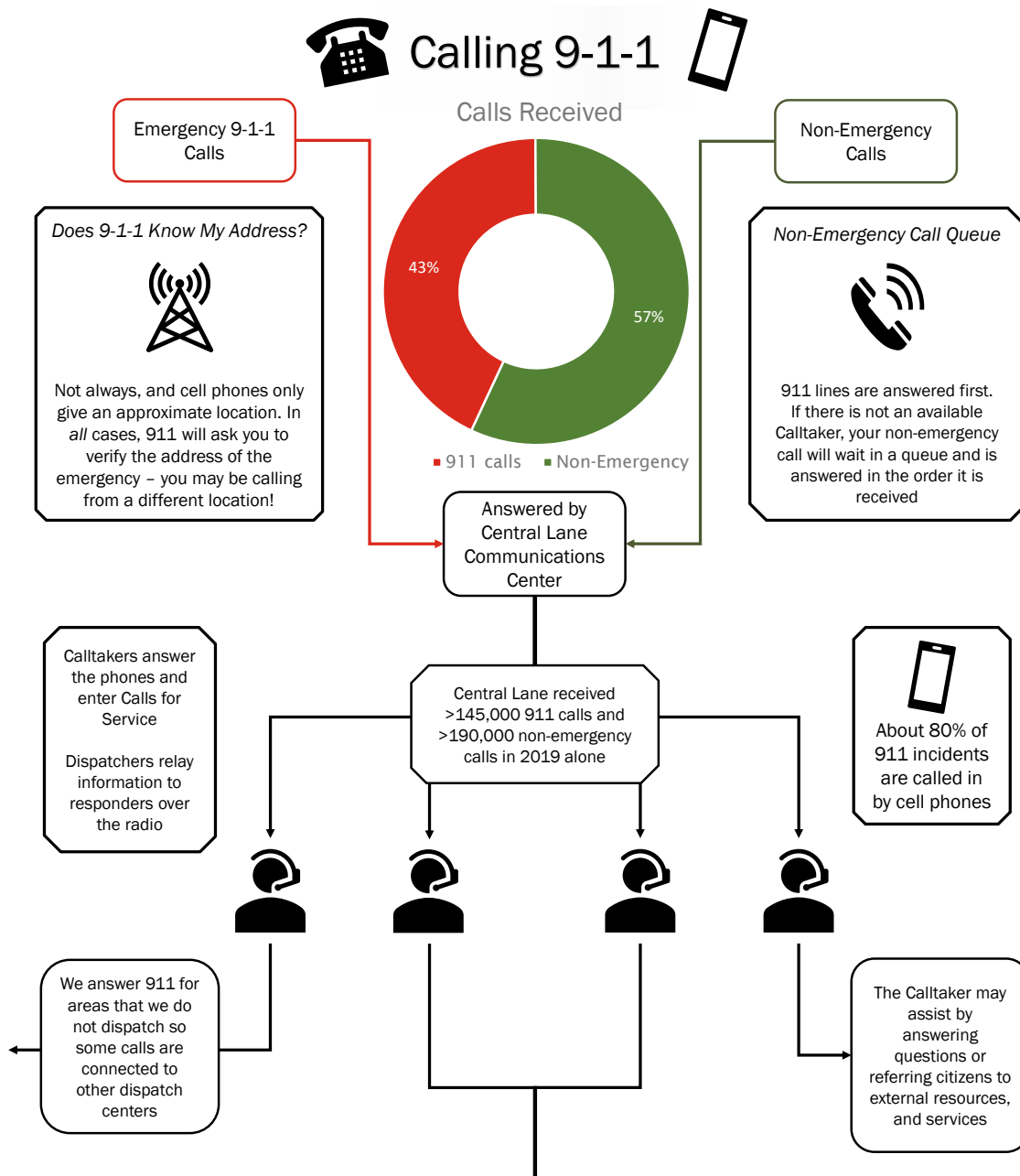
**Q: What kind of training will Portland Street Response receive and how soon should training begin prior to the pilot?**

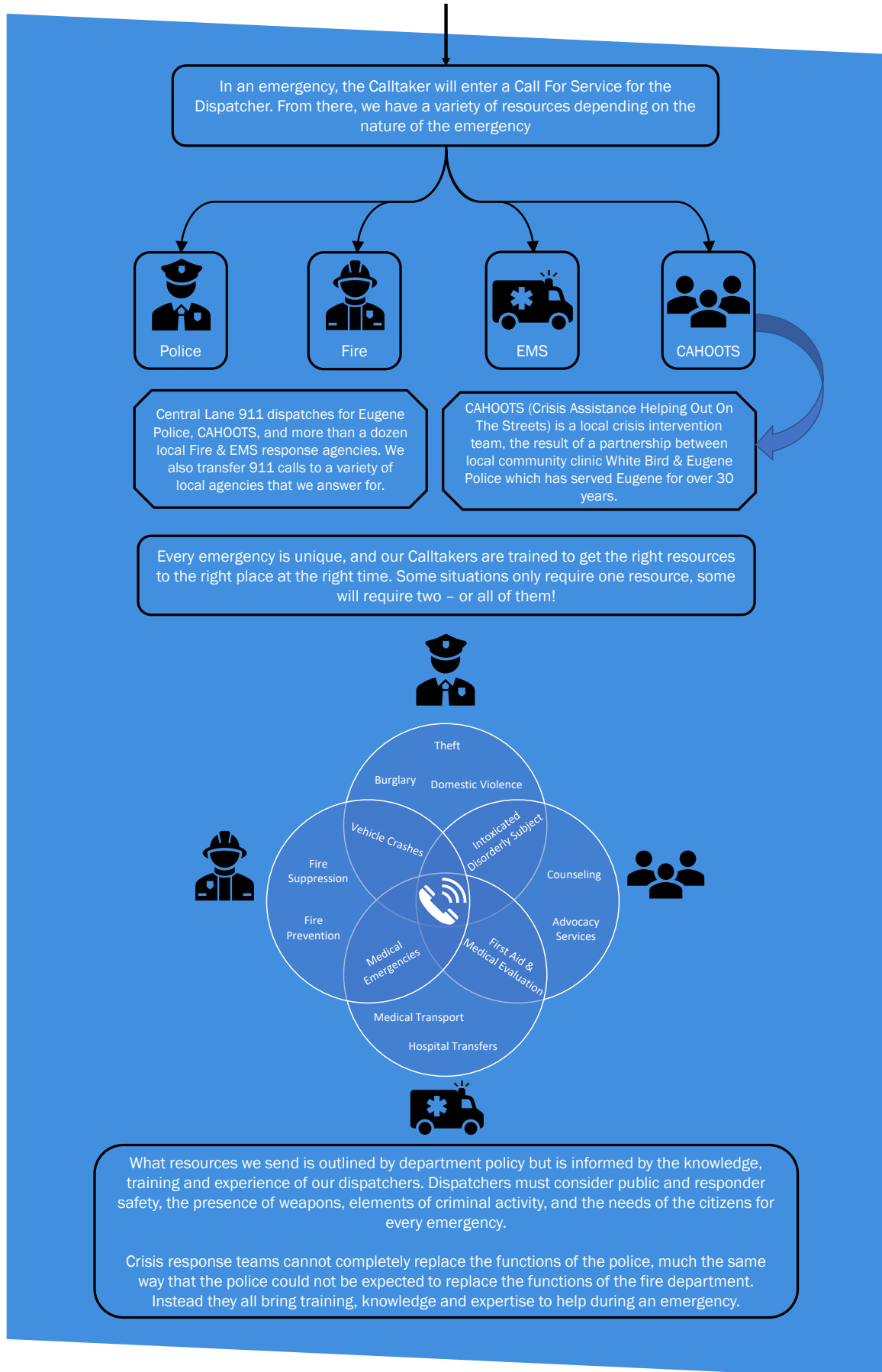
A: We are currently considering contracting with the White Bird Clinic to assist with training, but Portland Fire and Rescue will also put together a training that address the technical aspects of first response (e.g., radios, MDCs, etc.), and any training needed for the Emergency Medical Responder position such as CPR, Stop the Bleed, and wound care.

● 4. APPARATUS

- a. Outfit Community Health Assessment Team van with a mobile data computer
- b. Add Portland Street Response decals to the van

## Infographic from Eugene, Oregon 911 service on how calls are directed to CAHOOTS





For more information: <https://www.eugene-or.gov/4508/CAHOOTS>.