

# ASSEMBLY, No. 5326

## STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED MARCH 20, 2023

**Sponsored by:**

**Assemblyman WILLIAM W. SPEARMAN**

**District 5 (Camden and Gloucester)**

**Assemblywoman SHAVONDA E. SUMTER**

**District 35 (Bergen and Passaic)**

**Assemblywoman VERLINA REYNOLDS-JACKSON**

**District 15 (Hunterdon and Mercer)**

**Co-Sponsored by:**

**Assemblywoman Carter**

**SYNOPSIS**

Establishes Community Crisis Response Advisory Council and community crisis response teams pilot program; appropriates \$20 million.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 5/18/2023)**

1 AN ACT concerning community crisis response and supplementing  
2 Title 26 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

8 a. New Jersey's system of policing and incarceration has  
9 staggering racial disparities.

10 b. Since 2015, fatal police encounters in New Jersey have  
11 resulted in the deaths at least 86 members of the public. Almost  
12 half, or 48 percent, of those who lost their lives were Black.

13 c. New Jersey has one of the highest racial disparities among  
14 victims of police violence in the country: Black New Jersey  
15 residents are killed at a rate 8.3 times higher than white residents.

16 d. Between October of 2020 and February of 2021, there have  
17 been over 3,500 documented police use-of-force incidents across  
18 the State. Of these incidents, at least 46 percent involved police  
19 using force on Black individuals.

20 e. According to studies, individuals with untreated severe  
21 mental illness are involved in one-fourth of all fatal police  
22 encounters, making those with untreated mental illness 16 times  
23 more likely to be killed by a police officer.

24 f. Over the last few years, 911 calls for mental health crises in  
25 New Jersey have increased exponentially.

26 g. In 2012, New Jersey passed the Overdose Prevention Act,  
27 which includes Good Samaritan protections that are intended to  
28 encourage people to call 911 if they are with a person who is  
29 experiencing an overdose. Yet, research on the effectiveness of  
30 Good Samaritan laws shows that overdose bystanders continue to  
31 delay or refrain from calling 911 due to fear of police involvement,  
32 social penalties, and stigma.

33 h. According to national studies, the majority of all police  
34 killings in the United States escalate from nonviolent situations,  
35 such as traffic stops, mental health checks, and domestic disputes.

36 i. Current research demonstrates that police-centered models  
37 of public safety have far-reaching harms, especially for young  
38 Black men. Even in the absence of violence, frequent police stops  
39 are linked to adverse mental health outcomes, including anxiety,  
40 depression, and post-traumatic stress disorder.

41 j. Other jurisdictions have found that responding to a variety of  
42 calls for service, especially those that involve a mental health crisis,  
43 with an alternative crisis response team not only reduces the  
44 possibility of escalation and thus, use of force, but also provides  
45 monetary savings to the cities implementing these models.

46 k. Research on the state of policing shows that front-line  
47 officers are experiencing physical and mental health challenges

1 related to burnout and the cumulative stress of responding to  
2 behavioral health incidents.

3

4 2. As used in this act:

5 “Community crisis response team” means a team that provides  
6 professional on-site community-based intervention such as  
7 outreach, de-escalation, stabilization, resource connection, and  
8 follow-up support for individuals who are experiencing a behavioral  
9 health crisis, that shall include certified peer counselors as a best  
10 practice to the extent practicable.

11 “Crisis response services” mean short-term individualized crisis  
12 stabilization services which follow a crisis screening or assessment  
13 and which are designed to restore the individual to a prior  
14 functional level.

15 “Community-based organization” means a public or private  
16 nonprofit organization that is representative of a community or a  
17 significant segment of a community, and is engaged in meeting  
18 human, educational, environmental, or public safety community  
19 needs.

20 “Substance use disorders” means the recurrent use of alcohol,  
21 drugs, or both that causes clinically significant impairment,  
22 including health problems, disability, and failure to meet major  
23 responsibilities at work, school, or home.

24 “Harm reduction services” means policies, programs, and  
25 practices that aim to reduce or minimize the adverse consequences  
26 associated with the use of substances.

27 “Law enforcement agency” means a State, county or municipal  
28 law enforcement agency, department, division, or instrumentality  
29 thereof that is statutorily empowered to act for the detection,  
30 investigation, arrest, conviction, detention, or rehabilitation of  
31 persons violating the criminal laws of the State.

32 “Behavioral health” means mental health, substance abuse, or co-  
33 occurring mental health and substance abuse diagnoses, and the  
34 continuum of mental health, substance abuse, or co-occurring  
35 mental health and substance abuse treatment.

36

37 3. a. There is established in the Department of Health the  
38 Community Crisis Response Advisory Council to provide the  
39 department with best practices and recommendations concerning the  
40 development of a community crisis response program in the form of  
41 an annual report to the department. Upon submission to the  
42 council, the report immediately shall be made available to the  
43 public.

44 b. The council shall consist of 13 members, as follows:

45 (1) the Deputy Commissioner of Public Health Services and the  
46 Assistant Commissioner of the Division of HIV, STD and TB  
47 Services in the Department of Health, or their designees, who shall  
48 serve ex officio;

1 (2) the Attorney General or a designee, who shall serve ex  
2 officio; and

3 (3) Ten public members of the council who shall be appointed by  
4 the Governor, with two members appointed upon recommendation  
5 of the Senate President and two members appointed upon  
6 recommendation of the Speaker of the General Assembly.

7 c. The ten public members shall consist of one or more  
8 members: who have prior involvement with the criminal justice  
9 system; who have expertise in crisis response, harm reduction  
10 services, or both; who have experience advocating for their  
11 communities; who are members the New Jersey Association of  
12 State Chiefs of Police; who are members of the County Prosecutor's  
13 Association of New Jersey; and who represent New Jersey-based  
14 social justice and civil rights organizations specializing in criminal  
15 justice reform.

16 d. The Deputy Commissioner of Public Health Services shall  
17 serve as chairperson of the council. The members of the council  
18 shall serve without compensation but shall be reimbursed for the  
19 reasonable expenses necessarily incurred in the performance of  
20 their duties within the limits of funds appropriated or otherwise  
21 made available to the council for its purposes.

22 e. The council first shall organize not later than 45 days after  
23 the effective date of this act. The council shall meet periodically at  
24 the call of the chairperson, but not less than six times in each year.  
25 A majority of the members of the council shall constitute a quorum  
26 for the purposes of the council taking official action, but a lesser  
27 number may hold public hearings. All meetings of the council shall  
28 be open to the public. Agendas, minutes, documents, and testimony  
29 from each meeting shall be posted on the Internet website of the  
30 Department of Health.

31 f. Public members of the council shall serve for a term of three  
32 years. Vacancies in the membership shall be filled in the same  
33 manner in which the original appointments were made. Public  
34 members shall be eligible for reappointment to the advisory council.

35 g. The council shall be entitled to receive assistance and  
36 services from any State, county, or municipal department, board,  
37 commission, or agency, as may be available to it for its purposes.  
38 The Department of Health shall provide staff and administrative  
39 support to the council.

40 h. The council shall hold public hearings throughout the State,  
41 at which it may ask individuals to testify who can provide insight  
42 into the need, design, and effectiveness of community-based crisis  
43 intervention.

44

45 4. a. The Commissioner of Health shall establish a pilot  
46 program to permit municipalities and community-based  
47 organizations to operate community crisis response teams in

1 accordance with the provisions of P.L. , c. (C. ) (pending  
2 before the Legislature as this bill).

3 b. The commissioner shall develop a request for proposals, in  
4 accordance with the minimum application requirements outlined in  
5 section 5 of P.L. , c. (C. ) (pending before the Legislature  
6 as this bill), from municipalities and organizations interested in  
7 participating in the pilot program, to review completed proposals,  
8 create a scoring panel for submitted proposals, and to issue grant  
9 awards to municipalities or organizations to plan or implement a  
10 community crisis response team, as defined in section 2 of P.L. ,  
11 c. (C. ) (pending before the Legislature as this bill). The  
12 commissioner shall publish a request for proposals pursuant to this  
13 section not later than 90 days after the effective date of P.L. , c.  
14 (C. ) (pending before the Legislature as this bill). The  
15 commissioner shall announce grants awards not later than 90 days  
16 after the completion of the request for proposals. The council shall  
17 not be involved in the grant award process. Organizations  
18 represented by or affiliated with a member of the council shall not  
19 be disqualified from applying for a grant award.

20 c. Grants may be used for the following purposes:

21 (1) project planning and community engagement, including:

22 (a) research and assessment of need;

23 (b) development of staffing plans;

24 (c) resource mapping;

25 (d) training;

26 (e) development of community engagement plan;

27 (f) fiscal planning; and

28 (g) engagement with technical assistance providers or consulting  
29 services; and evaluation planning; and

30 (2) project implementation, including:

31 (a) staffing and recruitment;

32 (b) facilities;

33 (c) operational costs, including costs of startup or expansion  
34 activities, marketing, language translation, and transportation;

35 (d) engagement with technical assistance providers; consulting  
36 services;

37 (e) training;

38 (f) program and project evaluation, including evaluation of  
39 program and project efficacy, staff performance, and service  
40 delivery; and

41 (g) programming and service interventions that include  
42 activities that prioritize human service interventions, by entities  
43 other than law enforcement, over interventions by law enforcement,  
44 or activities that include triaging emergencies, through emergency  
45 dispatch operators, in a manner that results in a referral to a wholly  
46 non-police entity.

47 5. a. To be eligible to receive a grant pursuant to the pilot  
48 program established in section 4 of P.L. , c. (C. ) (pending

1 before the Legislature as this bill): (1) a municipality shall have an  
2 entity authorized to provide harm reduction services, pursuant to  
3 section 4 of P.L.2006, c.99 (C.26:5C-25), operating within its  
4 boundaries; and (2) a community-based organization shall be  
5 located within the municipality. Additionally, an applicant is  
6 required to demonstrate an established relationship with a State-  
7 approved harm reduction center or reliable access to other harm  
8 reduction services. The Department of Health shall be required to  
9 prioritize issuing grants to applicants that have demonstrated a  
10 process for engaging members of the community and for receiving  
11 public comments with respect to its community crisis response  
12 team.

13 b. An applicant shall submit an application to the Department  
14 of Health as outlined in the request for proposals that includes, at a  
15 minimum, the following:

16 (1) for planning grants:

17 (a) a list of stakeholders and potential stakeholders that will  
18 participate in the planning process, which m include community-  
19 based organizations and government partners, and shall include a  
20 state-approved harm reduction center or another organization that  
21 provides harm reduction services; and

22 (b) strategies for sustained community engagement and  
23 feedback processes; and

24 (2) for implementation grants:

25 (a) a list of stakeholders and potential stakeholders that will  
26 participate in the project, which shall include a State-authorized  
27 harm reduction center or another organization that provides harm  
28 reduction services;

29 (b) a framework for how the program will be incorporated into a  
30 government department or work in cooperation with a government  
31 department;

32 (c) a dispatch model and flowchart;

33 (d) the metrics by which the program will be evaluated;

34 (e) strategies for peer staffing and retention;

35 (f) strategies for warm handoff and sustained follow-up of  
36 participants;

37 (g) a statement describing the manner in which a community  
38 crisis response team will divert behavioral health calls from the  
39 purview of law enforcement of response while ensuring rapid,  
40 sufficient medical response when needed;

41 (h) a statement describing the manner in which a community  
42 crisis response team will prevent and divert individuals from  
43 involvement in the criminal justice system;

44 (i) a statement describing the manner in which the program will  
45 prioritize racial and gender equity in the allocation of services and  
46 resources; and

47 (j) a proposed community crisis response team budget.

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1 c. Grants awarded shall not exceed \$2,000,000 per project per  
2 year. A law enforcement agency shall not be the recipient of a  
3 grant.

4  
5 6. The commissioner shall submit an annual report to the  
6 Governor and the Legislature, pursuant to section 2 of P.L.1991,  
7 c.164 (C.52:14-19.1), on the status of the pilot program. Three  
8 years following the date of enactment, the commissioner in  
9 collaboration with the council, shall submit a final report to the  
10 Governor and the Legislature, pursuant to section 2 of P.L.1991,  
11 c.164 (C.52:14-19.1), on the outcomes resulting from the pilot  
12 programs and recommendations for the actions necessary to support  
13 the continuation and expansion of community crisis response  
14 models in the state of New Jersey. The reports issued pursuant to  
15 this section shall be public.

16  
17 7. There is appropriated from the General Fund to the  
18 Department of Health the sum of \$20,000,000 for use by the  
19 department in supporting activities and staffing of the council and  
20 the awarding of grants to participants of the pilot program  
21 established in section 4 of P.L. , c. (C. ) (pending before  
22 the Legislature as this bill).

23  
24 8. The department may adopt any regulations necessary to  
25 effectuate the purposes of this act on an expedited basis, which  
26 regulations shall be effective immediately upon filing with the  
27 Office of Administrative Law for a period not to exceed 18 months,  
28 and may, thereafter, be amended, adopted, or readopted in  
29 accordance with the provisions of the "Administrative Procedure  
30 Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

31  
32 9. This act shall take effect immediately.

33  
34 STATEMENT

35  
36 This bill establishes the Community Crisis Response Advisory  
37 Council and a pilot program to permit municipalities and  
38 community-based organizations to operate community crisis  
39 response teams.

40 The bill establishes the council in the Department of Health to  
41 provide the department with best practices and recommendations  
42 concerning the development of a community crisis response  
43 program. Under the bill, the council would consist of 13 members,  
44 as follows:

45 (1) the Deputy Commissioner of Public Health Services and the  
46 Assistant Commissioner of the Division of HIV, STD and TB  
47 Services in the Department of Health, or their designees, serving ex  
48 officio;

1 (2) the Attorney General or a designee, serving ex officio; and  
2 (3) Ten public members of the council to be appointed by the  
3 Governor, with two members appointed upon recommendation of  
4 the Senate President and two members appointed upon  
5 recommendation of the Speaker of the General Assembly.

6 The ten public members would consist of one or more members:  
7 who have prior involvement with the criminal justice system; who  
8 have expertise in crisis response, harm reduction services, or both;  
9 who have experience advocating for their communities; who are  
10 members the New Jersey Association of State Chiefs of Police; who  
11 are members of the County Prosecutor's Association of New Jersey;  
12 and who represent New Jersey-based social justice and civil rights  
13 organizations specializing in criminal justice reform.

14 The bill requires the Commissioner of Health to establish a pilot  
15 program to permit municipalities and community-based  
16 organizations to operate community crisis response teams. Under  
17 the bill, a community crisis response team is defined as a team that  
18 provides professional on-site community-based intervention such as  
19 outreach, de-escalation, stabilization, resource connection, and  
20 follow-up support for individuals who are experiencing a behavioral  
21 health crisis, including certified peer counselors as a best practice to  
22 the extent practicable. The commissioner is required to develop a  
23 grant program for eligible municipalities and community-based  
24 organizations, awarding up to \$2 million per eligible applicant  
25 annually.

26 To be eligible to receive a grant pursuant to the pilot program, a  
27 municipality is required to have an entity statutorily authorized to  
28 provide harm reduction services operating within its boundaries,  
29 and a community-based organization is required to be located  
30 within the municipality. Additionally, an applicant is required to  
31 demonstrate an established relationship with a State-approved harm  
32 reduction center or reliable access to other harm reduction services.

33 The bill requires the commissioner to submit an annual report to  
34 the Governor and the Legislature on the status of the pilot program.  
35 Three years following the date of enactment, the commissioner, in  
36 collaboration with the council, would be required to submit a final  
37 report to the Governor and the Legislature on the outcomes  
38 resulting from the pilot programs and recommendations for the  
39 actions necessary to support the continuation and expansion of  
40 community crisis response models in the State of New Jersey.

41 The bill appropriates \$20 million for use by the department in  
42 supporting activities and staffing of the council and the awarding of  
43 grants to participants in the pilot program established by the bill.