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District 6 (Burlington and Camden)
Senator M. TERESA RUIZ
District 29 (Essex)

Co-Sponsored by:
Assemblywomen Carter, McKnight, Assemblyman Wimberly and Senator Turner

SYNOPSIS

CURRENT VERSION OF TEXT
As reported by the Senate Budget and Appropriations Committee on January 4, 2024, with amendments.

(Sponsorship Updated As Of: 1/8/2024)
AN ACT concerning community crisis response, designated as the “Seabrooks-Washington Community-Led Crisis Response Act,” and supplementing Title 26 of the Revised Statutes.

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

21. This act shall be known and may be cited as the “Seabrooks-Washington Community-Led Crisis Response Act.”

22. The Legislature finds and declares that:

a. New Jersey’s system of policing and incarceration has staggering racial disparities.

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

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

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

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

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

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

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

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

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

1Assembly ALP committee amendments adopted May 18, 2023.

2Senate SBA committee amendments adopted January 4, 2024.
j. Other jurisdictions have found that responding to a variety of calls for service, especially those that involve a mental health crisis, with an alternative crisis response team not only reduces the possibility of escalation and thus, use of force, but also provides monetary savings to the cities implementing these models.

k. Research on the state of policing shows that front-line officers are experiencing physical and mental health challenges related to burnout and the cumulative stress of responding to behavioral health incidents.

2[2.2] As used in this act:
2."Behavioral health" means mental health, substance abuse, or co-occurring mental health and substance abuse diagnoses, and the continuum of mental health, substance abuse, or co-occurring mental health and substance abuse treatment.

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

2."Community-based organization” means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

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

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

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

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

“Law enforcement agency” means a State, county or municipal law enforcement agency, department, division, or instrumentality thereof that is statutorily empowered to act for the detection, investigation, arrest, conviction, detention, or rehabilitation of persons violating the criminal laws of the State.
“Behavioral health” means mental health, substance abuse, or co-occurring mental health and substance abuse diagnoses, and the continuum of mental health, substance abuse, or co-occurring mental health and substance abuse treatment. “[Substance use disorders” means the recurrent use of alcohol, drugs, or both that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

“Violence interrupter community street team” means a non-profit community service provider who develops and implements violence intervention and prevention programming for communities impacted by higher-than-average rates of violence, with a focus on gun violence, and works with groups and individuals to build their capacity to seek healthy methods for addressing and resolving conflict.

3. 4. a. There is established in the Department of Health and Public Safety the Community Crisis Response Advisory Council to provide the department with best practices and recommendations concerning the development of a community crisis response program in the form of an annual report to the department. In developing the best practices and recommendations, the council shall assess and determine a viable pipeline to train and resource mental health screeners from within directly impacted communities. Upon submission to the council, the report immediately shall be made available to the public.

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

1. The Deputy Commissioner of Public Health Services, the Assistant Commissioner of the Division of HIV, STD and TB Services, and the Director of Emergency Medical Services in the Department of Health, or their designees, who shall serve ex officio;

2. The Attorney General, or a designee, who shall serve ex officio;

3. The Executive Director of the Division of Violence Intervention and Victim Assistance in the Department of Law and Public Safety, or a designee, serving ex officio;

4. The Director of the Division of Fire Safety in the Department of Community Affairs, or a designee, serving ex officio;

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

c. The ten public members shall consist of one or more members: who have prior involvement with the criminal justice system; who have expertise in crisis response, harm...
reduction services, or both; who have experience advocating for
their communities; [who are members the New Jersey Association
of State Chiefs of Police; who are members of the County
Prosecutor’s Association of New Jersey;]¹ and who represent New
Jersey-based social justice and civil rights organizations
specializing in criminal justice reform.

d. The [Deputy Commissioner of Public Health Services]²
Attorney General² shall serve as chairperson of the council. The
members of the council shall serve without compensation but shall
be reimbursed for the reasonable expenses necessarily incurred in
the performance of their duties within the limits of funds
appropriated or otherwise made available to the council for its
purposes.

e. The council first shall organize not later than 45 days after
the effective date of [this act] P.L. , c. (C. ) (pending
before the Legislature as this bill¹). The council shall meet
periodically at the call of the chairperson, but not less than six times
in each [calendar¹] year. A majority of the members of the council
shall constitute a quorum for the purposes of the council taking
official action, but a lesser number may hold public hearings. All
meetings of the council shall be open to the public. Agendas,
minutes, documents, and testimony from each meeting shall be
posted on the Internet website of the [Department of Health]
Office of the Attorney General².

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

g. The council shall be entitled to receive assistance and
services from any State, county, or municipal department, board,
commission, or agency, as may be available to it for its purposes.
The Department of [Health] Law and Public Safety² shall provide
staff and administrative support to the council.

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

²[4.] 5.²

a. The [Commissioner of Health] Attorney
General² shall establish a pilot program [in Camden, Essex,
Hudson, Mercer, Middlesex, and Passaic Counties¹] to permit
eligible municipalities and community-based organizations to
operate community crisis response teams in accordance with the
provisions of P.L. , c. (C. ) (pending before the Legislature
as this bill).

b. The [commissioner] Attorney General² shall develop a
request for proposals, in accordance with the minimum application
requirements outlined in section 2[5] of P.L. , c. (C. ) (pending before the Legislature as this bill), from municipalities and organizations interested in participating in the pilot program, to review completed proposals, create a scoring panel for submitted proposals, and to issue grant awards to municipalities or organizations to plan or implement a community crisis response team, as defined in section 2[2] of P.L. , c. (C. ) (pending before the Legislature as this bill). The 2[commissioner] Attorney General shall publish a request for proposals pursuant to this section not later than 90 days after the effective date of P.L. , c. (C. ) (pending before the Legislature as this bill). The 2[commissioner] Attorney General shall announce grants awards not later than 90 days after the completion of the request for proposals. The council shall not be involved in the grant award process. Organizations represented by or affiliated with a member of the council shall not be disqualified from applying for a grant award.

c. Grants may be used for the following purposes:

1. project planning and community engagement, including:
   a. research and assessment of need;
   b. development of staffing plans;
   c. resource mapping;
   d. training;
   e. development of community engagement plan;
   f. fiscal planning; and
   g. engagement with technical assistance providers or consulting services; and

2. evaluation planning; and

2. project implementation, including:
   a. staffing and recruitment;
   b. facilities;
   c. operational costs, including costs of startup or expansion activities, marketing, language translation, and transportation;
   d. engagement with technical assistance providers;

2. consulting services;

2. training;

2. program and project evaluation, including evaluation of program and project efficacy, staff performance, and service delivery; and

2. programming and service interventions that include activities that prioritize human service interventions, by entities other than law enforcement, over interventions by law enforcement, or activities that include triaging emergencies, through emergency dispatch operators, in a manner that results in a referral to a wholly non-police entity.
a. To be eligible to receive a grant pursuant to the pilot program established in section 4 of P.L. of P.L.
   (pending before the Legislature as this bill):
   (1) a municipality shall be a municipality of the first class in Essex, Hudson, and Passaic Counties; a municipality of the second class having a population of more than 70,000 and density of 8,000 to 12,000 according to the 2020 federal decennial census in Camden and Mercer Counties; and a municipality of the second class having a population of more than 55,000 and density of between 10,000 and 11,000 according to the 2020 federal decennial census in Middlesex County; and have an entity authorized to provide harm reduction services, pursuant to section 4 of P.L.2006, c.99 (C.26:5C-25), operating that operates as a violence interrupter community street team within its boundaries; and
   (2) a community-based organization shall be located within a municipality that meets the criteria set forth in paragraph (1) of this subsection.
   Additionally, an applicant is required to demonstrate an established relationship with a State-approved harm reduction center or reliable access to other harm reduction services, be a State-approved community violence intervention program, or both.
   The Department of Law and Public Safety shall be required to prioritize issuing grants to an applicant that currently operates as a violence interrupter community street team and has demonstrated a process for engaging members of the community and receiving public comments with respect to its community crisis response team been State-approved for a period of not less than two years.

b. An applicant shall submit an application to the Department of Law and Public Safety as outlined in the request for proposals that includes, at a minimum, the following:
   (1) for planning grants:
      (a) a list of stakeholders and potential stakeholders that will participate in the planning process, which include community-based organizations and government partners, and shall include a state-approved harm reduction center or another organization that provides harm reduction services; and
      (b) strategies for sustained community engagement and feedback processes; and
   (2) for implementation grants:
      (a) a list of stakeholders and potential stakeholders that will participate in the project, which shall include a State-approved harm reduction center or another organization that provides harm reduction services;
(b) a framework for how the program will be incorporated into a government department or work in cooperation with a government department;
(c) a dispatch model and flowchart;
(d) the metrics by which the program will be evaluated;
(e) strategies for peer staffing and retention;
(f) strategies for warm handoff and sustained follow-up of participants;
(g) a statement describing the manner in which a community crisis response team will divert behavioral health calls from the purview of law enforcement of response while ensuring rapid, sufficient medical response when needed;
(h) a statement describing the manner in which a community crisis response team will prevent and divert individuals from involvement in the criminal justice system;
(i) a statement describing the manner in which the program will prioritize racial and gender equity in the allocation of services and resources; and
(j) a proposed community crisis response team budget.

c. Grants awarded under the pilot program shall not exceed $2,000,000 per project per year a total of $10,000,000 and the amount awarded to applicants in each eligible municipality shall not exceed $2,000,000 per municipality. A law enforcement agency shall not be the recipient of a grant.

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

2 [7.] There is appropriated from the General Fund to the Department of Health Law and Public Safety the sum of $20,000,000 $10,000,000 $12,000,000 for use by the department in supporting activities and staffing of the council and the awarding of grants to participants of the pilot program established in section 4 of P.L. , c. (pending before the Legislature as this bill).

2 [8.] The department may adopt any regulations necessary to effectuate the purposes of this act on an expedited basis, which
regulations shall be effective immediately upon filing with the
Office of Administrative Law for a period not to exceed 18 months,
and may, thereafter, be amended, adopted, or readopted in
accordance with the provisions of the "Administrative Procedure

2[9.] 10.2 This act shall take effect immediately.