



(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, **may possibly** be found at [www.njleg.state.nj.us](http://www.njleg.state.nj.us))

<b>FLOOR AMENDMENT STATEMENT:</b>	No	
<b>LEGISLATIVE FISCAL ESTIMATE:</b>	Yes	01/05/2024 01/10/2024

**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** Yes

S.P. Sullivan, 'Law addresses mental health crisis response Non-police community teams to handle some emergency calls.', *Star-Ledger, The*, 14 Jan 2024

CL/MM

§§1-7,9  
C.52:17B-236.1  
to 52:17B-236.8  
§8  
Approp.

P.L. 2023, CHAPTER 259, *approved January 12, 2024*  
Assembly, No. 5326 (*Second Reprint*)

1 AN ACT concerning community crisis response <sup>2</sup>, designated as the  
2 “Seabrooks-Washington Community-Led Crisis Response Act.”<sup>2</sup>  
3 and supplementing Title <sup>2</sup>**[26]** 52<sup>2</sup> of the Revised Statutes.

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

7  
8 <sup>2</sup>1. This act shall be known and may be cited as the “Seabrooks-  
9 Washington Community-Led Crisis Response Act.”<sup>2</sup>

10  
11 <sup>2</sup>**[1.]** 2.<sup>2</sup> The Legislature finds and declares that:

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

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

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

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

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

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

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

**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:

<sup>1</sup>Assembly ALP committee amendments adopted May 18, 2023.

<sup>2</sup>Senate SBA committee amendments adopted January 4, 2024.

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

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

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

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

18

19 <sup>2</sup>[2.] 3.<sup>2</sup> As used in this act:

20 <sup>2</sup>“Behavioral health” means mental health, substance abuse, or  
21 co-occurring mental health and substance abuse diagnoses, and the  
22 continuum of mental health, substance abuse, or co-occurring  
23 mental health and substance abuse treatment.<sup>2</sup>

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

30 <sup>2</sup>“Community-based organization” means a public or private  
31 nonprofit organization that is representative of a community or a  
32 significant segment of a community, and is engaged in meeting  
33 human, educational, environmental, or public safety community  
34 needs.<sup>2</sup>

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

39 <sup>2</sup>“Community-based organization” means a public or private  
40 nonprofit organization that is representative of a community or a  
41 significant segment of a community, and is engaged in meeting  
42 human, educational, environmental, or public safety community  
43 needs.

44 “Substance use disorders” means the recurrent use of alcohol,  
45 drugs, or both that causes clinically significant impairment,  
46 including health problems, disability, and failure to meet major  
47 responsibilities at work, school, or home.<sup>2</sup>

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

4 “Law enforcement agency” means a State, county or municipal  
5 law enforcement agency, department, division, or instrumentality  
6 thereof that is statutorily empowered to act for the detection,  
7 investigation, arrest, conviction, detention, or rehabilitation of  
8 persons violating the criminal laws of the State.

9 <sup>2</sup>“Behavioral health” means mental health, substance abuse, or  
10 co-occurring mental health and substance abuse diagnoses, and the  
11 continuum of mental health, substance abuse, or co-occurring  
12 mental health and substance abuse treatment. <sup>1</sup>“Substance use  
13 disorders” means the recurrent use of alcohol, drugs, or both that  
14 causes clinically significant impairment, including health problems,  
15 disability, and failure to meet major responsibilities at work, school,  
16 or home.

17 “Violence interrupter community street team” means a non-profit  
18 community service provider who develops and implements violence  
19 intervention and prevention programming for communities  
20 impacted by higher-than-average rates of violence, with a focus on  
21 gun violence, and works with groups and individuals to build their  
22 capacity to seek healthy methods for addressing and resolving  
23 conflict. <sup>2</sup>

24  
25 <sup>2</sup>[3.] <sup>4.</sup> <sup>2</sup>a. There is established in the Department of  
26 <sup>2</sup>[Health] Law and Public Safety <sup>2</sup>the Community Crisis Response  
27 Advisory Council to provide the department with best practices and  
28 recommendations concerning the development of a community  
29 crisis response program in the form of an annual report to the  
30 department. <sup>2</sup>In developing the best practices and recommendations,  
31 the council shall assess and determine a viable pipeline to train and  
32 resource mental health screeners from within directly impacted  
33 communities. <sup>2</sup> Upon submission to the council, the report  
34 immediately shall be made available to the public.

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

36 (1) the Deputy Commissioner of Public Health Services <sup>1</sup>[and]  
37 <sup>1</sup>the Assistant Commissioner of the Division of HIV, STD and TB  
38 Services <sup>1</sup>, and the Director of Emergency Medical Services<sup>1</sup> in the  
39 Department of Health, or their designees, who shall serve ex  
40 officio;

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

43 <sup>1</sup>(3) the Executive Director of the Division of Violence  
44 Intervention and Victim Assistance in the Department of Law and  
45 Public Safety, or a designee, serving ex officio;

46 (4) the Director of the Division of Fire Safety in the Department  
47 of Community Affairs, or a designee, serving ex officio; <sup>1</sup> and

- 1       <sup>1</sup>[(3) Ten] (5) seven<sup>1</sup> public members of the council who shall  
2 be appointed by the Governor, with two members appointed upon  
3 recommendation of the Senate President and two members  
4 appointed upon recommendation of the Speaker of the General  
5 Assembly.
- 6       c. The <sup>1</sup>[ten] seven<sup>1</sup> public members shall consist of one or  
7 more members: who have prior involvement with the criminal  
8 justice system; who have expertise in crisis response, harm  
9 reduction services, or both; who have experience advocating for  
10 their communities; <sup>1</sup>[who are members the New Jersey Association  
11 of State Chiefs of Police; who are members of the County  
12 Prosecutor's Association of New Jersey;]<sup>1</sup> and who represent New  
13 Jersey-based social justice and civil rights organizations  
14 specializing in criminal justice reform.
- 15       d. The <sup>2</sup>[Deputy Commissioner of Public Health Services]  
16 Attorney General<sup>2</sup> shall serve as chairperson of the council. The  
17 members of the council shall serve without compensation but shall  
18 be reimbursed for the reasonable expenses necessarily incurred in  
19 the performance of their duties within the limits of funds  
20 appropriated or otherwise made available to the council for its  
21 purposes.
- 22       e. The council first shall organize not later than 45 days after  
23 the effective date of <sup>1</sup>[this act] P.L.     , c. (C.    ) (pending  
24 before the Legislature as this bill<sup>1</sup>). The council shall meet  
25 periodically at the call of the chairperson, but not less than six times  
26 in each <sup>1</sup>calendar<sup>1</sup> year. A majority of the members of the council  
27 shall constitute a quorum for the purposes of the council taking  
28 official action, but a lesser number may hold public hearings. All  
29 meetings of the council shall be open to the public. Agendas,  
30 minutes, documents, and testimony from each meeting shall be  
31 posted on the Internet website of the <sup>2</sup>[Department of Health]  
32 Office of the Attorney General<sup>2</sup>.
- 33       f. Public members of the council shall serve for a term of three  
34 years. Vacancies in the membership shall be filled in the same  
35 manner in which the original appointments were made. Public  
36 members shall be eligible for reappointment to the advisory council.
- 37       g. The council shall be entitled to receive assistance and  
38 services from any State, county, or municipal department, board,  
39 commission, or agency, as may be available to it for its purposes.  
40 The Department of <sup>2</sup>[Health] Law and Public Safety<sup>2</sup> shall provide  
41 staff and administrative support to the council.
- 42       h. The council shall hold public hearings throughout the State,  
43 at which it may ask individuals to testify who can provide insight  
44 into the need, design, and effectiveness of community-based crisis  
45 intervention.

- 1       <sup>2</sup>**[4.] 5.**<sup>2</sup> a. The <sup>2</sup>**[Commissioner of Health]** Attorney  
2 General<sup>2</sup> shall establish a pilot program <sup>1</sup>in Camden, Essex,  
3 <sup>2</sup>Hudson,<sup>2</sup> Mercer, Middlesex, and Passaic Counties<sup>1</sup> to permit  
4 <sup>1</sup>eligible<sup>1</sup> municipalities and community-based organizations to  
5 operate community crisis response teams in accordance with the  
6 provisions of P.L. , c. (C. ) (pending before the Legislature  
7 as this bill).
- 8       b. The <sup>2</sup>**[commissioner]** Attorney General<sup>2</sup> shall develop a  
9 request for proposals, in accordance with the minimum application  
10 requirements outlined in section <sup>2</sup>**[5] 6**<sup>2</sup> of P.L. , c. (C. )  
11 (pending before the Legislature as this bill), from municipalities and  
12 organizations interested in participating in the pilot program, to  
13 review completed proposals, create a scoring panel for submitted  
14 proposals, and to issue grant awards to municipalities or  
15 organizations to plan or implement a community crisis response  
16 team, as defined in section <sup>2</sup>**[2] 3**<sup>2</sup> of P.L. , c. (C. )  
17 (pending before the Legislature as this bill). The <sup>2</sup>**[commissioner]**  
18 Attorney General<sup>2</sup> shall publish a request for proposals pursuant to  
19 this section not later than 90 days after the effective date of P.L. ,  
20 c. (C. ) (pending before the Legislature as this bill). The  
21 <sup>2</sup>**[commissioner]** Attorney General<sup>2</sup> shall announce grants awards  
22 not later than 90 days after the completion of the request for  
23 proposals. The council shall not be involved in the grant award  
24 process. Organizations represented by or affiliated with a member  
25 of the council shall not be disqualified from applying for a grant  
26 award.
- 27       c. Grants may be used for the following purposes:  
28       (1) project planning and community engagement, including:  
29       (a) research and assessment of need;  
30       (b) development of staffing plans;  
31       (c) resource mapping;  
32       (d) training;  
33       (e) development of community engagement plan;  
34       (f) fiscal planning; <sup>2</sup>**[and]**<sup>2</sup>  
35       (g) engagement with technical assistance providers or consulting  
36 services; and  
37       <sup>2</sup>**(h)**<sup>2</sup> evaluation planning; and  
38       (2) project implementation, including:  
39       (a) staffing and recruitment;  
40       (b) facilities;  
41       (c) operational costs, including costs of startup or expansion  
42 activities, marketing, language translation, and transportation;  
43       (d) engagement with technical assistance providers;  
44       <sup>2</sup>**(e)**<sup>2</sup> consulting services;  
45       <sup>2</sup>**(e)** <sup>2</sup>**(f)**<sup>2</sup> training;

1       <sup>2</sup>[(f)] g<sup>2</sup> program and project evaluation, including evaluation  
2 of program and project efficacy, staff performance, and service  
3 delivery; and

4       <sup>2</sup>[(g)] h<sup>2</sup> programming and service interventions that include  
5 activities that prioritize human service interventions, by entities  
6 other than law enforcement, over interventions by law enforcement,  
7 or activities that include triaging emergencies, through emergency  
8 dispatch operators, in a manner that results in a referral to a wholly  
9 non-police entity.

10       <sup>2</sup>[5.] 6<sup>2</sup> a. To be eligible to receive a grant pursuant to the  
11 pilot program established in section <sup>2</sup>[4] 5<sup>2</sup> of P.L.       ,  
12 c. (C.       ) (pending before the Legislature as this bill):

13       (1) a municipality shall <sup>1</sup>be a municipality of the first class in  
14 Essex<sup>2</sup>, Hudson<sup>2</sup> and Passaic Counties; a municipality of the  
15 second class having a population of more than 70,000 and density  
16 of 8,000 to 12,000 according to the 2020 federal decennial census in  
17 Camden and Mercer Counties; and a municipality of the second  
18 class having a population of more than 55,000 and density of  
19 between 10,000 and 11,000 according to the 2020 federal decennial  
20 census in Middlesex County; and<sup>1</sup> have an entity <sup>1</sup>[(authorized to  
21 provide harm reduction services, pursuant to section 4 of P.L.2006,  
22 c.99 (C.26:5C-25), operating)] that operates as a violence interrupter  
23 community street team<sup>1</sup> within its boundaries; and

24       (2) a community-based organization shall be located within  
25 <sup>1</sup>[(the)] a<sup>1</sup> municipality <sup>1</sup>that meets the criteria set forth in paragraph  
26 (1) of this subsection<sup>1</sup>.

27       Additionally, an applicant is required to demonstrate an  
28 established relationship with a State-approved harm reduction  
29 center <sup>2</sup>[(or reliable access to other harm reduction services)] , be a  
30 State-approved community violence intervention program, or both<sup>2</sup>.  
31 The Department of <sup>2</sup>[(Health)] Law and Public Safety<sup>2</sup> shall be  
32 required to prioritize issuing grants to <sup>1</sup>[(applicants)] an applicant<sup>1</sup>  
33 that <sup>1</sup>[(have)] currently operates as a violence interrupter community  
34 street team and has<sup>1</sup> <sup>2</sup>[(demonstrated a process for engaging  
35 members of the community and <sup>1</sup>[(for)]<sup>1</sup> receiving public comments  
36 with respect to its community crisis response team] been State-  
37 approved for a period of not less than two years<sup>2</sup>.

38       b. An applicant shall submit an application to the Department  
39 of <sup>2</sup>[(Health)] Law and Public Safety<sup>2</sup> as outlined in the request for  
40 proposals that includes, at a minimum, the following:

41       (1) for planning grants:

42       (a) a list of stakeholders and potential stakeholders that will  
43 participate in the planning process, which <sup>2</sup>[(m)] may<sup>2</sup> include  
44 community-based organizations and government partners, and shall  
45 include a state-approved harm reduction center or another  
46 organization that provides harm reduction services; and

- 1 (b) strategies for sustained community engagement and  
2 feedback processes; and
- 3 (2) for implementation grants:
- 4 (a) a list of stakeholders and potential stakeholders that will  
5 participate in the project, which shall include a State-authorized  
6 harm reduction center or another organization that provides harm  
7 reduction services;
- 8 (b) a framework for how the program will be incorporated into a  
9 government department or work in cooperation with a government  
10 department;
- 11 (c) a dispatch model and flowchart;
- 12 (d) the metrics by which the program will be evaluated;
- 13 (e) strategies for peer staffing and retention;
- 14 (f) strategies for warm handoff and sustained follow-up of  
15 participants;
- 16 (g) a statement describing the manner in which a community  
17 crisis response team will divert behavioral health calls from the  
18 purview of law enforcement of response while ensuring rapid,  
19 sufficient medical response when needed;
- 20 (h) a statement describing the manner in which a community  
21 crisis response team will prevent and divert individuals from  
22 involvement in the criminal justice system;
- 23 (i) a statement describing the manner in which the program will  
24 prioritize racial and gender equity in the allocation of services and  
25 resources; and
- 26 (j) a proposed community crisis response team budget.
- 27 c. Grants awarded <sup>1</sup>under the pilot program<sup>1</sup> shall not exceed  
28 <sup>1</sup>[\$2,000,000 per project per year] a total of <sup>2</sup>[\$10,000,000]  
29 \$12,000,000<sup>2</sup> and the amount awarded to applicants in each eligible  
30 municipality shall not exceed \$2,000,000 per municipality<sup>1</sup>. A law  
31 enforcement agency shall not be the recipient of a grant.  
32
- 33 <sup>2</sup>[6.] 7.<sup>2</sup> The <sup>2</sup>[commissioner] council<sup>2</sup> shall submit an annual  
34 report to the Governor and the Legislature, pursuant to section 2 of  
35 P.L.1991, c.164 (C.52:14-19.1), on the status of the pilot program.  
36 Three years following the date of enactment, the <sup>2</sup>[commissioner in  
37 collaboration with the] council, shall submit a final report to the  
38 Governor and the Legislature, pursuant to section 2 of P.L.1991,  
39 c.164 (C.52:14-19.1), on the outcomes resulting from the pilot  
40 programs and recommendations for the actions necessary to support  
41 the continuation and expansion of community crisis response  
42 models in the State of New Jersey. The reports issued pursuant to  
43 this section shall be public.  
44
- 45 <sup>2</sup>[7.] 8.<sup>2</sup> There is appropriated from the General Fund to the  
46 Department of <sup>2</sup>[Health] Law and Public Safety<sup>2</sup> the sum of  
47 <sup>1</sup>[\$20,000,000] <sup>2</sup>[\$10,000,000<sup>1</sup>] \$12,000,000<sup>2</sup> for use by the

1 department in supporting activities and staffing of the council and  
2 the awarding of grants to participants of the pilot program  
3 established in section 4 of P.L. , c. (C. ) (pending before  
4 the Legislature as this bill).

5  
6 <sup>2</sup>**[8.] 9.**<sup>2</sup> The department may adopt any regulations necessary  
7 to effectuate the purposes of this act on an expedited basis, which  
8 regulations shall be effective immediately upon filing with the  
9 Office of Administrative Law for a period not to exceed 18 months,  
10 and may, thereafter, be amended, adopted, or readopted in  
11 accordance with the provisions of the "Administrative Procedure  
12 Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

13  
14 <sup>2</sup>**[9.] 10.**<sup>2</sup> This act shall take effect immediately.

15  
16  
17  
18  
19 Establishes Community Crisis Response Advisory Council and  
20 community crisis response teams pilot program; designates  
21 "Seabrooks-Washington Community-Led Crisis Response Act;"  
22 appropriates \$12 million.

# 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  
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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.

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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  
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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.

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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.

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.

# ASSEMBLY LAW AND PUBLIC SAFETY COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 5326

with committee amendments

# STATE OF NEW JERSEY

DATED: MAY 18, 2023

The Assembly Law and Public Safety Committee reports favorably and with committee amendments Assembly Bill No. 5326.

As amended and reported by the committee, Assembly Bill No. 5326 establishes the Community Crisis Response Advisory Council and a pilot program to permit municipalities and community-based organizations to operate community crisis response teams.

The bill establishes the council in the Department of Health to provide the department with best practices and recommendations concerning the development of a community crisis response program. Under the bill, the council would 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, serving ex officio;

(2) the Attorney General or a designee, serving 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, servicing ex officio; and

(5) seven public members of the council to 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.

The seven public members would consist of one or more members who: have prior involvement with the criminal justice system; have expertise in crisis response, harm reduction services, or both; have experience advocating for their communities; and represent New Jersey-based social justice and civil rights organizations specializing in criminal justice reform.

The bill requires the Commissioner of Health to establish a pilot program in Camden, Essex, Mercer, Middlesex, and Passaic Counties to permit eligible municipalities and community-based organizations to operate community crisis response teams. Under the bill, a community crisis response team is defined as 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, including certified peer counselors as a best practice to the extent practicable. The commissioner is required to develop a grant program for eligible municipalities and community-based organizations, awarding up to \$2 million per eligible applicant annually.

To be eligible to receive a grant pursuant to the pilot program:

(1) a municipality is required to be a municipality of the first class in Essex 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

(2) a community-based organization is required to be located in a municipality that meets the eligibility criteria.

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. The department would be required to prioritize issuing grants to applicants that currently operate as violence interrupters and have a demonstrated process for engaging members of the community and receiving public comments with respect to its community crisis r

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

The bill appropriates \$10 million and provides that grants awarded under the pilot program to applicants in each eligible municipality are not to exceed \$2 million per municipality.

#### COMMITTEE AMENDMENTS

The committee amendments:

(1) establish the Director of Emergency Medical Services in the Department of Health, the Executive Director of the Division of Violence Intervention and Victim Assistance in the Department of Law and Public Safety, and the Director of the Division of Fire Safety in the Department of Community Affairs as members of the Community Crisis Response Advisory Council. Additionally, the amendments remove representatives of the New Jersey Association

of State Chiefs of Police and the County Prosecutor's Association of New Jersey as public members of the council, reducing the number of public members from 10 to seven;

(2) limit the pilot program to Camden, Essex, Mercer, Middlesex, and Passaic Counties and establish population total and density criteria for eligible municipalities within those counties;

(3) require that eligible municipalities have an entity that operates as a violence interrupter community street team within its boundaries. As introduced, the bill required municipalities to have an entity authorized pursuant to current law to provide harm reduction services;

(4) appropriate \$10 million. As introduced, the bill appropriated \$20 million to effectuate its purposes; and

(5) make technical changes.

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**ASSEMBLY, No. 5326**

# **STATE OF NEW JERSEY**

DATED: JUNE 22, 2023

The Assembly Appropriations Committee reports favorably Assembly Bill No. 5326 (1R).

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

The bill establishes the council in the Department of Health to provide the department with best practices and recommendations concerning the development of a community crisis response program. Under the bill, the council would 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, serving ex officio;

(2) the Attorney General or a designee, serving 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, servicing ex officio; and

(5) seven public members of the council to 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.

The seven public members would consist of one or more members who: have prior involvement with the criminal justice system; have expertise in crisis response, harm reduction services, or both; have experience advocating for their communities; and represent New Jersey-based social justice and civil rights organizations specializing in criminal justice reform.

The bill requires the Commissioner of Health to establish a pilot program in Camden, Essex, Mercer, Middlesex, and Passaic Counties to permit eligible municipalities and community-based organizations to operate community crisis response teams. Under the bill, a community crisis response team is defined as 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, including certified peer counselors as a best practice to the extent practicable. The commissioner is required to develop a grant program for eligible municipalities and community-based organizations, awarding up to \$2 million per eligible applicant annually.

To be eligible to receive a grant pursuant to the pilot program:

(1) a municipality is required to be a municipality of the first class in Essex 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

(2) a community-based organization is required to be located in a municipality that meets the eligibility criteria.

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. The department would be required to prioritize issuing grants to applicants that currently operate as violence interrupters and have a demonstrated process for engaging members of the community and receiving public comments with respect to its community crisis r

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

The bill appropriates \$10 million and provides that grants awarded under the pilot program to applicants in each eligible municipality are not to exceed \$2 million per municipality.

**FISCAL IMPACT:**

The Office of Legislative Services (OLS) determines that State costs will increase by up to \$10 million under the bill in the first three years following enactment to support a pilot grant program within the Department of Health to help certain municipalities and community-based organizations operate community crisis response teams.

The bill appropriates \$10 million to the department to provide these grants and also to support the activities and staffing of the newly-

created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council.

Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of State grants. The \$10 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities is the appropriated amount less these administrative expenses and any grants given to community-based organizations.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## ASSEMBLY, No. 5326

with committee amendments

# STATE OF NEW JERSEY

DATED: JANUARY 4, 2024

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 5326 (1R).

As amended and reported by the committee, Assembly Bill No. 5326 designates the “Seabrooks-Washington Community-Led Crisis Response Act,” which establishes the Community Crisis Response Advisory Council and a pilot program to permit municipalities and community-based organizations to operate community crisis response teams. Under the bill, the act will be known and may be cited as the “Seabrooks-Washington Community-Led Crisis Response Act.”

The bill establishes the council in the Department of Law and Public Safety to provide the department with best practices and recommendations concerning the development of a community crisis response program. Under the bill, the council would 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, serving ex officio;

(2) the Attorney General or a designee, serving 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, servicing ex officio; and

(5) seven public members of the council to 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.

The seven public members would consist of one or more members who: have prior involvement with the criminal justice system; have expertise in crisis response, harm reduction services, or both; have experience advocating for their communities; and represent New

Jersey-based social justice and civil rights organizations specializing in criminal justice reform.

The bill requires the Attorney General to establish a pilot program in Camden, Essex, Hudson, Mercer, Middlesex, and Passaic Counties to permit eligible municipalities and community-based organizations to operate community crisis response teams. Under the bill, a community crisis response team is defined as 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, including certified peer counselors as a best practice to the extent practicable. The Attorney General is required to develop a grant program for eligible municipalities and community-based organizations, awarding up to \$2 million per eligible applicant annually.

To be eligible to receive a grant pursuant to the pilot program:

(1) a municipality is required to 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

(2) a community-based organization is required to be located in a municipality that meets the eligibility criteria.

Additionally, an applicant is required to demonstrate an established relationship with a State-approved harm reduction center, be a State-approved community violence intervention program, or both. The department would be required to prioritize issuing grants to applicants that currently operate as a violence interrupter community street team and been State-approved for not less than two years.

The bill requires the council to submit an annual report to the Governor and the Legislature on the status of the pilot program. Three years following the date of enactment the council would be required to submit a final report to the Governor and the Legislature on the outcomes resulting from the pilot program and recommendations for the actions necessary to support the continuation and expansion of community crisis response models in the State of New Jersey.

The bill appropriates \$12 million and provides that grants awarded under the pilot program to applicants in each eligible municipality are not to exceed \$2 million per municipality.

As amended and reported by the committee, Assembly Bill No. 5326 (1R) is identical to Senate Bill No. 4250 (1R), which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments:

(1) provide that the act will be known and cited as the “Seabrooks-Washington Community-Led Crisis Response Act”;

(2) define “violence interrupter community street team” as 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) provide that the Community Crisis Response Advisory Council will be established in the Department of Law and Public Safety. As introduced, the council was to be established in the Department of Health;

(4) require that the best practices and recommendations to be developed by the council are to include an assessment and determination of a viable pipeline to train and resource mental health screeners from within directly impacted communities;

(5) add Hudson County as a county in which a pilot program will be established to effectuate the purposes of the bill;

(6) provide that an eligible municipality in Hudson County will be one that is a city of the first class;

(7) provide that an applicant is required to demonstrate an established relationship with a State-approved harm reduction center, be a State-approved community violence intervention program, or both. As introduced, the bill required an applicant to demonstrate an established relationship with a State-approved harm reduction center or reliable access to other harm reductions services;

(8) provide that the interim and final reports will be issued by the council. As introduced, the reports were to be issued by the Commissioner of Health;

(9) appropriate \$12 million. Under the first reprint, the bill appropriated \$10 million to effectuate its purposes; and

(10) make technical changes.

FISCAL IMPACT:

The Office of Legislative Services determines that State costs will increase by up to \$12 million under the bill in the first three years following enactment to support a pilot grant program within the Department of Law and Public Safety to help certain municipalities and community-based organizations operate community crisis response teams. The bill appropriates \$12 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council. Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of

State grants. The \$12 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities is the appropriated amount less these administrative expenses and any grants given to community-based organizations.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## ASSEMBLY, No. 5326

### STATE OF NEW JERSEY 220th LEGISLATURE

DATED: JUNE 21, 2023

#### SUMMARY

- Synopsis:** Establishes Community Crisis Response Advisory Council and community crisis response teams pilot program; appropriates \$10 million.
- Type of Impact:** Three-year increase in State expenditures from the General Fund.
- Agencies Affected:** Department of Health, municipalities.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Year 1 through Year 3</u></b>	<b><u>Annually Thereafter</u></b>
<b>State Cost Increase</b>	Up to \$10 million	Indeterminate
<b>Local Revenue Increase</b>	Up to \$10 million	Indeterminate

- The Office of Legislative Services (OLS) determines that State costs will increase by up to \$10 million under the bill in the first three years following enactment to support a pilot grant program within the Department of Health to help certain municipalities and community-based organizations operate community crisis response teams.
- The bill appropriates \$10 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council.
- Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of State grants. The \$10 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities is the appropriated amount less these administrative expenses and any grants given to community-based organizations.

## **BILL DESCRIPTION**

The bill establishes a 13-member Community Crisis Response Advisory Council in the Department of Health to provide the department with best practices and recommendations concerning the development of a community crisis response program.

The bill additionally requires the Department of Health to establish a pilot grant program in Camden, Essex, Mercer, Middlesex, and Passaic Counties to permit eligible municipalities and community-based organizations to operate community crisis response teams. Grant awardees may utilize funding, received through the pilot program, to support costs associated with project planning and community engagement, or the costs of project implementation. The department will distribute grant awards totaling as much as \$2 million per awardee.

The bill requires the department to report annually to the Governor and the Legislature on the status of the pilot program. Three years following the date of enactment, the department and the council will submit a final report to the Governor and the Legislature on the outcomes from the pilot program and recommendations to support the continuation and expansion of community crisis response models in the State.

The bill appropriates \$10 million to the department for the costs of staffing and supporting the council's activities and for grants awarded to participants in the pilot program.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS determines that State costs will increase by up to \$10 million under the bill in the first three years following enactment to support a pilot grant program, within the Department of Health, to help certain municipalities and community-based organizations operate community crisis response teams. The bill appropriates \$10 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council.

Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of State grants. The \$10 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities will equal the appropriated amount less these administrative expenses and any grants given to community-based organizations. The grants awarded to applicants in each eligible municipality, be it the municipality itself or a community-based organization, are not to exceed \$2 million per municipality.

Some indeterminate costs may accrue to the department following the completion of the three-year pilot program to support any ongoing activities of the council.

*Section: Human Services*

*Analyst: Anne Cappabianca  
Senior Fiscal Analyst*

*Approved: Thomas Koenig  
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

**ASSEMBLY, No. 5326**

**STATE OF NEW JERSEY  
220th LEGISLATURE**

DATED: JANUARY 10, 2024

## SUMMARY

- Synopsis:** Establishes Community Crisis Response Advisory Council and community crisis response teams pilot program; designates “Seabrooks-Washington Community-Led Crisis Response Act;” appropriates \$12 million.
- Type of Impact:** Three-year increase in State expenditures from the General Fund; three-year increase in municipal revenue.
- Agencies Affected:** Department of Law and Public Safety.

### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Year 1 through Year 3</u></b>	<b><u>Annually Thereafter</u></b>
<b>State Cost Increase</b>	Up to \$12 million	Indeterminate
<b>Local Revenue Increase</b>	Up to \$12 million	Indeterminate

- The Office of Legislative Services (OLS) determines that State costs will increase by up to \$12 million under the bill in the first three years following enactment to support a pilot grant program within the Department of Law and Public Safety to help certain municipalities and community-based organizations operate community crisis response teams. If the full \$12 million is not expended in the first year, the residual amount will be spent in subsequent fiscal years until the full \$12 million is exhausted.
- The bill appropriates \$12 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council.
- Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of State grants. The \$12 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount

of grant awards that would be provided to municipalities is the appropriated amount less these administrative expenses and any grants given to community-based organizations.

## **BILL DESCRIPTION**

The bill establishes a 13-member Community Crisis Response Advisory Council in the Department of Law and Public Safety to provide the department with best practices and recommendations concerning the development of a community crisis response program.

The bill additionally requires the Attorney General to establish a pilot grant program in Camden, Essex, Hudson, Mercer, Middlesex, and Passaic Counties to permit eligible municipalities and community-based organizations to operate community crisis response teams. Grant awardees may utilize funding, received through the pilot program, to support costs associated with project planning, community engagement, and project implementation. Under the bill, the grant awardees in each eligible municipality can receive up to \$2 million in grant funds.

The bill requires the council to report annually to the Governor and the Legislature on the status of the pilot program. Three years following the date of enactment, the department and the council will submit a final report to the Governor and the Legislature on the outcomes from the pilot program and recommendations to support the continuation and expansion of community crisis response models in the State.

The bill appropriates \$12 million to the department for the costs of staffing and supporting the council's activities and for grants awarded to participants in the pilot program.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS determines that State costs will increase by up to \$12 million under the bill in the first three years following enactment to support a pilot grant program, within the Department of Law and Public Safety, to help certain municipalities and community-based organizations operate community crisis response teams. The bill appropriates \$12 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council.

Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of State grants. The \$12 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities will equal the appropriated amount less these administrative expenses and any grants given to community-based organizations. The grants awarded to applicants in each eligible municipality, be it the municipality itself or a community-based organization, are not to exceed \$2 million per municipality.

Some indeterminate costs may accrue to the department following the completion of the three-year pilot program to support any ongoing activities of the council.

*Section: Human Services*

*Analyst: Sarah Schmidt  
Lead Research Analyst*

*Approved: Thomas Koenig  
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

**SENATE, No. 4250**

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**STATE OF NEW JERSEY**  
**220th LEGISLATURE**

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INTRODUCED DECEMBER 21, 2023

**Sponsored by:**

**Senator JAMES BEACH**

**District 6 (Burlington and Camden)**

**SYNOPSIS**

Establishes Community Crisis Response Advisory Council and community crisis response teams pilot program; appropriates \$10 million.

**CURRENT VERSION OF TEXT**

As introduced.



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2

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 half,  
12 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 residents  
15 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 the  
18 State. Of these incidents, at least 46 percent involved police using  
19 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 more  
23 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 Good  
30 Samaritan laws shows that overdose bystanders continue to delay or  
31 refrain from calling 911 due to fear of police involvement, social  
32 penalties, and stigma.

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

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

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1 burnout and the cumulative stress of responding to behavioral health  
2 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 outreach,  
7 de-escalation, stabilization, resource connection, and follow-up  
8 support for individuals who are experiencing a behavioral health  
9 crisis, that shall include certified peer counselors as a best practice to  
10 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 functional  
14 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, including  
22 health problems, disability, and failure to meet major responsibilities  
23 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 mental  
35 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 an  
41 annual report to the department. Upon submission to the council, the  
42 report immediately shall be made available to the public.

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

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

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

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

4 (4) the Director of the Division of Fire Safety in the Department of  
5 Community Affairs, or a designee, serving ex officio; and

6 (5) seven public members of the council who shall be appointed by  
7 the Governor, with two members appointed upon recommendation of  
8 the Senate President and two members appointed upon recommendation  
9 of the Speaker of the General Assembly.

10 c. The seven public members shall consist of one or more  
11 members: who have prior involvement with the criminal justice system;  
12 who have expertise in crisis response, harm reduction services, or both;  
13 who have experience advocating for their communities; and who  
14 represent New Jersey-based social justice and civil rights organizations  
15 specializing in criminal justice reform.

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

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

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

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

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

43  
44 4. a. The Commissioner of Health shall establish a pilot program  
45 in Camden, Essex, Mercer, Middlesex, and Passaic Counties to permit  
46 eligible municipalities and community-based organizations to operate  
47 community crisis response teams in accordance with the provisions of  
48 P.L. , c. (C. ) (pending before the Legislature as this bill).

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

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

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

19        (a) research and assessment of need;

20        (b) development of staffing plans;

21        (c) resource mapping;

22        (d) training;

23        (e) development of community engagement plan;

24        (f) fiscal planning; and

25        (g) engagement with technical assistance providers or consulting  
26 services; and evaluation planning; and

27        (2) project implementation, including:

28        (a) staffing and recruitment;

29        (b) facilities;

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

32        (d) engagement with technical assistance providers; consulting  
33 services;

34        (e) training;

35        (f) program and project evaluation, including evaluation of program  
36 and project efficacy, staff performance, and service delivery; and

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

42

43        5. a. To be eligible to receive a grant pursuant to the pilot program  
44 established in section 4 of P.L. , c. (C. ) (pending before the  
45 Legislature as this bill):

46        (1) a municipality shall be a municipality of the first class in Essex  
47 and Passaic Counties; a municipality of the second class having a  
48 population of more than 70,000 and density of 8,000 to 12,000

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1 according to the 2020 federal decennial census in Camden and Mercer  
2 Counties; and a municipality of the second class having a population of  
3 more than 55,000 and density of between 10,000 and 11,000 according  
4 to the 2020 federal decennial census in Middlesex County; and have an  
5 entity that operates as a violence interrupter community street team  
6 within its boundaries; and

7 (2) a community-based organization shall be located within a  
8 municipality that meets the criteria set forth in paragraph (1) of this  
9 subsection.

10 Additionally, an applicant is required to demonstrate an established  
11 relationship with a State-approved harm reduction center or reliable  
12 access to other harm reduction services. The Department of Health shall  
13 be required to prioritize issuing grants to an applicant that currently  
14 operates as a violence interrupter community street team and has  
15 demonstrated a process for engaging members of the community and  
16 receiving public comments with respect to its community crisis  
17 response team.

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

21 (1) for planning grants:

22 (a) a list of stakeholders and potential stakeholders that will  
23 participate in the planning process, which m include community-based  
24 organizations and government partners, and shall include a state-  
25 approved harm reduction center or another organization that provides  
26 harm reduction services; and

27 (b) strategies for sustained community engagement and feedback  
28 processes; and

29 (2) for implementation grants:

30 (a) a list of stakeholders and potential stakeholders that will  
31 participate in the project, which shall include a State-authorized harm  
32 reduction center or another organization that provides harm reduction  
33 services;

34 (b) a framework for how the program will be incorporated into a  
35 government department or work in cooperation with a government  
36 department;

37 (c) a dispatch model and flowchart;

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

39 (e) strategies for peer staffing and retention;

40 (f) strategies for warm handoff and sustained follow-up of  
41 participants;

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

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

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7

1 (i) a statement describing the manner in which the program will  
2 prioritize racial and gender equity in the allocation of services and  
3 resources; and

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

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

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

21  
22 7. There is appropriated from the General Fund to the  
23 Department of Health the sum of \$10,000,000 for use by the  
24 department in supporting activities and staffing of the council and the  
25 awarding of grants to participants of the pilot program established in  
26 section 4 of P.L. , c. (C. ) (pending before the Legislature as  
27 this bill).

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

36  
37 9. This act shall take effect immediately.

38

39

40

STATEMENT

41

42 This bill establishes the Community Crisis Response Advisory  
43 Council and a pilot program to permit municipalities and community-  
44 based organizations to operate community crisis response teams.

45 The bill establishes the council in the Department of Health to  
46 provide the department with best practices and recommendations  
47 concerning the development of a community crisis response program.  
48 Under the bill, the council would consist of 13 members, as follows:

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1 (1) the Deputy Commissioner of Public Health Services, the  
2 Assistant Commissioner of the Division of HIV, STD and TB  
3 Services, and the Director of Emergency Medical Services in the  
4 Department of Health, or their designees, serving ex officio;

5 (2) the Attorney General or a designee, serving ex officio;

6 (3) the Executive Director of the Division of Violence Intervention  
7 and Victim Assistance in the Department of Law and Public Safety, or  
8 a designee, serving ex officio;

9 (4) the Director of the Division of Fire Safety in the Department of  
10 Community Affairs, or a designee, servicing ex officio; and

11 (5) seven public members of the council to be appointed by the  
12 Governor, with two members appointed upon recommendation of the  
13 Senate President and two members appointed upon recommendation  
14 of the Speaker of the General Assembly.

15 The seven public members would consist of one or more members  
16 who: have prior involvement with the criminal justice system; have  
17 expertise in crisis response, harm reduction services, or both; have  
18 experience advocating for their communities; and represent New  
19 Jersey-based social justice and civil rights organizations specializing  
20 in criminal justice reform.

21 The bill requires the Commissioner of Health to establish a pilot  
22 program in Camden, Essex, Mercer, Middlesex, and Passaic Counties  
23 to permit eligible municipalities and community-based organizations  
24 to operate community crisis response teams. Under the bill, a  
25 community crisis response team is defined as a team that provides  
26 professional on-site community-based intervention such as outreach,  
27 de-escalation, stabilization, resource connection, and follow-up  
28 support for individuals who are experiencing a behavioral health  
29 crisis, including certified peer counselors as a best practice to the  
30 extent practicable. The commissioner is required to develop a grant  
31 program for eligible municipalities and community-based  
32 organizations, awarding up to \$2 million per eligible applicant  
33 annually.

34 To be eligible to receive a grant pursuant to the pilot program:

35 (1) a municipality is required to be a municipality of the first class  
36 in Essex and Passaic Counties, a municipality of the second class  
37 having a population of more than 70,000 and density of 8,000 to  
38 12,000 according to the 2020 federal decennial census in Camden  
39 and Mercer counties, and a municipality of the second class having a  
40 population of more than 55,000 and density of between 10,000 and  
41 11,000 according to the 2020 federal decennial census in Middlesex  
42 County; and

43 (2) a community-based organization is required to be located in a  
44 municipality that meets the eligibility criteria.

45 Additionally, an applicant is required to demonstrate an  
46 established relationship with a State-approved harm reduction center  
47 or reliable access to other harm reduction services. The department  
48 would be required to prioritize issuing grants to applicants that

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1 currently operate as violence interrupters and have a demonstrated  
2 process for engaging members of the community and receiving  
3 public comments with respect to its community crisis r

4 The bill requires the commissioner to submit an annual report to  
5 the Governor and the Legislature on the status of the pilot program.  
6 Three years following the date of enactment, the commissioner, in  
7 collaboration with the council, would be required to submit a final  
8 report to the Governor and the Legislature on the outcomes resulting  
9 from the pilot program and recommendations for the actions  
10 necessary to support the continuation and expansion of community  
11 crisis response models in the State of New Jersey.

12 The bill appropriates \$10 million and provides that grants awarded  
13 under the pilot program to applicants in each eligible municipality  
14 are not to exceed \$2 million per municipality.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

### **SENATE, No. 4250**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JANUARY 4, 2024

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 4250.

As amended and reported by the committee, Senate Bill No. 4250 designates the “Seabrooks-Washington Community-Led Crisis Response Act,” which establishes the Community Crisis Response Advisory Council and a pilot program to permit municipalities and community-based organizations to operate community crisis response teams. Under the bill, the act will be known and may be cited as the “Seabrooks-Washington Community-Led Crisis Response Act.”

The bill establishes the council in the Department of Law and Public Safety to provide the department with best practices and recommendations concerning the development of a community crisis response program. Under the bill, the council would 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, serving ex officio;

(2) the Attorney General or a designee, serving 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, servicing ex officio; and

(5) seven public members of the council to 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.

The seven public members would consist of one or more members who: have prior involvement with the criminal justice system; have expertise in crisis response, harm reduction services, or both; have experience advocating for their communities; and represent New Jersey-based social justice and civil rights organizations specializing in criminal justice reform.

The bill requires the Attorney General to establish a pilot program in Camden, Essex, Hudson, Mercer, Middlesex, and Passaic Counties to permit eligible municipalities and community-based organizations to operate community crisis response teams. Under the bill, a community crisis response team is defined as 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, including certified peer counselors as a best practice to the extent practicable. The Attorney General is required to develop a grant program for eligible municipalities and community-based organizations, awarding up to \$2 million per eligible applicant annually.

To be eligible to receive a grant pursuant to the pilot program:

(1) a municipality is required to 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

(2) a community-based organization is required to be located in a municipality that meets the eligibility criteria.

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. The department would be required to prioritize issuing grants to applicants that currently operate as a violence interrupter community street team and have been State-approved for not less than two years.

The bill requires the council to submit an annual report to the Governor and the Legislature on the status of the pilot program. Three years following the date of enactment the council would be required to submit a final report to the Governor and the Legislature on the outcomes resulting from the pilot program and recommendations for the actions necessary to support the continuation and expansion of community crisis response models in the State of New Jersey.

The bill appropriates \$12 million and provides that grants awarded under the pilot program to applicants in each eligible municipality are not to exceed \$2 million per municipality.

As amended and reported by the committee, Senate Bill No. 4250 is identical to Assembly Bill No. 5326 (1R), which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments:

(1) provide that the act will be known and cited as the “Seabrooks-Washington Community-Led Crisis Response Act”;

(2) define “violence interrupter community street team” as 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) provide that the Community Crisis Response Advisory Council will be established in the Department of Law and Public Safety. As introduced, the council was to be established in the Department of Health;

(4) require that the best practices and recommendations to be developed by the council are to include an assessment and determination of a viable pipeline to train and resource mental health screeners from within directly impacted communities;

(5) add Hudson County as a county in which a pilot program will be established to effectuate the purposes of the bill;

(6) provide that an eligible municipality in Hudson County will be one that is a city of the first class;

(7) provide that an applicant is required to demonstrate an established relationship with a State-approved harm reduction center, be a State-approved community violence intervention program, or both. As introduced, the bill required an applicant to demonstrate an established relationship with a State-approved harm reduction center or reliable access to other harm reductions services;

(8) provide that the interim and final reports will be issued by the council. As introduced, the reports were to be issued by the Commissioner of Health;

(9) appropriate \$12 million. As introduced, the bill appropriated \$10 million to effectuate its purposes; and

(10) make technical changes.

FISCAL IMPACT:

The Office of Legislative Services determines that State costs will increase by up to \$12 million under the bill in the first three years following enactment to support a pilot grant program within the Department of Law and Public Safety to help certain municipalities and community-based organizations operate community crisis response teams. The bill appropriates \$12 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council. Municipalities participating in the pilot program will

experience revenue increases during the three-year pilot program in the form of State grants. The \$12 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities is the appropriated amount less these administrative expenses and any grants given to community-based organizations.

**LEGISLATIVE FISCAL ESTIMATE**  
**SENATE, No. 4250**  
**STATE OF NEW JERSEY**  
**220th LEGISLATURE**

DATED: JANUARY 5, 2024

**SUMMARY**

- Synopsis:** Establishes Community Crisis Response Advisory Council and community crisis response teams pilot program; appropriates \$10 million.
- Type of Impact:** Three-year increase in State expenditures from the General Fund.
- Agencies Affected:** Department of Health.

**Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>Year 1 through Year 3</u></b>	<b><u>Annually Thereafter</u></b>
<b>State Cost Increase</b>	Up to \$10 million	Indeterminate
<b>Local Revenue Increase</b>	Up to \$10 million	Indeterminate

- The Office of Legislative Services (OLS) determines that State costs will increase by up to \$10 million under the bill in the first three years following enactment to support a pilot grant program within the Department of Health to help certain municipalities and community-based organizations operate community crisis response teams.
- The bill appropriates \$10 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council.
- Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of State grants. The \$10 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities is the appropriated amount less these administrative expenses and any grants given to community-based organizations.

**BILL DESCRIPTION**

The bill establishes a 13-member Community Crisis Response Advisory Council in the Department of Health to provide the department with best practices and recommendations concerning the development of a community crisis response program.

The bill additionally requires the Department of Health to establish a pilot grant program in Camden, Essex, Mercer, Middlesex, and Passaic Counties to permit eligible municipalities and community-based organizations to operate community crisis response teams. Grant awardees may utilize funding, received through the pilot program, to support costs associated with project planning and community engagement, or the costs of project implementation. The department will distribute grant awards totaling as much as \$2 million per awardee.

The bill requires the department to report annually to the Governor and the Legislature on the status of the pilot program. Three years following the date of enactment, the department and the council will submit a final report to the Governor and the Legislature on the outcomes from the pilot program and recommendations to support the continuation and expansion of community crisis response models in the State.

The bill appropriates \$10 million to the department for the costs of staffing and supporting the council's activities and for grants awarded to participants in the pilot program.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS determines that State costs will increase by up to \$10 million under the bill in the first three years following enactment to support a pilot grant program, within the Department of Health, to help certain municipalities and community-based organizations operate community crisis response teams. The bill appropriates \$10 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council.

Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of State grants. The \$10 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities will equal the appropriated amount less these administrative expenses and any grants given to community-based organizations. The grants awarded to applicants in each eligible municipality, be it the municipality itself or a community-based organization, are not to exceed \$2 million per municipality.

Some indeterminate costs may accrue to the department following the completion of the three-year pilot program to support any ongoing activities of the council.

*Section:*        *Human Services*

*Analyst:*      *Anne Cappabianca*  
                      *Senior Fiscal Analyst*

*Approved:*    *Thomas Koenig*  
                      *Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## SENATE, No. 4250

### STATE OF NEW JERSEY 220th LEGISLATURE

DATED: JANUARY 10, 2024

#### SUMMARY

- Synopsis:** Establishes Community Crisis Response Advisory Council and community crisis response teams pilot program; designates “Seabrooks-Washington Community-Led Crisis Response Act;” appropriates \$12 million.
- Type of Impact:** Three-year increase in State expenditures from the General Fund; three-year increase in municipal revenue.
- Agencies Affected:** Department of Law and Public Safety.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Year 1 through Year 3</u></b>	<b><u>Annually Thereafter</u></b>
<b>State Cost Increase</b>	Up to \$12 million	Indeterminate
<b>Local Revenue Increase</b>	Up to \$12 million	Indeterminate

- The Office of Legislative Services (OLS) determines that State costs will increase by up to \$12 million under the bill in the first three years following enactment to support a pilot grant program within the Department of Law and Public Safety to help certain municipalities and community-based organizations operate community crisis response teams. If the full \$12 million is not expended in the first year, the residual amount will be spent in subsequent fiscal years until the full \$12 million is exhausted.
- The bill appropriates \$12 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council.
- Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of State grants. The \$12 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities is the appropriated amount less these administrative expenses and any grants given to community-based organizations.

## **BILL DESCRIPTION**

The bill establishes a 13-member Community Crisis Response Advisory Council in the Department of Law and Public Safety to provide the department with best practices and recommendations concerning the development of a community crisis response program.

The bill additionally requires the Attorney General to establish a pilot grant program in Camden, Essex, Hudson, Mercer, Middlesex, and Passaic Counties to permit eligible municipalities and community-based organizations to operate community crisis response teams. Grant awardees may utilize funding, received through the pilot program, to support costs associated with project planning, community engagement, and project implementation. Under the bill, the grant awardees in each eligible municipality can receive up to \$2 million in grant funds.

The bill requires the council to report annually to the Governor and the Legislature on the status of the pilot program. Three years following the date of enactment, the department and the council will submit a final report to the Governor and the Legislature on the outcomes from the pilot program and recommendations to support the continuation and expansion of community crisis response models in the State.

The bill appropriates \$12 million to the department for the costs of staffing and supporting the council's activities and for grants awarded to participants in the pilot program.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS determines that State costs will increase by up to \$12 million under the bill in the first three years following enactment to support a pilot grant program, within the Department of Law and Public Safety, to help certain municipalities and community-based organizations operate community crisis response teams. The bill appropriates \$12 million to the department to provide these grants and also to support the activities and staffing of the newly-created Community Crisis Response Advisory Council. The department is to provide the administrative support to the council.

Municipalities participating in the pilot program will experience revenue increases during the three-year pilot program in the form of State grants. The \$12 million State appropriation is to support both the grant program and the administrative costs of the council, so the total amount of grant awards that would be provided to municipalities will equal the appropriated amount less these administrative expenses and any grants given to community-based organizations. The grants awarded to applicants in each eligible municipality, be it the municipality itself or a community-based organization, are not to exceed \$2 million per municipality.

Some indeterminate costs may accrue to the department following the completion of the three-year pilot program to support any ongoing activities of the council.

*Section: Human Services*

*Analyst: Sarah Schmidt  
Lead Research Analyst*

*Approved: Thomas Koenig  
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# Governor Murphy Signs Seabrooks-Washington Community-Led Crisis Response Act

01/12/2024

*Establishes Community Crisis Response Advisory Council and Crisis Response Pilot Program*

**TRENTON** – Governor Phil Murphy today signed into law [A-5326/S-4250](#), also known as the Seabrooks-Washington Community-Led Crisis Response Act. The bill establishes a Community Crisis Response Advisory Council, along with a companion community crisis response pilot program, and appropriates \$12 million to support grant recipients from six eligible counties of the pilot program — Camden, Essex, Hudson, Mercer, Middlesex, and Passaic — in addition to supporting the implementation of the bill by the Department of Law and Public Safety (LPS). The bill is named for Najee Seabrooks, who was killed in Paterson in March 2023, and Andrew Washington, who was killed in Jersey City in August 2023. They were shot by police during mental health crises.

"I am honored to sign the Seabrooks-Washington Community-Led Crisis Response Act to help those suffering from mental health crises," **said Governor Murphy**. "In times of need, we want to do everything we can to protect those in crisis and get them timely help and health. I'd also like to recognize the grassroots organizations that have been on the ground doing this work for years. Their work was the inspiration for several of our programs and their collaboration has helped us reach this point in our efforts."

"The Seabrooks-Washington Community-Led Crisis Response Act is one of several crisis response initiatives our Administration has enacted. This act, in coordination with other innovative responder models like the ARRIVE Together and 9-8-8 mobile response programs, will immensely contribute to the proper handling of cases involving those in mental distress and the safety of the law enforcement officers and mental health professionals who are there to serve them," **Governor Murphy continued**.

"Under the leadership of Governor Murphy and with the strong support of the Legislature, New Jersey has made historic investments in supporting and expanding a multidisciplinary public safety infrastructure. This legislation will provide additional resources to support individuals and communities that may benefit most from additional community-led, trauma-informed services and resources," **said Attorney General Matthew J. Platkin**. "As we have seen through the statewide implementation of the ARRIVE Together program and the work of our Division of Violence Intervention and Victim Assistance (VIVA), we can support communities best when we employ and fund innovative strategies that are data-driven and that communities help shape. We look forward to working with our partners to continue to expand and enhance these life-saving services throughout the state."

"Mental health is health, and it should be addressed with compassion and evidence-based public health strategies, rather than punishment," **said Acting Health Commissioner Dr. Kaitlan Baston**. "The Community Crisis Response Teams that this legislation supports serve a vitally important role in addressing the intertwined systems of public safety and public health through a racial equity lens. These teams can build trust and offer healing to New Jersey communities, by connecting people to treatment when needed, reducing the cycle of trauma."

"Community crisis response to behavioral health incidents can help avoid escalation, and having professionals ready to respond to such incidents with resources and follow-up support can save lives," **said Human Services Commissioner Sarah Adelman**. "I look forward to the work of the Advisory Council and its recommendations for best practices, while the pilot grant program will help shape community engagement and implementation. This will be another step forward in our ongoing work to reduce stigma and ensure people get the mental health care they need."

"The Office of the Public Defender applauds the passage and signing of the Seabrooks-Washington Community Led Crisis Response Act, which creates opportunities for de-escalation and community engagement as alternatives to traditional policing methods. Community-led teams focus on prevention by addressing the root cause of a crisis rather than simply reacting to it. By addressing underlying problems, we create safer and healthier communities," **said Jennifer Sellitti, Public Defender Designate**.

The Community Crisis Response Advisory Council will be comprised of 13 members, including the Attorney General, who will serve as the Chair; the Executive Director of the Division of Violence Intervention and Victim Assistance; the Department of Health's Deputy Commissioner of Public Health Services; the Assistant Commissioner of DOH's Division of HIV, and TB Services; the Department of Health's Director of Emergency Medical Services; and the Department of Community Affairs' Director of the Division of Fire Safety, or their respective designees. Additionally, seven public members will be appointed by the Governor, with two appointed upon the recommendation of the Senate President and the Assembly Speaker, respectively.

The pilot program will allow community-based organizations to operate community crisis response teams in the six eligible counties. Grants of up to \$2 million per municipality will be awarded to community crisis response teams that have been selected by LPS at the end of a request for proposal and competitive scoring period.

The Advisory Council will hold its first public meeting within 45 days of enactment and will be required to submit an annual report to the Governor and Legislature at the end of the pilot program illustrating the need, design, and effectiveness of community-based crisis intervention programs in our communities.

This pilot program aims to further strengthen New Jersey's continuum of crisis response. In parallel, the Department of Human Services will soon name awardees to provide mobile crisis outreach associated with 988 to respond to non-life threatening crises when deemed necessary. Trained counselors are available 24 hours a day, seven days a week, by call or chat to 988 for anyone experiencing thoughts of suicide, or a mental health or substance use crisis. Meanwhile, through LPS, the Alternative Responses to Reduce Instances of Violence and Escalation (ARRIVE) Together co-responder program is now operational in all 21 New Jersey counties.

The prime sponsors for this bill are Senator James Beach and Assemblyman William Spearman. Other primary sponsors include Senate Majority Leader M. Teresa Ruiz, Assemblywoman Shavonda Sumter, and Assemblywoman Verlina Reynolds-Jackson.

"There has been a large push in recent years to have mental health professionals respond to calls from people in crisis, rather than law enforcement or other emergency personnel who may unintentionally escalate the situation," **said Senator Beach**. "This law will allow municipalities to partner with community organizations to do just that. The response teams will be able to assist people experiencing behavioral health crisis, connect them to resources and follow up to be sure they are getting the help that they need."

"The Seabrook-Washington Community-Led Crisis Responses Act brings together law enforcement officials, mental health professionals, and community advocates to reduce and defuse the cycle of retribution following incidence of police violence in New Jersey communities. Creating the Community Crisis Response Advisory Council and piloting community crisis response teams will have both short-term and long-lasting benefits on our cities and towns throughout the state," **said Assemblyman Spearman**.

"As our understanding of mental health progresses, so must our approach to handling individuals facing mental health crises. Representation matters, therefore it matters who arrives at the scene of a crisis. The purpose of this legislation is to ensure proper emergency services are administered to residents in these eligible communities. Ultimately, empowering a community response team that can provide necessary services such as de-escalation and follow up support for individuals experiencing behavioral health crises. The establishment of the Community Crisis Response Advisory Council enables the collection of valuable information and data, furthering the development of effective response policies, programs, and practices aimed at not only minimizing harm but also proactively preventing it whenever possible," **said Assemblywoman Sumter**.

"In the wake of the tragic losses of Najee Seabrooks and Andrew Jerome Washington, the intent of this bill is to save lives and address racial disparities in policing. Community crisis response teams can prevent a situation from escalating into violence, by knowing how to address a person's mental health needs in times of crisis. Their adept understanding of addressing individuals' mental health needs will bridge a gap that has existed for far too long when responding to emergencies, steering us away from the path of violence towards a future where every life is valued and protected," **said Assemblywoman Reynolds-Jackson**.

"In recent years, the State has acknowledged that when it comes to mental health and substance use calls, a police response can be both inappropriate and ineffective, increasing

to the individual in need of help. What it has not acknowledged, until NOW, is the will, ability and self-determination of communities to be stewards of our own health and overall wellness. These community led crisis response teams center the dignity and humanity of all those that come across their path. These crisis response workers don't simply serve the community, they are OF the community, and their success is rooted in that deep connection and investment to its holistic health. There is simply no substitute for what these teams , and the signing of the 'Seabrooks-Washington Community-Led Crisis Response Act' into law is a collective win for advocates, directly impacted communities and people of consc throughout this state. We want to extend our love and gratitude to the Seabrook and Washington family for their courage, sacrifice and support, and commend the Governor on the signing of this groundbreaking legislation," **said Rev Charles Boyer, Founder and Executive Director of Salvation and Social Justice.**

"The signing of this groundbreaking legislation represents a full circle moment as well as a reminder to all of what is possible when our collective vision meets an unyielding commi to collective work. This bill was birthed from the indescribable pain and trauma experienced by families and communities across this state. These communities took their outrage, l and grief and constructed a model of public health and public safety response that will not only save lives but honor the lives needlessly lost up until this point," **said Racquel Rorr Henry, Policy Director of Salvation and Social Justice.**

"Communities across New Jersey have successfully launched and piloted crisis response programs that limit unnecessary – and potentially harmful and racially biased interactions between police and civilians. The legislation signed into law today will expand support for new and existing non-carceral community-led response teams that will save lives, reduce risk of police violence, and invest in resources and services that best support community members, rather than tear lives apart. We applaud Governor Murphy, the sponsors of this and the advocates and community members who lifted their voices to create a vision for a more just New Jersey," **said Sarah Fajardo, Policy Director, American Civil Liberties Union of New Jersey.**

"Governor Phil Murphy's signing of the Seabrooks-Washington Community-Led Crisis Response Act, Bill S4250, is a pivotal stride in bolstering community-led crisis response team legalizing the 'All hands on Deck' approach to crisis response, this bill leaves less room for failure. We wish this level of support was available to Najee, however we are heartened this bill can prevent the next family/community from experiencing such a great loss. We express profound gratitude for this forward step, which contributes to an ecosystem of publ safety centered on healing," **said the Paterson Healing Collective.**

"The Seabrooks family believes the Seabrooks-Washington Community Led Crisis Response Act is a great first step for the State to start solving the problem it created of preventa police violence in New Jersey. Every American, including those with mental health issues, deserves to be able to call 911 in an emergency without fear of violence from the very pe they've called for help. Najee deserved help, not bullets," **said the family of Najee Seabrooks.** "It is clear from the statistics supporting the Act that police, despite their substantia financing and training, are not the appropriate responders to mental health crises. Our family looks forward to seeing the work of the Community Led Crisis Response Advisory Co in their search to find what kinds of alternatives work better for our communities, including the City of Paterson."

"Let us empower our neighbors to be the first line of support during times of crisis, reducing our reliance on the police and ensuring that those in need receive the care and understanding they deserve," **said Denise Davis, Aunt of Andrew Jerome Washington.**

"This is a profound day, and I am pleased that Governor Murphy will be signing Senate Bill 4250. I'm sure when implemented it will save numerous lives. My brother, Major Gulia C III's death was 'pre-vent-able.' On July 4, 2021, he lost his life while struggling with PTSD. I know he would be proud of me for speaking up for him. I miss my only brother so much am glad to have been a part of a process that could help protect those struggling with a mental health crisis," **said Valerie Dale-Cobbert, sister of Major Gulia Dale III, killed du a mental health crisis on July 4, 2021.**

"I am looking forward to a shift in New Jersey policing from warrior policing to protect and serve policing," **said Felicia Simmons of the Monmouth County chapter of the Nation Action Network on behalf of the family of Hasani Best killed in mental health crisis in August 2021.**

"The new Seabrooks-Washington Law is an important first step toward responses to crisis situations that will promote healing and provide solutions that will truly build community s This law acknowledges that the lives of Najee Seabrooks, Andrew Washington and countless others killed by police could have been saved if handled differently. Our state is movi a desperately needed better direction," **said the New Jersey Violence Intervention and Prevention Coalition.**

"On behalf of Seeds & Berries, community-based social worker and member of NJVIP Coalition, Alia Berry is deeply moved by the passing of S4250. The death of Najee Seabrook Drew Washington and all those who have died by police violence while in mental health crisis, are not in vain. For the mobilizing and organizational power of the people to compel elected officials to vote to support this work is literally life saving. This effort also acknowledges and validates the pain in our hearts by ensuring we support those with mental healt needs using systems that are trauma-informed. This is what "justice" looks like," **said Alia Berry, MSW, LSW, Founder and Executive Director of Seeds & Berries.**

"Police have many responsibilities on their shoulders," **said former Commissioner with the New Jersey Police Training Commission, and LEAP speaker Jiles Ship.** "This legislation will improve public safety by supporting cities to create community responder programs, which will dispatch trained experts to de-escalate low-risk 9-1-1 calls. These programs improve connections to community-based resources while allowing police to focus on serious crime."

"This bill is an answer to how differently people with mental challenges could actually be helped and how the lives of Najee Seabrooks, Andrew Washington, Bernard Placide Jr, M Gulia Dale and Hasani Best could have been saved," **said Zayid Muhammad, lead organizer for the Newark Communities for Accountable Policing and its statewide arm, I Communities for Accountable Policing.** "It's also about a needed shift in police and institutional culture to be engaged and mutually supportive of the groundbreaking community based Violence Intervention work happening in these cities as a start, work that is greatly appreciated around the country, but sadly gets devalued by local law enforcement and st institutions at the expense of people's lives."

"We are pleased that Governor Murphy is signing the Seabrooks-Washington Community Crisis Response Act into law in memory of two New Jerseyans recently killed by police d mental health crises. Through this new bill, Families in New Jersey's largest cities will soon be able receive compassionate treatment for their loved ones in distress instead of an e response which - all too often - results in tragedy. We look forward to building upon this important step by establishing even more community-based safety resources that can prote the most vulnerable and save lives," **said Yannick Wood, Director of the Criminal Justice Reform Program at the New Jersey Institute for Social Justice.**

"No one feels the impacts of police violence, mental health crises and racial disparities more than those in communities where these incidents occur. Recognition of the brilliance t exists within communities, and meeting the moment with funding and training opportunities, is an important first step towards healing. The investments made in the Seabrooks-Washington Community-Led Crisis Response Act are critical steps towards holistic public safety solutions, and we thank the bill's Assembly and Senate sponsors as well as the Governor for prioritizing these solutions," **said Max Markham, Vice President for Policy & Community Engagement at the Center for Policing Equity.**

"We're excited to see NJ taking a step forward on community-led public safety. These programs have been demonstrated to work in our historically marginalized communities that been subjected to the worst police abuse and police violence, addressing problems more funding for police never has. Such a clear data point for funding community over policing," **said Matt Dragon, State Committee Member of Our Revolution NJ.**

"Everyone's life is valuable, and everyone deserves care and protection, especially the most vulnerable among us. Having a mental health crisis or having substance use disorder doesn't make you any less deserving of patience and support. In those moments where individuals are most vulnerable to be harmed, they need community crisis teams to ensure live to see another day," **said Zellie Thomas, Black Lives Matter Paterson.**

"I am excited to see lawmakers in New Jersey investing in and supporting the expansion of community responder programs in the state. This new legislation has the opportunity to create meaningful change in communities across New Jersey. Community responder programs have been shown to build community trust in our institutions and reduce strain on overworked emergency services while providing a high level of care. My hope is that new programs who take advantage of this opportunity will look to the likes of Salvation and Sc Justice and other organizations who have already been doing the work to establish successful community-centered responses in their neighborhoods," **said Sarah Wurzburg, De| Division Director of Behavioral Health at The Council of State Governments Justice Center.**

"Today marks a pivotal moment for New Jersey and how we support residents during their greatest times of need. Funding new community-led alternative crisis response teams is significant step towards a more compassionate and effective approach to public safety. This legislation demonstrates a commitment to empowering communities, fostering trust, ar redefining how we respond to crises. Kudos to Governor Murphy, the bill sponsors, and the advocates who made the Seabrooks-Washington Community-Led Crisis Response Act possible," **said Marleina Ubel, Senior Policy Analyst, New Jersey Policy Perspective.**

"The Seabrooks-Washington Community-Led Crisis Response Act champions the critical role of community professionals, empowering them as respected frontline responders in times of crisis. The passage of this bill serves as a commitment to deliver lifesaving support that allows individuals to safely navigate mental health crises, leveraging the expertise of our community heroes. By signing S4250, Governor Murphy has helped transform a piece of legislation into a lifeline for countless individuals that prioritizes the welfare of all New Jerseyans," said **Jordan Costa, Senior Project Manager at Giffords Center for Violence Intervention.**

"With the Seabrooks-Washington Act, we stand firm in our commitment to nonviolence. This legislation echoes our mission as a nonviolent organization, empowering communities to intervene, prevent, and resolve conflicts peacefully. Together, we build a future where violence is replaced by understanding, compassion, and collective well-being," said **Pam Johnson, Anti-Violence Coalition of Hudson County.** "In the face of adversity, the Seabrooks-Washington Act emerges as a beacon of change. Grateful for a positive shift, this legislation is our collective response to historical trauma. Thanks to its vision, we channel our energy into violence intervention and prevention, fostering a future where justice and healing prevail."

"NCST has in essence been operating a community responder model since 2015 and supporting the start up of other programs. We are thrilled that our organization will be able to apply for this funding to support our work," said **the Newark Community Street Team.**

"We know the historical tension that exists between black communities and the police. Those who live and work within these communities strongly believe that the best way to keep our communities safe is to limit the interactions between members of law enforcement and members of the community," said **Rev. Weldon M. McWilliams IV, PhD, Senior Pastor Christ Temple Baptist Church, Paterson, NJ.** "The passing of this historic bill would allow the community to participate and invest in its own public safety, and stand in opposition to all the forces who have consistently invested in the destruction of the Black community. The cost to invest in this bill is substantially less than what it costs to incarcerate those persons in our communities who need support and services which offer alternatives to punitive actions. It is a win all the way around. I still contend that the answer to reduce violence and crime is to give those communities the resources to do so. Affluent communities are clear examples of this. The rates of crime and violence are low because the resources available to them are high. The Seabrooks-Washington Community Led Crisis Response Act is a resource that our community desperately needs!"

"Our faith community believes that one of our central responsibilities is 'to love our neighbor as ourselves.' This speaks not only to our responsibility to show love to those around us, but also to the fact that neighbors can love their neighbors better than anyone else. When you are in the community and in relationship together, you can love those around you with greater precision and care than you would be able to if you were coming from outside of the community. This bill offers an opportunity for love to flow in a life-or-death situation. In a mental health emergency, there needs to be a lovingly calm response, instead of something punitive or corrective. This bill is a tangible step towards more love and literally more life," said **Rev. Timothy L. Adkins-Jones, Phd., Senior Pastor, Bethany Baptist Church, Newark, NJ.**