

SENATE RESOLUTION NO. 58

BY SENATOR JACKSON

A RESOLUTION

To create a task force to study the implementation of a partnership between law enforcement agencies, behavioral health providers, and hospitals to reduce or eliminate incidents of law enforcement officers responding to nonviolent calls or behavioral or social crises in which no crime has taken place.

WHEREAS, law enforcement officers spend a considerable amount of their time responding to low-priority 911 calls related to quality-of-life issues or social service needs; and

WHEREAS, many of these calls for service could be safely resolved by trained civilians experienced in finding long-term solutions to the root causes of community concerns; and

WHEREAS, law enforcement officers who respond to mental health crises may not be trained to communicate with the person in crisis or nearby community and family members; and

WHEREAS, there are behavioral health specific responses and services designed in association with a comprehensive crisis system of care that is modern, innovative, and coordinated; and

WHEREAS, a statewide model for crisis response that maintains regional and geographic relevance and builds upon the unique and varied strengths, resources, and needs of Louisiana's individual communities will reduce and divert from both law enforcement response and reliance on hospitals for crisis treatment as the default provider; and

WHEREAS, such a crisis response system encompasses a continuum of services that includes crisis prevention, acute intervention, and post-crisis recovery services and supports; provides interventions to divert individuals from institutional levels of care including inpatient placements, emergency department utilization, nursing facility placement, and other out-of-home settings; and provides timely access to a range of acute crisis responses,

including locally available home- and community-based services and mobile crisis response, resulting in a crisis continuum that includes and respects a bed-based crisis service but does not rely on that level of service as the foundation of the crisis continuum; and

WHEREAS, nationally accepted best practices include Mobile Crisis Response (MCR), a community-based response intended to provide relief, resolution, and intervention to individuals where they are located through crisis supports and services during the first phase of a crisis in the community and Community Brief Crisis Support (CBCS), an ongoing crisis intervention response designed to provide relief, resolution, and intervention through maintaining the member at home or in the community, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local providers; and

WHEREAS, the Center for American Progress (CAP) and the Law Enforcement Action Partnership (LEAP) propose that cities establish a new branch of civilian first responders known as "community responders", who would be dispatched in response to calls for service that often do not need a police response; and

WHEREAS, dispatching civilians in lieu of law enforcement officers can reduce unnecessary police responses and help prevent unjust arrests and uses of force, which disproportionately affect people with behavioral health disorders and disabilities; and

WHEREAS, it would also free up law enforcement resources, allowing officers to spend more time on key tasks such as addressing serious crime and building proactive relationships with communities; and

WHEREAS, in an analysis of 911 data from five American cities, CAP and LEAP found that twenty-three to forty-five percent of calls for service were for less urgent or noncriminal issues such as noise complaints, disorderly conduct, wellness checks, or behavioral health concerns; and

WHEREAS, according to a recent CAP and LEAP report, across eight American cities, community responders could have responded to between twenty-one and thirty-eight percent of 911 calls, and an additional thirteen to thirty-three percent of calls could be resolved administratively without dispatching an officer; and

WHEREAS, a number of cities have already implemented civilian first response programs that incorporate elements of the community responder model; and

WHEREAS, community responders would be dispatched in response to two specific categories of calls:

(1) Behavioral health and social service calls. Community responders trained as paramedics, clinicians, or crisis intervention specialists could respond to lower-risk 911 calls related to mental health, addiction, and homelessness, and also include peer navigators whose personal experiences with behavioral health and social service needs can help build bridges with individuals involved in these 911 calls; and

(2) Quality of life and conflict calls. Community responders could be dispatched to 911 calls for nuisance complaints and nonviolent conflicts, which may include reports of suspicious people, youth behavioral issues, trespassing, and even simple assaults that do not involve weapons; community responders who respond to these calls should be professionals with deep connections to the community and extensive training in conflict mediation; and

WHEREAS, the purpose of this partnership is to reduce incidents of injuries related to mental health emergencies while reducing the incarceration of the mentally ill; and

WHEREAS, it is appropriate to study the feasibility and implementation of this partnership in Louisiana.

THEREFORE, BE IT RESOLVED that the Senate of the Legislature of Louisiana hereby creates a task force within the Louisiana Department of Health to study the implementation of a partnership between law enforcement agencies, behavioral health providers, and hospitals to reduce or eliminate incidents of law enforcement officers responding to nonviolent calls or behavioral or social crises in which no crime is reported.

BE IT FURTHER RESOLVED that the task force shall be composed of the following members:

(1) The state senator for Senate District 34.

(2) A representative of the Louisiana Department of Health, office of behavioral health, designated by the secretary of the department.

(3) A representative of the governor's office of disability affairs, as designated by the governor.

(4) A representative of the National Alliance on Mental Illness (NAMI) - Louisiana Chapter and a patient advocate for mental health, designated by the president of the chapter.

(5) A representative of the Louisiana Psychological Association, as designated by the president of the association.

(6) A representative of the Capital Area Human Services and a patient advocate for mental health, designated by the chair of the board of directors.

(7) A representative of the Louisiana Association of Chiefs of Police, designated by the president of the association.

(8) A representative of the Louisiana Sheriffs' Association, designated by the president of the association.

(9) A representative of Louisiana State University-Shreveport, designated by the chancellor of the university.

(10) A representative of Ochsner LSU Health Shreveport - Monroe Medical Center, designated by the chief executive officer of the medical center.

(11) A representative of Louisiana Children's Medical Center, designated by the chief executive officer of the medical center.

(12) A representative of Louisiana's Mental Health Advocacy Service and a patient advocate for mental health, designated by the chief of the board of trustees of the agency.

(13) A representative of the Tulane University School of Social Work, to be designated by the dean of the school of social work.

(14) A representative of the Louisiana Fraternal Order of Police, to be designated by the president of the organization.

(15) A representative of the Louisiana Ambulance Alliance, to be designated by the chief executive officer of the organization.

BE IT FURTHER RESOLVED that the task force shall be chaired by the state senator for Senate District 34, and may elect a vice chair and other officers as determined to be necessary.

BE IT FURTHER RESOLVED that the names of the members chosen, designated, or elected as provided herein shall be submitted to the Department of Health, office of behavioral health, by August 15, 2022.

BE IT FURTHER RESOLVED that the task force shall hold its organizational meeting not later than October 1, 2022, on the call of the chair, and at the organizational

meeting, the task force shall elect any other officers as it finds necessary and shall adopt rules for its own procedure.

BE IT FURTHER RESOLVED that a majority of the total membership shall constitute a quorum of the task force and any official action by the task force shall require an affirmative vote of a majority of the quorum present and voting.

BE IT FURTHER RESOLVED that the Department of Health, office of behavioral health, shall provide staff support to the task force.

BE IT FURTHER RESOLVED that the task force shall submit a written report of its findings and recommendations to the Senate no later than March 31, 2023.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the secretary of the Louisiana Department of Health, the governor's office of disability affairs, the National Alliance on Mental Illness (NAMI) - Louisiana Chapter, the Louisiana Psychological Association, the Capital Area Human Services District, the Louisiana Association of Chiefs of Police, the Louisiana Sheriffs' Association, the chancellor of Louisiana State University Shreveport, the chief executive officer of Ochsner LSU Health Shreveport - Monroe Medical Center, the chief executive officer of Louisiana Children's Medical Center, the chair of the board of trustees of Louisiana's Mental Health Advocacy Service, the dean of the Tulane University School of Social Work, the president of the Louisiana Fraternal Order of Police, and the chief executive officer of the Louisiana Ambulance Alliance.

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PRESIDENT OF THE SENATE