

Congress of the United States
Washington, DC 20515

January 12, 2022

Chair Patrick Leahy
U.S. Senate
Committee on Appropriations
Washington, D.C.

Vice Chair Richard Shelby
U.S. Senate
Committee on Appropriations
Washington, D.C.

Chair Rosa DeLauro
U.S. House of Representatives
Committee on Appropriations
Washington, D.C.

Ranking Member Kay Granger
U.S. House of Representatives
Committee on Appropriations
Washington, D.C.

Dear Chair Leahy, Chair DeLauro, Vice Chair Shelby, and Ranking Member Granger:

Thank you for your leadership and work to advance appropriations bills through regular order for the 2022 fiscal year. As you work towards a final package, we urge you to ensure that robust federal funding is included to encourage the creation and expansion of alternative crisis response teams.

The House-passed Labor, Health and Human Services, Education, and Related Agencies appropriations bill includes \$100 million for increasing the use of emergency response teams that divert mental health crisis calls from law enforcement to behavioral health teams. Senate-side legislation included \$10 million to provide technical assistance to these programs. Encouraging the use of behavioral health professionals to respond to mental health crisis situations improves the quality of crisis response and strengthens public safety by providing long term solutions to mental health and substance abuse issues. That is why we encourage funding levels in line with the House-passed provision.

We have already seen significant progress that bolsters public safety in cities that have piloted unarmed responder units.

- For 31 years, Oregon police departments in Eugene and Springfield have partnered with the White Bird clinic to deploy social workers and trained crisis responders to mental health crisis calls. Their unarmed two-person teams now respond to around 20% of the departments' overall call volume.
- Denver, Colorado's Support Team Assistance Response (STAR) pilot program responded to over 700 calls with two-persons teams within the first 6 months of its creation. Most of the calls were residents calling the police on people experiencing homelessness and none of their calls required police back up or an arrest.
- Seattle, Washington's Health One is an extension of the Seattle Fire Department, which handles a significant number of non-emergency medical calls related to homelessness, mental health, substance use and chronic medical problems. Health

One is a specially trained team that can provide immediate health care and follow up with referrals to social services. Less than 20% of their calls resulted in hospitalizations in 2020.

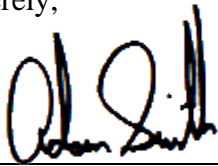
These initiatives have a demonstrated track record of not only providing more appropriate care to meet the needs of communities, but also reducing unnecessary interactions between police and community members. The overwhelming majority of 911 calls involve mental health and substance use incidents, neighbor disputes, nuisance complaints, and requests for wellness checks that require appropriately trained, unarmed behavioral health professionals. Both the police and policing reform advocates often assert that specialized service providers—such as social workers, paramedics, and peer support counselors—are better equipped to handle such situations than armed officers.

For some local governments, however, establishing, and growing crisis response teams is cost prohibitive given the resources it takes to cover training, personnel, and equipment. Additional federal funding could go a long way in offsetting costs and spurring growth of these programs across the country. Crisis response teams are important components of building up comprehensive crisis care infrastructure as outlined by SAMHSA’s National Guidelines for Behavioral Health Crisis Care, which emphasizes a no-wrong-door integrated crisis system that directs people to care wherever they are introduced to the system.

At a time when many people in our communities are facing mental health, economic, and personal difficulties, it is critical that we make investments in public safety programs that center mental health care and work to resolve the underlying conditions of so many emergency calls—homelessness, substance abuse, and other chronic health issues. Existing 911 response limited to police, fire, or EMT services have been overwhelmed and simply do not meet the needs of the communities they serve. A focus on a wholistic public safety approach centered on the needs of communities is long overdue.

We urge you to include at least the House-passed level of funding for crisis response teams in the final conference agreement. Thank you for your consideration of this request.

Sincerely,



Adam Smith
Member of Congress



Katie Porter
Member of Congress



Cori Bush
Member of Congress

Additional Co-Signors:

Karen Bass
Earl Blumenauer

Jamaal Bowman
Anthony G. Brown
Tony Cárdenas
André Carson
Sean Casten
Judy Chu
Yvette D. Clarke
Gerald E. Connolly
Jason Crow
Danny K. Davis
Madeleine Dean
Peter A. DeFazio
Anna G. Eshoo
Dwight Evans
Ruben Gallego
Jesús G. "Chuy" García
Pramila Jayapal
Hank Johnson
Mondaire Jones
Kaiali'i Kahele
Robin Kelly
Ro Khanna
Barbara Lee
Andy Levin
Mike Levin
Ted Lieu
Lucy McBath
Gregory W. Meeks
Gwen Moore
Grace F. Napolitano
Eleanor Holmes Norton
Alexandria Ocasio-Cortez
Dean Phillips
Ayanna Pressley
Jamie Raskin
Michael F.Q. San Nicolas
Mary Gay Scanlon
Jan Schakowsky
Adam B. Schiff
Marilyn Strickland
Mike Thompson
Bennie Thompson
Rashida Tlaib
Marc Veasey
Nydia M. Velázquez
Nikema Williams