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WASHINGTON'S 9TH DISTRICT

911 Community Crisis Responders Act

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Background: 911 receives more than 240 million calls every year. The overwhelming majority these calls involve nonviolent, non-criminal incidents such as neighbor disputes, nuisance complaints, truancy, reports of “suspicious” activity, requests for wellness checks, and mental health crises. 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. The “send the police to everything” approach that prevails in much of our country often places armed law enforcement officers in situations they are neither equipped nor trained to handle and leads to encounters between police and civilians that turn violent and, in many cases, deadly.

Local jurisdictions across the country have begun to invest in their own mobile crisis response teams, but federal investment is critical to accelerate the proliferation of this highly effective model. Some examples include:

- Health One, an alternative response program staffed by Seattle Fire Department firefighters and case managers from the Seattle Human Services Department. Health One partners with providers throughout Seattle who offer health care, behavioral health services, homeless services, and more.
- Albuquerque Community Safety, a department in the city that dispatches four different response teams with a mix of licensed clinicians and other service providers to support community members in crisis.
- STAR, a Denver-based mobile crisis response team that responds to community members in crisis with paramedics and mental health clinicians to provide support for health issues, poverty, and homelessness.
- CAHOOTS, a Eugene, OR program established in 1989 to provide mobile crisis intervention to people in crisis. They deploy a two-person team including a medic and a crisis worker that collaborate with the White Bird Clinic to provide assistance and support.

The **911 Community Crisis Responders Act** creates a grant program for states, tribes, and localities to create and expand mobile crisis response programs. The bill includes funding to:

- Hire unarmed professional service providers and 911 dispatchers;
- Build capacity to coordinate health and social services providers and community-based organizations;
- Establish protocols on when mobile crisis responders should act as first responders to a scene; and
- Coordinate response and dispatching between 911 and 988 entities.

By providing funding for unarmed mobile crisis response programs that can serve as a first response to nonviolent emergency calls, we can enhance public safety, deliver better outcomes for community members, and reduce strain on the resources police departments expend on responding to these calls. The time has come to institute a holistic, equitable approach to public safety that centers on connecting individuals to resources and services they need.

Endorsed by: American Association on Health and Disability, American Foundation for Suicide Prevention, the Arc, Bazelon Center for Mental Health Law, Drug Policy Alliance, Law Enforcement Action Partnership, Mental Health America, National Alliance on Mental Illness (NAMI), National Association of State Mental Health Program Directors, Police Treatment and Community Collaborative, American Friends Service Committee, and Valley Communications 911