

2022 Regular Session

SENATE RESOLUTION NO. 61

BY SENATOR JACKSON

LEGIS POWERS/FUNCTIONS. Reestablishes a task force to study the implementation of a partnership between law enforcement agencies and safety net hospitals in order to reduce or eliminate incidents of law enforcement officers handling nonviolent calls or behavioral or social crises where no crime has been committed.

1 A RESOLUTION

2 To reestablish and provide for a task force originally created by Senate Resolution 130 of
3 the 2021 Regular Session of the Legislature to study the implementation of a
4 partnership between law enforcement agencies and safety net hospitals in order to
5 reduce or eliminate incidents of law enforcement officers handling nonviolent calls
6 or behavioral or social crises where no crime has been committed.

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

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

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

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

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

4 WHEREAS, dispatching civilians in lieu of law enforcement officers would also free
5 up law enforcement resources, allowing officers to spend more of their time on key tasks,
6 including addressing serious crime and building proactive relationships with communities;
7 and

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

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

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

18 WHEREAS, community responders would be dispatched in response to two specific
19 categories of calls, behavioral health and social service calls, and quality of life and conflict
20 calls; and

21 WHEREAS, community responders trained as paramedics, clinicians, or crisis
22 intervention specialists could respond to lower-risk 911 calls related to mental health,
23 addiction, and homelessness, and also include peer navigators whose personal experiences
24 with behavioral health and social service needs can help build bridges with individuals
25 involved in these 911 calls; and

26 WHEREAS, community responders would be dispatched to 911 calls for nuisance
27 complaints and nonviolent conflicts, which may include reports of suspicious people, youth
28 behavioral issues, trespassing, and even simple assaults that do not involve weapons; and

29 WHEREAS, community responders who respond to these calls should be
30 professionals with deep connections to the community and extensive training in conflict

1 mediation, as can be found in safety net hospitals; and

2 WHEREAS, the purpose of the partnership between law enforcement agencies and
3 safety net hospitals would be to reduce incidents of injuries related to mental health
4 emergencies while reducing the incarceration of the mentally ill; and

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

7 THEREFORE, BE IT RESOLVED that the Senate of the Legislature of Louisiana
8 does hereby reestablish and provide for a task force originally created by Senate Resolution
9 130 of the 2021 Regular Session of the Legislature to study the implementation of a
10 partnership between law enforcement agencies and safety net hospitals to reduce or eliminate
11 incidents of law enforcement officers handling nonviolent calls, or behavioral or social crises
12 in which no crime is reported or has been committed, and to propose recommendations,
13 together with specific proposals for legislation, by written report to the Senate and to the
14 David R. Poynter Legislative Research Library as required by R.S. 24:771 and 772, no later
15 than March 1, 2023.

16 BE IT FURTHER RESOLVED that the task force shall consist of the following
17 members:

18 (1) A representative of the Louisiana Department of Health, office of behavioral
19 health, to be designated by the secretary of the department.

20 (2) A representative of the governor's office of disability affairs, to be designated by
21 the governor.

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

25 (4) A representative of the Louisiana Psychological Association, to be designated by
26 the president of the association.

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

29 (6) A representative of the Louisiana Association of Chiefs of Police, to be
30 designated by the president of the association.

1 (7) A representative of the Louisiana Sheriffs' Association, to be designated by the
2 president of the association.

3 (8) A representative of Louisiana State University Shreveport, to be designated by
4 the chancellor of the university.

5 (9) A representative of Ochsner LSU Health Shreveport - Monroe Medical Center,
6 to be designated by the chief executive officer of the medical center.

7 (10) A representative of Louisiana Children's Medical Center, to be designated by
8 the chief executive officer of the medical center.

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

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

14 BE IT FURTHER RESOLVED that each designating authority shall submit the
15 names of designees to the task force to the assistant secretary of the Louisiana Department
16 of Health, office of behavioral health no later than July 1, 2022.

17 BE IT FURTHER RESOLVED that the task force shall convene for its first meeting
18 no later than August 1, 2022, at the call of assistant secretary of the Louisiana Department
19 of Health, office of behavioral health, and at the first meeting, the members shall elect a
20 chairman and other officers as the task force may deem appropriate.

21 BE IT FURTHER RESOLVED that a majority of the task force shall constitute a
22 quorum for the transaction of business and all official actions of the task force shall require
23 the affirmative vote of a majority of the members.

24 BE IT FURTHER RESOLVED that the members of the task force shall serve
25 without compensation, except per diem or expenses reimbursement to which they may be
26 individually entitled as members of their constituent organizations.

27 BE IT FURTHER RESOLVED that the Louisiana Department of Health shall
28 provide support staff to the task force.

29 BE IT FURTHER RESOLVED that the task force shall terminate on the date of the
30 submission of its report or March 1, 2023, whichever occurs first.

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

The original instrument and the following digest, which constitutes no part
 of the legislative instrument, were prepared by Alan Miller.

DIGEST

SR 61 Original

2022 Regular Session

Jackson

Reestablishes a task force, originally created by SR 130 of the 2021 R.S., to study the implementation of a partnership between law enforcement agencies and safety net hospitals in order to reduce or eliminate incidents of law enforcement officers handling nonviolent calls or behavioral or social crises, and requires that the task force submit a report to the Senate and the David R. Poynter Legislative Research Library no later than March 1, 2023.

The task force membership is comprised of the following:

- (1) A representative of the Louisiana Department of Health, office of behavioral health, to be designated by the secretary of the department.
- (2) A representative of the governor's office of disability affairs, to be designated by the governor.
- (3) A representative of the National Alliance on Mental Illness (NAMI) - Louisiana Chapter and a patient advocate for mental health, to be designated by the president of the chapter.
- (4) A representative of the Louisiana Psychological Association, to be designated by the president of the association.
- (5) A representative of the Capital Area Human Services and a patient advocate for mental health, to be designated by the chair of the board of directors.
- (6) A representative of the Louisiana Association of Chiefs of Police, to be designated by the president of the association.
- (7) A representative of the Louisiana Sheriffs' Association, to be designated by the president of the association.
- (8) A representative of Louisiana State University Shreveport, to be designated by the chancellor of the university.
- (9) A representative of Ochsner LSU Health Shreveport - Monroe Medical Center, to be

designated by the chief executive officer of the medical center.

- (10) A representative of Louisiana Children's Medical Center, to be designated by the chief executive officer of the medical center.
- (11) A representative of Louisiana's Mental Health Advocacy Service and a patient advocate for mental health, to be designated by the chief of the board of trustees of the agency.
- (12) A representative of the Tulane University School of Social Work, to be designated by the dean of the school of social work.