

ORDINANCE NO. XXXXX

BILL NO. XXXXX

MONTH, 2024

AN ORDINANCE

An ordinance of the City of Allentown approving the creation of a public health pilot program providing alternative first response to calls for service involving mental and behavioral health, substance use, welfare checks, and “quality of life” complaints such as family and neighbor disputes, issues related to unhoused persons, and calls about suspicious persons; authorizing the expenditure of four million, eighty two thousand dollars (\$4,082,000.00) and calling for a Request for Proposals to be issued.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ALLENTOWN:

SECTION ONE: It is the desire of the City of Allentown to improve community health and reduce overreliance on the criminal legal system to address public health and economic issues by creating a new branch of non-law enforcement first response that provides consensual, confidential, and comprehensive services:

- The City of Allentown has come to rely on law enforcement to serve as the default first responder to public health issues that should not and cannot be adequately addressed by police.
- Police are not mental or behavioral health professionals. They are often ill-prepared to effectively resolve these types of crises, which cannot be remedied by restraint, arrest, or incarceration.
- Even when officers are partnered with social service providers and/or have been trained in de-escalation tactics or crisis intervention, police presence alone – armed, uniformed, and usually accompanied by police vehicles with flashing lights and wailing sirens – can exacerbate feelings of distress and escalate mental and behavioral health-related crises.
- Dependence on police to fill gaps created by a lack of public health services is acutely reflected in the disproportionately high number of people with mental illnesses who are incarcerated in jails and prisons. Since 2015, in 44 states, jails, not hospitals, hold the largest number of people with a mental illness diagnosis.
- Dispatching armed officers to calls where their presence is unnecessary increases the potential for lawsuits against the city for discrimination and abuse of force.
- Police spend a considerable portion of their time and resources on calls that do not address public safety emergencies. An estimated 21-38% of calls made to police nationwide are low-priority or non-urgent and could be addressed by a community responder rather than an armed officer.
- The complexities surrounding matters of mental or behavioral health, substance use, and other public health issues can be addressed more safely, with a greater impact, and in a more cost-effective manner by subject-matter specialists, social service providers, clinicians, and counselors who have a deeper knowledge and understanding of the

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specific needs of the people and communities involved in these crisis situations, and often have trusted relationships with community members and specific knowledge about the resources available in the community that can provide the support a person in crisis needs to stabilize.

SECTION TWO: The City of Allentown shall create, fund, and implement a Mobile Community Response Team Pilot Program (“the Program”) that dispatches unarmed, non-law enforcement first responders trained in behavioral health and on-scene medical assistance to calls involving mental and behavioral health crises, substance use, welfare checks and “quality of life” complaints such as family and neighbor disputes, issues related to unhoused persons, and calls about “suspicious” persons.

SECTION THREE: The Program will seek to:

- Reduce the number of calls responded to by law enforcement and especially reducing interactions between law enforcement and individuals with mental and behavioral health issues, individuals with substance use issues, and the unhoused.
- Reduce the number of individuals transported to the emergency department for medical issues that could be addressed in a non-hospital care setting.
- Reduce the number of individuals arrested and funneled into the cycle of incarceration.
- Allow for better allocation of police resources to issues that impact public safety.
- Build trust with the communities being served.
- Connect community members to existing services through knowledgeable referrals.

SECTION FOUR: The City of Allentown is authorized to expend four million, eighty two thousand dollars (\$4,082,000.00) beginning in FY2024 for a Mobile Community Response Team Pilot Program that will launch in FY2024 and run for 1 year.

SECTION FIVE: It is the intention of the City of Allentown that the Program will become a permanent budget item housed under the Health Department in the Community and Economic Development Budget.

SECTION SIX: The program will consist of two components, dispatch and Mobile Community Response Teams (MCRTs):

1. Dispatch of calls to the Community Response Team:
 - 9-1-1 dispatchers will direct calls for service involving mental and behavioral health crises, substance use, welfare checks and “quality of life” complaints such as family and neighbor disputes, issues related to unhoused persons, and calls about “suspicious” persons to alternative community responders.
 - 9-1-1 dispatchers will not direct such calls to police or fire unless:
 - There is an emergency fire or medical situation;
 - There is threat of immediate physical injury or death to another;
 - There is a report of violent criminal activity that poses a risk to public safety and is determined through dispatch protocol to need immediate investigation by law enforcement prior to dispatching alternative community responders; or
 - The caller specifically requests the presence of police or fire.
 - Detailed protocols for directing calls for service will be developed prior to the program’s launch.

- Where police and fire are dispatched to non-qualifying calls, the first responders may assess a situation upon arrival and determine if a mobile community response team presence is more appropriate.
- o. Mobile Community Responder Teams (MCRTs):
- When MCRTs are dispatched, it will arrive without armed law enforcement. If a situation escalates, the MCRT staff shall only request law enforcement back-up as a last resort measure, after employing de-escalation practices and making a thoughtful assessment regarding the need for law enforcement.
 - Two non-law enforcement members will comprise each MCRT: an emergency medical services professional and a behavioral or mental health specialist.
 - An “emergency medical services professional” is an individual licensed or certified to provide ambulance or paramedic services, including pre-hospital treatment, medical stabilization, and transportation to more comprehensive care.
 - A “behavioral or mental health specialist” is any mental health professional with a degree in a human services field, experience working crisis lines or in shelters, or lived experience with behavioral health conditions.
 - Those recruiting MCRT staff will prioritize hiring of individuals who represent or who have experience working with the communities the Program will serve. Current or former law enforcement will not be eligible.
 - MCRTs will be available 24 hours a day, 7 days a week.
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SECTION SEVEN. All services provided by MCRTs will be:

1. Consensual: MCRTs will not transport individuals without their express consent to do so. Additionally, in accordance with the U.S. Substance Abuse and Mental Health Services Administration’s National Guidelines for Behavioral Health Crisis Care, MCRTs will follow the principle of least restrictive setting for admission to voluntary follow-up care.
2. Confidential: No MCRT staff will proactively disclose any information gathered on calls to any state, local, or federal law enforcement agency. No MCRT staff will run background checks or proactively report any person for suspected criminal activity, including, but not limited to, drug use or drug possession. Moreover, no staff will report any person they believe to be undocumented to any law enforcement agency, including ICE. An individual in crisis shall not be required to provide their name or identifying information to be served by MCRTs.
3. Comprehensive: Once arriving on scene, MCRT staff will assess the situation, de-escalate conflict if necessary, and provide immediate stabilization in case of medical need or psychological crisis. MCRTs will also provide information and referrals to community-based support, and if requested by the individual, transportation to the next step in treatment.

SECTION EIGHT: The Mobile Civilian Response Teams must include the following elements:

1. MCRTs will be mobile, equipped with their own vehicle, and capable of providing on-site, on-demand services and voluntary transportation.
2. MCRTs will carry overdose reversal medication.
3. MCRT staff shall receive ongoing training, which must include, but is not limited to, crisis response, de-escalation, and harm reduction techniques.
4. MCRT staff shall wear clothing or uniforms distinguishable from law enforcement or other first responders.
5. MCRT staff will never carry weapons, including less-than-lethal weapons such as pepper spray, tasers, or other incapacitating tools.
6. MCRT staff will offer referrals and connections to existing community resources including, but not limited to, mental or behavioral health services, substance use treatment, shelters, food banks, health clinics, and other social services.

SECTION NINE: A standardized set of minimum data will be collected from the Program, including, but not limited to, the number of calls diverted from law enforcement and their origin (e.g. 9-1-1 dispatch center, a referral from law enforcement, etc.), the general nature of the calls received, the services provided, the number of times law enforcement was requested as back-up, and demographic information on program participants. This data must be anonymized so as not to identify any individual who has participated in the program. The Program will compile quarterly data reports that will be provided to the City Council and the public.

SECTION TEN. The City of Allentown will issue a Request for Proposals (RFP) for public or private vendors to provide the necessary components for the Program as described by this ordinance. The City of Allentown will issue the RFP by or before January 31st, 2024.

SECTION ELEVEN: The City of Allentown will solicit input on the design and creation of the Program, its implementation, and the Request for Proposal from the County of Lehigh 9-1-1 dispatch center, medical professionals who have demonstrated support for non-police solutions to crisis response, and persons representing or who work with the communities expecting to be served by the Program.

SECTION TWELVE: That the provisions of this Ordinance are declared to be severable, and if any sentence, clause, section, term, phrase or part of this Ordinance is for any reason found to be unconstitutional, illegal or invalid, such unconstitutionality, illegality or invalidity shall not affect or impair any of the remaining provisions, sentences, clauses, sections, terms, provisions, or parts of this Ordinance

SECTION THIRTEEN: This ordinance will take effect ten (10) days after final passage.

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Santo Napoli		
Cynthia Mota		
Candida Affa		
Ce-Ce Gerlach		
Daryl L. Hendricks		
Natalie Santos		
Ed Zucal		
TOTAL		

I hereby certify that the foregoing Ordinance was passed by City Council on DATE and signed by the Mayor on DATE.

CITY CLERK

