Date of Hearing: April 14, 2026

ASSEMBLY COMMITTEE ON HUMAN SERVICES
Alex Lee, Chair
AB 1932 (Elhawary) – As Amended April 13, 2026

SUBJECT: Department of Social Services: C.R.I.S.E.S. Grant Pilot Program

SUMMARY: Revises the Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S.) Grant Pilot Program, subject to appropriations in the annual budget, by removing localities as grantees and instead designating community-based organizations (CBOs) as grantees, making the California Department of Social Services (CDSS) the sole grant administrator, updating stakeholder workgroup responsibilities, and extending the program's sunset date. Specifically, **this bill**:

1) Clarifies that "community-based organization" is a nonprofit organization that is exempt from federal income taxation under Internal Revenue Code Section 501(c)(3) or exempt from state income taxation under Revenue and Taxation Code Section 23701d.

2) Revises "grantee" to mean a CBO that receives a grant rather than a county, city, or tribe, or a department of a city, county, or tribe that receives a grant. Thereby, making CDSS the sole grant administrator.

3) Clarifies that the C.R.I.S.E.S. Grant Pilot Program is subject to an appropriation in the annual Budget Act instead of the 2021 Budget Act.

4) Requires CDSS to include the stakeholder workgroup in determining grant eligibility to award grants to eligible grantees and awarding grants, rather than CDSS acting independently.

5) Specifies that organizations partnered with law enforcement are not eligible grantees.

6) Specifies that CDSS, rather than the prior locality grantees, is now responsible to award 90% or more of the grant funds to qualifying CBOs to create and strengthen community-based alternatives to law enforcement; publicly solicit partnerships with CBOs; and, prioritize the awarding of program funds to qualified CBOs that demonstrate the capacity to lead the proposed program and demonstrate experience providing community-based alternatives to law enforcement or civilian crisis response in communities.

7) Requires CDSS to convene regular meetings with the stakeholder group at least quarterly.

8) Revises the stakeholder workgroup's responsibilities to include partnering with CDSS to evaluate and make appropriate changes to criteria for qualified grantees and providing support and oversight on implementation and priorities for technical assistance and removes the existing requirement to provide input regarding criteria for qualified grantees and providing consultation on implementation and priorities for technical assistance.

9) Requires CDSS, within 30 days after the effective date of this act, to review existing appointments to the stakeholder workgroup and, as necessary, identify vacancies or members

who are no longer able or willing to serve. Requires CDSS to confirm in writing that each stakeholder has acknowledged their ability and willingness to serve.

10) Requires CDSS, no later than 45 days after the effective date of this act, to issue a public solicitation for applications from interested stakeholders to fill any vacancies. Requires the solicitation to be posted on CDSS' internet website and distributed to organizations and individuals with relevant expertise or interest in community-based crisis response.

11) Requires CDSS, no later than 75 days after the effective date of this act, to fill any vacancies and reconvene the stakeholder workgroup.

12) Requires any member of the stakeholder workgroup who has not attended three or more consecutive meetings without prior notice to CDSS be deemed to have vacated their seat, and CDSS to fill the vacancy within 90 days.

13) Requires CDSS to fill vacancies to the stakeholder workgroup as they occur within 90 days of the vacancy.

14) Requires CDSS, upon allocation of funding to eligible entities, to report to the Legislature and post publicly on its internet website, information about the grants funded, including which specific eligible entities received grants, the grant award number for each eligible entity, and the length of time each pilot program or project will be administered.

15) Removes the requirement that CDSS include policy recommendations to guide the Legislature and Governor in scaling a permanent program from the report due six months after the pilot program concludes.

16) Revises CDSS authority to enter into agreements with entities to facilitate the implementation of the program, which may not exceed 5% of appropriated funds, to include providing technical assistance to members of the stakeholder group.

17) Extends CDSS' requirement to award all grants on or before January 1, 2027, and annually thereafter, and to be subject to an appropriation in the annual Budget Act for purposes of these provisions.

18) Extends the sunset date from June 30, 2026, to June 30, 2032, and repeals these provisions on January 1, 2033.

EXISTING LAW:

1) Creates the C.R.I.S.E.S. Act, and establishes the C.R.I.S.E.S. Grant Pilot Program, administered by CDSS, to award grants to CBOs that create, strengthen or provide community-based alternatives to law enforcement for crisis response, with stakeholder workgroup oversight, reporting, and evaluation. (Welfare and Institutions Code [WIC] § 18999.90 – 18999.95)

2) Creates the Miles Hall Lifeline and Suicide Prevention Act and establishes the 988 Suicide Behavioral Health Crisis System to implement a statewide 988 crisis response system that includes crisis call centers, mobile crisis teams, and crisis stabilization services, and to

coordinate implementation with the Office of Emergency Services to ensure interoperability between the 988 and 911 systems. (Government Code § 53123.1 – 23123.6)

FISCAL EFFECT: Unknown, this bill has not been analyzed by a fiscal committee.

COMMENTS: *Note: This analysis reflects the April 13, 2026, amendments.*

Background: *Emergency Response Systems in California*. California's emergency response system is primarily structured around the 911 system, which dispatches law enforcement, fire departments, and emergency medical services to respond to emergency calls. In practice, law enforcement officers often serve as the default first responders to a wide range of emergency situations, including mental health crises, substance use episodes, homelessness-related incidents, and welfare checks, even when the situation is primarily behavioral health-related rather than criminally related.[1]

Individuals experiencing a psychiatric or substance use crisis often access emergency services by calling 911 or going to an emergency department (ED). However, psychiatric emergencies frequently result in law enforcement involvement rather than a health response, which can increase the risk of incarceration, injury, or failure to receive appropriate treatment. EDs are also often not equipped to address psychiatric crises, and individuals may wait extended periods for appropriate placement or treatment, resulting in inefficient use of healthcare resources and poor outcomes for individuals in crisis.[2]

The reliance on law enforcement as first responders to behavioral health crises has raised concerns that individuals in crisis may be directed into the criminal justice system rather than connected to health care or social services. Research also indicates that individuals experiencing a mental health crisis are at elevated risk of harm during police encounters, particularly among certain populations, including individuals with mental illness and Black youth.[3] Between 2015 and 2024, police shot and killed more than 2,000 people experiencing a mental health crisis nationwide, including at least 274 in California.[4] According to a 2015 Treatment Advocacy Center (TAC) report, conservative estimates show that at least one in four fatal law enforcement encounters involves a person with serious mental illness.[5] Additionally, a 2019 study indicates that for young Black men and Black women, police violence is a leading cause of death at a rate 2.5 times and 1.4 times higher, respectively, in their lifetime compared with their white peers.[6] This risk is heightened when someone has a mental health condition, substance use disorder, or disability. The TAC report further indicates that reducing interactions between law enforcement and individuals experiencing psychiatric crises may be one of the most immediate and practical strategies for reducing fatal police encounters in the United States.

Community-Based Crisis Response Models have emerged as an alternative or complement to traditional emergency response systems in situations involving mental health crises, substance use disorders, homelessness-related incidents, and other nonviolent emergencies. These models

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[1] https://www.science.org/doi/pdf/10.1126/sciadv.abm2106
[2] https://psychiatryonline.org/doi/epdf/10.1176/appi.ps.20230232
[3] https://link.springer.com/article/10.1007/s10597-022-00980-4
[4] https://www.theguardian.com/us-news/2026/jan/02/california-police-cut-mental-health-calls
[5] https://www.tac.org/reports_publications/overlooked-in-the-undercounted-the-role-of-mental-illness-in-fatal-law-enforcement-encounters/
[6] https://www.pnas.org/doi/epdf/10.1073/pnas.1821204116

deploy trained civilian responders, such as mental health clinicians, social workers, peer support specialists, and paramedics, instead of, or alongside, law enforcement when responding to certain emergency calls. The goal of these programs is to provide appropriate health and social service interventions, reduce unnecessary law enforcement involvement, and connect individuals in crisis to ongoing services and supports.

Community-based crisis response programs operate through a dispatch or triage system in which certain emergency calls are identified as appropriate for a civilian crisis response team rather than law enforcement. These calls often include welfare checks, mental health crises, substance-use related incidents, homelessness-related calls, and other nonviolent situations where there is no indication of weapons, violence, or immediate criminal activity. Crisis response teams typically conduct on-site assessments, provide de-escalation and stabilization services, offer basic medical or behavioral health support, and connect individuals to housing, behavioral health treatment, or other social services. Many programs also provide follow-up services and coordinate with local service providers to help stabilize individuals and reduce repeated emergency service utilization.

Many community-based crisis response programs operate as part of a broader crisis care continuum that includes crisis hotlines, mobile crisis teams, and crisis stabilization centers. Research suggests that these programs can divert individuals from EDs and connect them with outpatient and community-based services more effectively than traditional emergency response models. Research on mobile crisis team programs indicates that about 64% of mobile crisis dispatches are resolved during the initial contact without requiring more intensive immediate follow-up, and only about 5% result in law enforcement involvement or arrests. Additionally, these programs increase access to services, with about 33.3% of dispatches resulting in outpatient behavioral health referrals, 12.9% resulting in placement in crisis stabilization centers, and about 15% requiring ED care.[7]

Research also indicates that individuals are more likely to engage with community-based mental health services when those services are accessible, culturally competent, and integrated with other social and health services. Community-based services can reduce barriers to care, improve engagement with mental health treatment, support early intervention and crisis stabilization, and reduce repeated crisis events,[8] which are often linked to lack of access to ongoing behavioral health care, housing instability, or unmet social service needs. Community-based crisis response programs can also improve public safety outcomes and reduce low-level criminal justice involvement.

Community-Based Organizations play a significant role in crisis response systems by providing culturally competent, community-informed, and service-oriented responses to individuals experiencing a crisis. Unlike traditional emergency response systems that are primarily operated by law enforcement or medical providers, CBOs often specialize in serving specific populations and addressing the underlying social, behavioral health, and economic needs. CBOs are often embedded in the communities they serve and may have established relationships with individuals, families, service providers, and community leaders. These organizations frequently provide services such as behavioral health counseling, case management, housing navigation, violence interruption, youth services, substance use treatment referrals, and peer support

[7] https://nri-inc.org/media/o5ylo1fu/mct-profiles-report-2024_final_updated_september-2025_v3.pdf
[8] https://onlinelibrary.wiley.com/doi/abs/10.1002/jcop.21899

services. Because of these existing relationships and service networks, CBOs may be well positioned to respond to certain crises in a way that builds trust, de-escalates situations, and connects individuals to ongoing support rather than relying on enforcement-based responses.

CBOs often serve populations that may be less likely to seek assistance through traditional emergency response systems, including individuals experiencing homelessness, individuals with mental illness or substance use disorders, immigrants, formerly incarcerated individuals, youth and young adults, and communities of color. Some individuals may be reluctant to call law enforcement during a crisis due to fear of arrest, immigration consequences, prior negative interactions with law enforcement, or concerns about use of force. Community-based crisis response programs operated by CBOs may provide an alternative response that individuals and communities are more willing to engage with, which may increase the likelihood that individuals seek assistance during crises and receive appropriate services.

CBOs may also coordinate with local government, behavioral health departments, hospitals, emergency medical services, and law enforcement agencies as part of broader crisis response systems. In some jurisdictions, community-based responders are dispatched through 911 or the 988 Suicide and Crisis Lifeline, while in others they operate through separate crisis hotlines or referral systems. A large majority of calls to 988 crisis hotlines are resolved through de-escalation and service connection without involving law enforcement. These partnerships can allow communities to develop tiered response systems in which law enforcement responds to violent or criminal incidents while community-based responders respond to behavioral health or social service crises.

Despite their roles, CBOs often face funding and capacity challenges that can limit their ability to operate crisis response programs at scale. Many community-based response programs are funded through short-term grants, pilot programs, or local funding sources rather than ongoing statewide funding streams, which can result in inconsistent program availability, staffing challenges, and difficulty maintaining long-term crisis response programs. CBOs may require technical assistance, training, and coordination with emergency dispatch systems to effectively operate crisis response programs.

Community Response Initiative to Strengthen Emergency Systems Act. AB 118 (Kamlager), Chapter 694, Statutes of 2021, established the original C.R.I.S.E.S Act, which created a C.R.I.S.E.S. Grant Pilot Program to support CBOs in developing and implementing an alternative to law enforcement responses to certain emergency situations. Current law authorizes CDSS to award grants to cities, counties, and tribes, which must then distribute at least 90% of grant funds to CBOs to operate community-based crisis response programs. Current law also requires CDSS to convene a stakeholder workgroup, collect program data, and issue a public report evaluating program outcomes and fiscal impacts following the conclusion of the pilot program. Current law establishes the C.R.I.S.E.S. Program Fund in the State Treasury, limits administrative costs, and provides that the program is operative only if funding is appropriated in the 2021 Budget Act. The original pilot program required grants to be awarded by January 1, 2023, and the statutes sunset and repeals on June 30, 2026.

CDSS announced on February 1, 2024, that $9.5 million in grant funding was awarded under the C.R.I.S.E.S Grant Pilot Program to four jurisdictions and their CBO partners: the City of Oakland and Family Bridges Inc; County of Marin Health and Human Services and Marin County Cooperation Team; County of Sacramento Department of Health and Bay Area

Community Services, Inc.; and, Santa Cruz County Behavioral Health and Family Services Agency of the Central Coast. The grant pilot program operates from October 1, 2023, through April 30, 2026, during which grantees are required to implement pilot programs, collect data, and report outcomes related to program implementation, services provided, and impacts on emergency response systems. The purpose of the pilot is to identify promising community-based crisis response practices and develop policy recommendations for the Legislature and Governor regarding whether and how to expand community-based crisis response programs statewide.

This bill restructures the C.R.I.S.E.S Grant Pilot Program, subject to an appropriation in the annual budget, by shifting grant administration from local governments to CBOs, revising stakeholder workgroup responsibilities, and updating reporting requirements. *This bill* further establishes timelines for stakeholder workgroup implementation and increases transparency regarding grant awards. Additionally, *this bill* extends the program's sunset date to January 30, 2032, allowing the pilot to continue to operate for several more years while modifying how the program is administered and evaluated.

Author's Statement: According to the Author, "Every day, people experiencing mental health or substance use crises are met not with care, but with uniforms and armed response that can escalate already intense situations. These moments of vulnerability call for compassion, understanding, and specialized support, yet too often, the system sends the wrong kind of help. When law enforcement is asked to respond to crises they are not trained to handle, situations can escalate quickly. Too many of these encounters have ended in unnecessary trauma, injury, or loss of life, all which could have been prevented with the right response. Filling a gap between enforcement and those needing help, [this bill] seeks to provide culturally competent care that will ultimately save lives. By using community-based response measures, the outcomes of emergencies that require a lacking presence of enforcement are rather met with support. This bill does not create a new system but instead extends the already working response of capable organizations serving as cost effective lifesaving resources."

Equity Implications: By supporting community-based alternatives to law enforcement responses for crisis situations, *this bill* may help connect individuals to behavioral health care, housing, and social services instead of the criminal justice system, particularly for populations that historically experience disproportionate contact with law enforcement during behavioral health crises. Individuals experiencing mental health crises, substance use disorders, homelessness, and poverty, particularly Black, Latino, Indigenous, and other communities of color, are more likely to experience law enforcement involvement during crisis situations and may face higher risks of arrest, use of force, death, or incarceration rather than connection to health and social services.

Additionally, CBOs often provide culturally competent, language-accessible, and community-informed services and may be more trusted by communities that have historically experienced negative interactions with law enforcement or barriers to accessing traditional emergency response systems, which may improve access to crisis intervention and supportive services.

Double referral: Should this bill pass out of this committee, it will be referred to the Assembly Committee on Judiciary.

Arguments in Support: A coalition of 42 organizations write, "[This bill] would continue the CRISES program to fund community-based alternatives to law enforcement as first responders in

crisis situations that are not related to fire department or emergency medical service (EMS) response. In place of law enforcement officers who are often not trained or equipped to respond to mental health or substance use crises, community organizations are successfully responding to emergency situations that are better handled by peer support specialists, mental health providers, or trained crisis counselors. These community-based, life-saving services should be part of a broader emergency response system.

"In light of recent immigration enforcement actions that have intensified fear in many immigrant communities, it is crucial to invest in community-based alternatives to law enforcement responses, including, but not limited to, providing mobile crisis teams or community para-medicine teams to respond to emergencies involving mental health, intimate partner violence, community violence, substance abuse, or natural disasters. These community-based emergency response teams shall not include law enforcement officers or agencies as first responders or co-responders…

"Community-led response teams—composed of trusted local organizations—can provide culturally competent, trauma-informed, linguistically accessible care without the threat of violence or arrest. By separating emergency care from policing, these models build trust, encourage early intervention, and ensure that vulnerable residents can safely access support in moments of acute need. Investing in such alternatives promotes public health, strengthens disaster resilience, and enhances community safety for everyone…

"In many cases, involving armed officers can heighten feelings of fear and instability, increasing the risk of arrest, deportation, or harm to the person experiencing a crisis. It can also lead to unnecessary expenses, including the time and resources required for officers to respond. The arrival of armed officers can quickly escalate a crisis and intensify an already volatile situation. In the most tragic circumstances, the use of force against someone in crisis has resulted in preventable deaths and serious injuries—outcomes that underscore the need for responses led by trained care and support practitioners rather than armed enforcement.

"The CRISES Act program addresses a critical gap in emergency response services for vulnerable communities. It ensures that undocumented people, young people of color, people with disabilities, gender-nonconforming individuals, those disproportionately impacted by police contact, formerly incarcerated individuals, and unhoused people can access safe, high-quality emergency support. These services are delivered by trained practitioners who provide culturally responsive care and who have established, trusted relationships within the communities they serve."

Arguments in Opposition: None on file.

RELATED AND PRIOR LEGISLATION:

AB 988 (Bauer-Kahan), Chapter 747, Statutes of 2022, required the California Health and Human Services Agency to convene a state 988 policy advisory group to advise on implementation of the 988 Suicide and Behavioral Health Crisis System and required the Office of Emergency Services to appoint a 988 system director and convene an advisory board to guide implementation and interoperability with the 911 system, among other things.

AB 118 (Kamlager), Chapter 694, Statutes of 2021, was substantially similar to this bill.

AB 2054 (Kamlager) of 2020, was substantially similar to this bill. *AB 2054 was vetoed by Governor Newsom.*

REGISTERED SUPPORT / OPPOSITION:

Support

Communities United for Restorative Youth Justice (CURYJ) (Co-Sponsor)
A New Path (Parents for Addiction Treatment & Healing)
All of US or None (HQ)
Alliance for Boys and Men of Color
Anti Police-Terror Project
Bend the Arc: Jewish Action California
Black Arts Movement Business District CDC (BAMD-CDC)
Black Lives Matter California
Buen Vecino
Cal Voices
California Coalition for Women Prisoners
California Faculty Association
California Peer Watch
California United for a Responsible Budget (CURB)
Californians for Safety and Justice (CSJ)
Center on Juvenile and Criminal Justice
Community Coalition
Courage California
Disability Rights California
Ella Baker Center for Human Rights
Empowering Marginalized Asian Communities (EMAC)
Felony Murder Elimination Project
Glide Foundation
Greater Sacramento Urban League
Haywood Burns Institute
Health Care for Us
Health in Partnership
Justice Teams Network
Justice2Jobs Coalition
KINDRED
LA Defensa
Legal Services for Prisoners With Children
Mental Health America of California
National Compadres Network
Next Door Solutions to Domestic Violence
Orange County Rapid Response Network
Peace and Justice Law Center
Prevention Institute
San Francisco Public Defender's Office
Silicon Valley De-Bug
Sister Warriors Freedom Coalition
South Bay People Power

Street Level Health Project
The Collective for Liberatory Lawyering
The Collective Healing and Transformation Project
Trabajadores Unidos Workers United
Transformative Programming Works
Transitions Clinic Network
Urban Peace Institute
Youth Leadership Institute

Opposition

None on file.

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